

# Children's News

For Children's Hospital Boston employees, staff and volunteers

July 2009 | [childrenshospital.org/chnews](http://childrenshospital.org/chnews)

## Help when it's needed most

It's 7:45 a.m., and **Kaitlin Mulcahy, LMHC, MA, BA**, is trying in vain to find a parking spot in Boston's South End. A mental health clinician and early intervention (EI) specialist who travels around the city making house calls, Mulcahy virtually lives in her car. "Parking tickets are just part of the job," she jokes.

Mulcahy is one of 15 early intervention specialists who work with young children with or at risk for developmental delays at Children's Hospital Boston's Community Early Intervention Program at Martha Eliot Health Center (MEHC). "Research has found that there's a tremendous amount of brain growth from birth to age 3," says Mulcahy. "Our job is to intervene during that critical time to help kids reach normal developmental milestones." The program is part of a statewide system of about 60 EI sites supervised by the Massachusetts Department of Public Health. Anyone can refer a child for an evaluation, and qualifying children receive services, including home visits from speech and language pathologists, physical therapists, occupational therapists, developmental specialists and mental health clinicians, depending on the child's needs.

Although local primary care physicians refer the majority of the program's clients, a considerable number of medically complex referrals come from Children's specialty clinics and inpatient units. "Our ability to offer continuity of care for children who are seen at the hospital is really unique," says program director,

Photo: Melissa Jeitsen



**KAITLIN MULCAHY** (right) leads Finnegan through a series of exercises to strengthen his arms and core muscles.

**Melanie Griffin.** The program also hosts playgroups for EI families and the community in MEHC's new play space, where climbing areas and toys offer toddlers an opportunity to practice their motor and social skills.

On the second floor of a sunny brownstone on Claremont Street near where Mulcahy is parked, 9-month-old Finnegan MacNeely and his mom, Rebecca, await Mulcahy's arrival. Finnegan was born prematurely, and his pediatrician referred him to EI when he was 5 months old because of delays in his motor skills. Today, Finnegan sits on the floor and Mulcahy leads him through a

series of exercises to strengthen his arms and core muscles, while Kaitlin observes. As a first-time mother, Kaitlin says that each EI visit is enormously educational. "Having a premature baby is stressful because you don't know what's normal," she says. "You can't read the baby books because they don't really apply." Having a developmental specialist around to answer her questions and teach her tips has been invaluable, she says.

Just as important, Mulcahy encourages Kaitlin to trust her instincts. "Parents are the experts when it comes to their

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Children's Hospital Boston

## What's inside

- Children's turns 140! Take a look at our past. **PAGE 4**
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## Building better anesthetics and anti-inflammatory drugs

Photo: Liza Green



**MOTOMU SHIMAOKA, MD, PhD**

Inhaled general anesthetics make people unconscious, but they also suppress the immune system, a side effect that can lead to infections. How anesthetics do these two things hasn't been clear, but researchers from the Program in Cellular

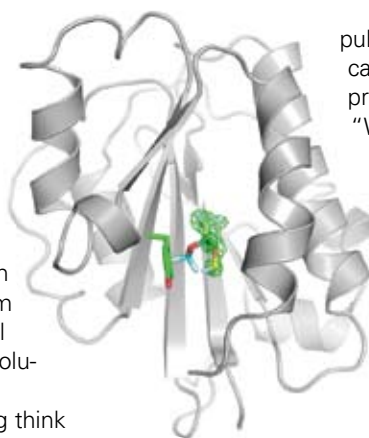
and Molecular Medicine and the Immune Disease Institute at Children's Hospital Boston (PCMM/IDI) were able to eavesdrop on the action of one anesthetic, isoflurane, shedding light on its effects and providing clues to better drug design.

Scientists already knew that isoflurane binds to ion channels in the brain—"gatekeepers" that allow electrically charged particles to enter or exit cells. Last year, **Motomu Shimaoka, MD, PhD**, of PCMM/IDI and colleagues including **Sulpicio Soriano, MD**, of Children's Department of Anesthesiology, Perioperative and Pain Medicine, showed that isoflurane also binds to a protein

called integrin LFA-1, preventing it from activating the immune system. Now, in collaboration with **Jiahuai Wang, PhD** of Children's Division of Molecular Medicine and the Dana-Farber Cancer Institute, they've managed to crystallize the two interlocked molecules, aim an X-ray beam through them and reveal their chemical interaction in 3D—at resolution down to the atom.

Shimaoka and Wang think isoflurane binds to ion channels in the brain in a nearly identical way. The crystallography data might help drug designers make anesthetics that don't cause immune suppression and, on the flip side, create short-acting, more controllable drugs for autoimmune diseases, says Shimaoka. Intravenous drugs that inhibit LFA-1 (and a related molecule, VLA-4) have already been used to suppress immune

**ISOFLURANE** (green mesh) binds to a molecule in the immune system (grey ribbon)



activation and inflammation in psoriasis, multiple sclerosis and Crohn's disease. However, these drugs were pulled from the market after causing serious immune suppression in several patients. "We want to go to the same target, but in a more controllable way," Shimaoka says. "Isoflurane may help in designing very short-acting, fine-tunable anti-inflammatory agents."

Since anesthetics like isoflurane are inhaled and their action ceases soon after inhalation is stopped, Shimaoka speculates that isoflurane-like drugs might be helpful in treating autoimmune disorders in which inflammation comes and goes, such as a form of multiple sclerosis. The paper will appear in the August issue of *FASEB Journal*. **Hongmin Zhang, PhD**, and **Nathan Astorf, PhD**, were co-first authors.

## A new lead for autoimmune disease

Photo: Catherine Bloothby



**MARK SUNDRUD, PhD**

The challenge in treating autoimmune disorders has been suppressing the immune system's inflammatory attacks on body tissues without generally suppressing immune function. Now, researchers **Mark Sundrud, PhD**, and **Anjana Rao, PhD**, of PCMM/IDI, find promise in halofuginone, a drug from the hydrangea root that's used as an antimalarial in traditional Chinese medicine.

In the June 5 *Science*, Sundrud and Rao show that halofuginone prevents the development of Th17 cells, a recently recognized kind of immune cell that's been implicated in a variety of autoimmune disorders, including inflammatory bowel disease, rheumatoid arthritis, multiple sclerosis (MS), type 1 diabetes, eczema and psoriasis. Th17 cells inflict their harm mainly by secreting

IL-17, a cytokine (chemical messenger) that triggers an inflammatory response. But in the presence of halofuginone, IL-17 levels were suppressed, and disease severity was significantly reduced in mice with an autoimmune disease resembling MS, marked by infiltration of Th17 cells into the central nervous system.

Halofuginone's effect was highly selective: Other kinds of T cells involved in normal immune function weren't altered. The drug appears to work by turning on signals telling cells that amino acids are in short supply. Sundrud speculates that the body tries to conserve amino acids by discouraging protein-intensive activities, including making cells like Th17 and cytokines like IL-17 that are involved in inflammatory responses.

Because halofuginone is a small-molecule drug, it has the potential to be taken orally rather than injected. It is in the public domain, so is of little interest commercially, but that could change if effective analogues are developed.

## Gene partnership project launches

An ambitious project that ultimately seeks to partner with every Children's patient to do genetic studies launches this summer in the Developmental Medicine Center, through a collaboration between the Program in Genomics, Division of Genetics, Informatics Program and Information Services Department. After a one-time consenting process, patients provide a DNA sample and enroll in a registry, giving researchers permission to include them in studies. Unlike other DNA banks, patients can opt to receive relevant study results.

The project, not yet formally named, recently merged with a similar effort, led by **David Williams, MD, PhD**, to establish a central tissue repository. Plans are for it to expand to the Emergency Department in September. For more, see the spring issue of *Vector*.

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

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## Help when it's needed most

children," Mulcahy says. "We provide options for development strategies, but they're the ones who implement them." She adds that interventions are integrated into families' lives, so they're tailored to each situation. For example, Mulcahy taught Kaitlin how to stretch Finnegan's tight legs during his diaper changes to save time since she was so busy. "I've been able to add all the exercises into our normal routine," says Kaitlin.

Mulcahy's next home visit is at Bromley-Heath Housing Development, a public housing complex adjacent to MEHC. Omar Knight, a 2-year-old, was referred by his pediatrician to EI due to concerns about his speech. "When he turned 2, I really started to notice that he wasn't on speed with other kids," says his mom, Tanika. When Omar spoke, he slurred his words and was hard to understand. Although his mother was concerned Omar might be autistic, an evaluation eliminated that possibility. Socially, he's outgoing and engaged, and is on track developmentally in every category except speech. Mulcahy sits with Omar and instructs him to look at her lips while she speaks slowly and crisply. "Repeat after me," she says. "Look at that!" "Dook at dat," Omar responds. After a half hour of talking exercises, Mulcahy recommends Omar receive a hearing test and says she'll arrange for a speech pathologist to visit their house in the near future.

The final home visit of the day is in Brighton. After her daughter responded positively to EI, Brenda Santiago referred her 7-month-old son, Hector, to the program. Now 17 months old,

Hector, who was born prematurely, is seen weekly by an EI specialist and a physical therapist who makes sure his language, fine motor skills, cognition and general health are progressing normally.

After Mulcahy and Hector do a series of strengthening moves, Brenda asks for some help filling out a housing application. The adults examine the papers together over the kitchen table, as the smell of rice and beans cooling on the stove wafts through the house. In addition to assisting the children, Mulcahy counsels families and helps brainstorm solutions to everyday challenges. "It isn't productive to look at the child's needs in isolation," says Mulcahy. "We take into account the child's environment. If some of a family's needs aren't being met, they're less likely to be able to focus on the child's development."

It takes a certain temperament to be an EI specialist. "Those who excel are passionate and believe in the importance of supporting families through difficult times," says Griffin. "They've also got to be open to learning about different parental and cultural values." In many cases, EI specialists are on the front lines when families receive a diagnosis of autism or other developmental disorders. "We're often there through a family's most challenging time," says Mulcahy. "We're helping to build a supportive family structure that can continue after we are no longer part of it."

Questions? Call 617-971-2471 or email [gaylen.plant@childrens.harvard.edu](mailto:gaylen.plant@childrens.harvard.edu).



**MULCAHY** tests Hector Satiago's motor skills while his big sister joins in. His mother is happy with his progress.

Photo: Courtesy the Jordan family



## Stressful seizures

To whom it may concern:

I'm writing to extend our biggest thanks to everyone at Children's Hospital Boston. In December, my son Brady, 3 and a half, had a seizure. It was his first one, and it was totally unexpected. We went to our local hospital and then returned home, where he seemed to get worse. After talking with our pediatrician, we decided to drive to Children's. When we got to the Emergency Department, we were brought right in, and **Alanna O'Sullivan-Flynn, RN, BS**, our first nurse, reassured us that we were in the best place and that everything would be okay.

All of the doctors, nurses, technicians and specialists that came and talked to us were the nicest people, and they helped transform a stressful experience into a more relaxed one for our family. We were then transferred to 10 South—what an extraordinary place! We had access to anything we needed for Brady and his sister, and the nurses on that floor were so wonderful.

We love your hospital and are forever grateful to the ED staff and all of our new friends on 10 South. If anything ever happens, we will be right back at Children's, which, in our eyes, is our #1 hospital. Thank you, thank you, thank you!

—Bruce, Jenna, Brady and Breana Jordan

Photo: Melissa Jethsen

## A "Lady Superintendent" made history 140 years ago

One hundred and forty years ago this month, Children's Hospital Boston opened as a 20-bed facility on Rutland Street in Boston's South End. Although a number of physicians were committed to the endeavor, the hospital couldn't have opened without nurses or a superintendent to oversee them.

After repeated urging by **Francis Henry Brown, MD**, the primary founder of Children's, **Adeline Blanchard Tyler** accepted the position of Lady Superintendent in May of 1869, and in July, her team welcomed Children's first patient: a 7-year-old girl with a fractured arm.



FRANCIS HENRY BROWN, MD

Tyler, a native of Billerica, Massachusetts, was born in 1805. She married when she was 20, and after being widowed in 1853, she trained in nursing at the Deaconess's Institute in Germany, where Florence Nightingale had studied two years earlier. She became a deaconess in the Episcopal Church and helped establish an infirmary for the destitute and sick in Baltimore, Maryland.

Tyler went on to distinguish herself in the Civil War effort. She was honored by the Massachusetts legislature for her brave actions in caring

for the Sixth Regiment of Massachusetts Volunteers, who were injured by an angry mob in Baltimore while en route to Washington at the beginning of the war. When the Baltimore police wouldn't allow her to treat or even see the soldiers, Tyler boldly proclaimed that she would inform the governor of Massachusetts. She was immediately granted access to the wounded men, cleaned and dressed their injuries and called for a surgeon to help with the more serious wounds.

Tyler came to Boston to be responsible for "the neatness, order and general economy" of Children's. Her duties included admitting and keeping a record of the patients, maintaining the facilities, ordering the food and supplies and hiring and managing all of the nurses and employees. She worked tirelessly to ensure the hospital's success and attend to the needs of its young patients. Due to failing health, she resigned in 1872—but not before securing a member of the Anglican Sisterhood of St. Margaret in England to replace her. Members of this sisterhood remained active in the



ADELINE BLANCHARD TYLER

Photo: Children's Hospital Boston Archives

hospital, and later in Children's School of Nursing, until 1917. When Tyler left, the Board of Managers and the Ladies' Aid Association praised her for her "judicious love and care of the hospital." She died in 1875 and was buried at Mt. Auburn Cemetery in Cambridge.

- [Read about Children's history and milestones](#)
- [View a slideshow of historic images from Children's Images of America book](#)

## What else happened in 1869?



Children's opened its doors on Rutland Street

Massachusetts established the first state board of health

The nation's first transcontinental railroad was completed

Boston University was chartered

Campbell Soup Co. opened its first cannery in Camden, New Jersey

The first issue of the scientific journal *Nature* was published

Tabasco sauce was invented

Susan B. Anthony was elected president of the American Equal Rights Association

Boston expanded by annexing Dorchester

The toothpick was invented by Charles Forster in his Boston basement

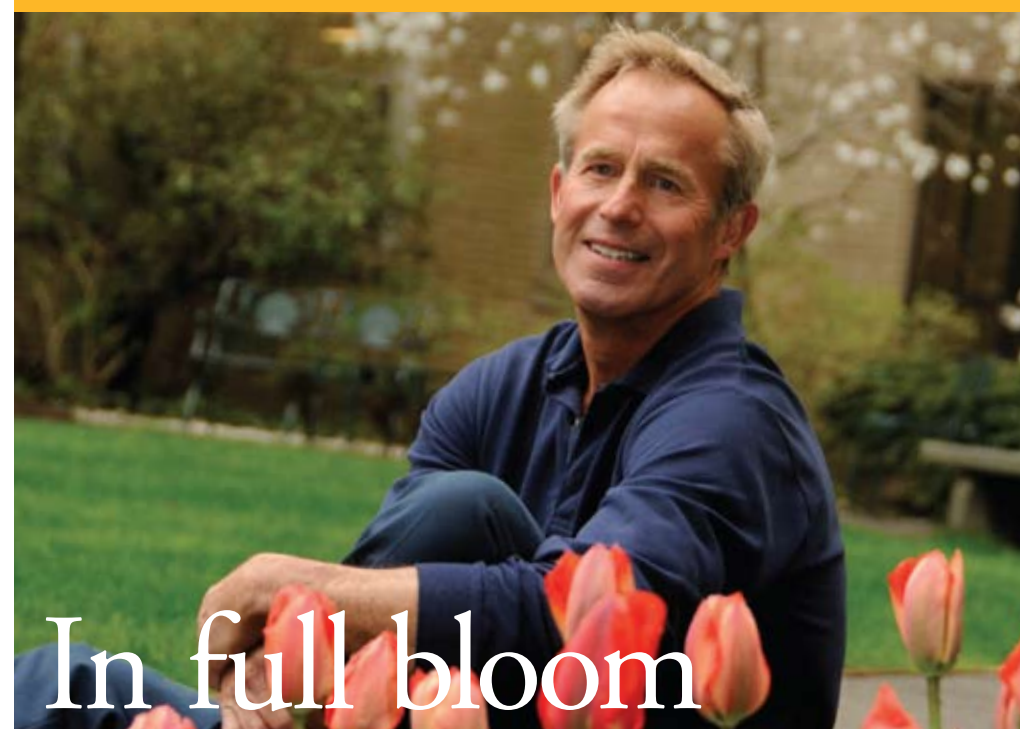
The Suez Canal opened to ships, linking the Mediterranean to the Gulf of Suez



## In 2009...

Children's celebrates its 140th birthday on July 21. See page 8 for details.

[More 1869 trivia](#)



## In full bloom

**Peter Carlsen**, the gardener of Children's Hospital Boston's historic Prouty Garden, is a popular guy in the summer. As he weeds the flowerbeds and collects loose leaves that flutter about the serene green space, he's inundated by patients, families and employees beseeching him to spill his horticultural secrets.

After caring for the hospital's garden for 28 years, Carlsen knows the quirks and personalities of all the different species. He can point out which plants flourish easily on their own and which need extra TLC. Yet true to his understated and humble character, Carlsen says he knows "a little bit about plants." Before he was a man of the soil, Carlsen was in the United States Army and served in the Vietnam War. When he returned to civilian life, he got a job at a grass-cutting company. "I was looking for something, I didn't know what I wanted to do," he recalls. But he found long hours toiling outdoors surprisingly enjoyable and soon took advantage of the G.I. Bill, which paid for him to pursue a degree from the Stockbridge School of Agriculture at the University of Massachusetts, Amherst. "They taught me about bugs and soil and all kinds of stuff," he says.

Since its opening, the Prouty Garden has remained almost exactly the same. In 1956, Olive Prouty, an American novelist, and her husband gave an endowment for the garden, with the stipulation that the land would never be built on and remain a tranquil space for patients and families to visit. Carlsen takes this decree seriously, and is quite particular about the way the garden is maintained. "I'm sort of a fussy guy," he says. He wor-

ries about who will tend to it after he retires. Carlsen left Children's for one year, many years ago, and his memory of what it looked like when he returned still haunts him. "All the workers did was cut the grass," he says. "It took me about a year to get it all back to how it should be."

Twice a year, Carlsen prunes the entire garden—once in early spring and then again in the middle of the summer. "A big flush of growth happens in May," he says. "The hedge usually puts on six inches of growth in four weeks, so that gets it out of shape pretty fast." In the warm months, when he's not pruning, it's very likely he's raking or cutting the grass. "I'm always raking," he says. During the winter months, Carlsen helps plow the snow and de-ice the sidewalks.

For Carlsen, seeing how much patients and families enjoy the garden is the ultimate reward for his hard work. "When families tell me the garden helped their son or daughter, it really puts a smile on my face," he says. He speculates that the garden plays a role in their healing process, saying, "I think that's why Ms. Prouty wanted this." Lucky patients can receive a special gift from Carlsen: a fragrant piece of the hospital to take home with them. "When I have little seedlings from the ginko tree and birch tree, I pot them," he says. "Sometimes, I'll give people a seedling to plant at their own house." Taking care of the garden might grow monotonous to some people—the inevitability that the grass will always grow back and the flowers will need weeding again—but not Carlsen. "I don't mind a bit," he says. "This garden is like my second home."

Photo: Javier Amador-Peña

## NEWS BY NUMERALS

Children's Hospital Boston's first patient arrived on July 20, 1869—140 years ago this month. Below are some important numbers about the hospital's history.

4

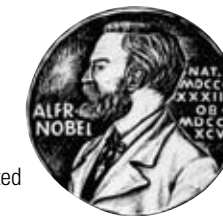
Harvard Medical School graduates founded Children's

30

Patients were treated at Children's the first year it opened

4

Nobel Laureates have been affiliated with Children's



\$1.50

Average cost of a hospital visit in 1939



3

Times the hospital has relocated since 1869



45

Years the Sisters of St. Margaret were in charge of Children's nursing care

89

Years the Children's Hospital School of Nursing operated (1889-1978)

## Food Services' savings strategy

During the past few months, Children's Hospital Boston's Food Services Department has felt the pinch: The Café at Children's had 40,000 fewer transactions this past quarter than usual. "Our customers—both employees and families—are under pressure to save money, like everyone right now," says **Shawn Goldrick**, director of Food Services. "We're trying to be cost-conscious in everything we do to help the hospital's overall savings efforts and pass the savings along to customers."

Goldrick's team has been busy finding ways to reduce costs and give people more bang for their buck. The biggest challenge has been finding ways to keep the quality of the food high while changing products—a challenge that **Paul Galante**, lead receiver, was all too happy to meet.

Before coming to Children's to do inventory and ordering, Galante worked in purchasing in the Navy and then as a manager at Brigham's Ice Cream. He brought a career's worth of experience to Children's, and it came in exceptionally handy when fine-tuning the hospital's ordering system and making it the most cost-effective it could be. "He monitors everything to make sure there isn't anything wasted—it's his personal project," says Goldrick. "He'll come in at 6 a.m. to make sure the right amount of bread arrived. If they didn't deliver one case of milk he'll follow up and get it here."

In some cases, Galante and the production staff changed vendors and prod-



Photo: Patrick Bibbins

ucts to save money, which has resulted in significant savings. Some have been:

- Switching to a cheaper (and it's trans-fat free) fry oil, saving \$8,000 a year
- Changing to a frozen ground beef, saving \$11,000 a year
- Using a new bottled water vendor, saving \$20,000 a year
- Replacing black utensils with cheaper white ones, saving \$4,000 on forks and \$16,000 on spoons and knives a year
- Using a different kind of plate, saving \$6,000 a year

Some other changes will directly impact customers' pocketbooks, too. Regulars may have seen the \$2 items like dessert "sweet shots" and snack-sized popcorn chicken. They've recently added "savory savings" options for catering: You can order smaller amounts of food at discounted prices, like half-priced box lunches with half a sandwich and an apple. Similar

lower-priced options are available in the Café: Customers can look for pairings like a sandwich with a free bottle of water, or half a sandwich with free apple slices. There's also a discount at the deli: If you buy nine sandwiches, you get the 10th free.

When it comes to another big cost-savings measure, Food Services could use everyone's help. Earlier this year, they switched to a new kind of reusable plastic tray to save \$700 a month. "A lot of people are throwing them away, thinking they're disposable, or taking them back to their offices rather than putting them on the conveyor belt," says Goldrick. "But we clean and reuse them, so please return them!" Goldrick and his team are hoping their efforts will impact everyone who comes to the Café. "For the next fiscal year, we have a million transactions projected," he says. "That's a lot of people we can help."

## Any given Sunday: Saving lives in Liberia

Typically, Sundays are my favorite day of the week in Liberia. The streets of Monrovia are alive with families walking to and from church wearing their meticulous, vibrantly colored Sunday best.

In a country of dirt yards, and often dirt floors, I'm continually amazed at the brightness and pressed cleanliness of Liberians' dress. On Sundays, there's also relative quiet in the hospital; the craziness of weekday demands nearly becomes manageable on weekends.

However, this Sunday wasn't typical. The peace in the emergency room was suddenly interrupted by the arrival of yet another young toddler with a chemical ingestion. Joshua is the second such ingestion we've seen this week; another came in just four days ago. Unfortunately, these types of poisonings are a common phenomenon and reflect the desperate conditions Liberian families face. With the extreme poverty in the country (most people live on less than \$1 per day), families have been forced to seek any option to supplement household income—even to the point of bringing harmful chemicals like lye into their homes to produce soap to either use or sell. Meanwhile, thirsty toddlers mistake the clear chemical for water and drink the tissue-destroying liquid. With anything but a minor ingestion, immediate airway management is essential, and breathing tubes are often required to prevent the swelling and complete closure of their chemically burned airways.

Until recently, patients like Joshua would most certainly die as a result of these poisonings, even if they were immediately brought to the hospital. Fortunately, the medical staff at JFK Medical Center in Monrovia are becoming much more comfortable with and adept at the life-saving airway management techniques that I've helped teach them. After recently completing pediatric training at Children's Hospital Boston, I spend half my time working in Boston and the other half serving in Liberia as the pediatric consultant to the Liberian Ministry of Health. With the support of local Liberian colleagues and visiting pediatric residents and faculty from Children's

and Massachusetts General Hospital, I've been asked to help develop pediatric training and clinical care for Liberia.

After more than a decade of armed conflict and civil unrest, Liberia's childhood mortality rate is among the world's worst, with nearly one out of every four children dying before age 5. And the vast majority of these childhood deaths are due to preventable diseases, such as malaria, respiratory infections and malnutrition. The country's health care system can't address children's huge health needs, and many international non-governmental organizations with emergency aid mandates are transitioning out of the country, leaving fewer physicians and fewer hospital beds. In fact, aside from me, there is currently not a single fully trained pediatrician in this country of more than three million people—more than half of whom are under the age of 18.

My interest in caring for children and other vulnerable populations started far from Boston—and far from any hospital—in the war-torn Balkans during the early 1990s, where I volunteered for two years alongside other humanitarian workers. My interests continued to grow through subsequent service in Haiti, the Middle East and a half dozen regions of Africa, as I worked with organizations like the Centers for Disease Control and Prevention, the Red Cross, International Rescue Committee and Doctors Without Borders.

There's always been a dichotomy in my interest in pediatric care. On one end of the spectrum is my training and work at Children's, with all of its world-leading pediatric care and technology. At the other end is working as a pediatrician among some of the world's most vulnerable children in the most resource-limited settings. Unfortunately, there are significant differences in outcomes between these extremes. For example, we lost two otherwise healthy newborn babies to asphyxia last week here in Liberia. What was most difficult about these deaths is that they shouldn't have happened. But what shouldn't happen is happening in Liberia

Photo: Courtesy Brett Nelson, MD, MPH



on a daily basis. Despite the dedication and best efforts of the Liberian medical community, death is an all-too-common occurrence. And lack of pediatric training and lack of resources are among the largest reasons why.

I knew that it would be difficult to work in a post-conflict setting like Liberia. And, while I'm already a bit exhausted after being back here for just a few weeks, I'm buoyed by the fortitude and dedication I witness daily among the local physicians, nurses and staff who have been doing this difficult, yet essential, work for years. I quickly realized that their energy stems from their remarkable hope that things will get much better.

With the experience of working in dozens of settings similar to Liberia, I can confidently say that this is the most optimistic I've ever been. With the right training and the right equipment, I'm convinced we can reverse Liberia's child health tragedy. Hopefully, in the near future, conditions for families will greatly improve. Hopefully, they won't be so desperate that they feel they must bring dangerous chemicals into their homes just to survive. Hopefully, future Sundays will be full of more vibrant colors and fewer innocent young victims. But, in the meantime, while the public health crisis continues, we'll continue our collaboration with the medical center to save lives in Liberia.

[More stories about how clinicians help children overseas.](#)

## Old name, new Intranet

Children's Today, the title of the hospital's monthly newsletter from 1973 to 1989, has been revived and will become the name of the redesigned intranet, scheduled to launch in early August. Like a community newspaper, the home page of Children's Today will publish the latest news, announcements and events for the internal Children's Hospital Boston community. In addition, the site's new, easy-to-use content management system (CMS) will allow individual departments to create sites where they can publish information and news specifically for their department, as well as provide information about their work relevant to the broader Children's community.

In preparation for the switch to the new CMS, all sites, pages and content in the old CMS must be moved over. Contact **Christine Carlson** in the Information Services Department at ext. 8-4104 for more information. If you're interested in learning the CMS to create a department site, you can sign up for content management training on NetLearning.



1989

2009

## EMPLOYEE OF THE MONTH

Congratulations to **John Sullivan**, senior construction project manager in Children's Hospital Boston's Facilities Department, who's been selected as July's Employee of the Month.

Whereas many people fear change, Sullivan relishes it. When it comes to moving departments' spaces, replacing technological systems or creating entire new buildings, Sullivan tackles projects with gusto, from purchasing equipment to managing the design phase to overseeing construction. Over the years, he's ensured that several major projects—like Children's multi-million dollar Waltham location—get completed by coordinating with managers, architects and construction workers, running budgets and enforcing schedules.

Friendly, unassuming and affable, Sullivan has earned a reputation for keeping the peace during what are often highly stressful projects. According to one impressed coworker, he "interacts with many type-A personalities but doesn't get flustered. He remains positive and calm and keeps projects moving." Many people who've worked with Sullivan compliment his near-clairvoyant ability to predict and ward off problems. They also appreciate how he takes the time to truly listen to them and the way he explains decisions so they're totally understandable. "He's so easy to work with and is always professional," says a colleague. "He has such a difficult role to play and it's amazing how he gets it done on time, on budget and with a smile."



Photo: Ethan Bickford

To nominate a co-worker for Employee of the Month for exemplifying Exceptional Care, Exceptional Service standards, submit a form online at the Human Resources Web site.

## UPCOMING EVENTS

### Happy Birthday to Children's

On July 21, Children's Hospital Boston turns 140. To celebrate, join colleagues for our annual ice cream social on **July 21, from 1 to 4 p.m.** in the Patient Entertainment Center (PEC) and Children's Way in the shuttle area. There will be an event for night staff from **10:30 p.m. to midnight** in the PEC, and weekend staff can celebrate **July 26, from 2 to 3:30 p.m.** in the Café at Children's. Staff not on the main campus can watch for postings about the ice cream celebration at your site.

### Milagros Para Niños, a new Latino fundraising initiative

Children's Hospital Trust recently kicked off **Milagros Para Niños** (Miracles for Children), the hospital's first-ever Latino fundraising campaign to raise money and awareness for clinical care and research for our increasingly diverse patient population.

The campaign will include a radiothon from **July 31 to Aug. 2** with Power 800 AM/Power 92.1 FM and a telethon on **Nov. 14** with Entravision/Univision. Children's will be the first charitable partner for the Comcast Latino Family Festival in Fenway Park **Aug. 2 from noon to 7 p.m.** Watch Small Talk for details on how you can get involved and visit

Learn more at [childrenshospital.org/milagros](http://childrenshospital.org/milagros) or email [milagros@chtrust.org](mailto:milagros@chtrust.org) for more information.

## THIS MONTH'S SCOOP

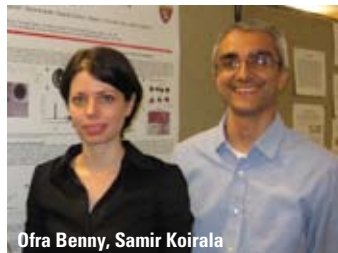
### Research Day 2009

This year's Dr. M. Judah Folkman Research Day featured more than 100 entries from all over the hospital. Winners were **Sunny Hartwig, PhD**, Division of Nephrology, for molecular research on kidney development; **Ofra Benny, PhD**, Vascular Biology Program, for her use of nanotechnology to revive a potent anti-cancer drug; **Justin Klein, MD**, Department of Surgery, for using cells from amniotic fluid to craft bone for surgical repair; and **Samir Koirala, PhD**, F.M. Kirby Neurobiology Center, for revealing an essential gene in cerebellar development.



Sunny Hartwig

Houseofficer Development Awards went to **Sarah Pitts, MD**, Division of Adolescent and Young Adult Medicine, for her proposed clinical trial of vitamin D supplements in healthy adolescents, and **Stefanie Gauguet, MD**, Division of Critical Care Medicine/Department of Anesthesia, who will examine H1N1 influenza A's possible role in exacerbating Staph. aureus infection. Their findings will be presented at next year's Research Day.



Ofra Benny, Samir Koirala



Bob Holzman, Stuart Bauer, Jordan Kreidberg



More at [childrenshospital.org/chnews](http://childrenshospital.org/chnews)

- NSTAR's Walk for Children's
- More about Research Day and photos of the winners
- Multicultural Nurses Forum hosted students from Boston public high schools
- Children's Latino Radiothon

## Children's News

Children's Hospital Boston

Department of Public Affairs and Marketing

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