

# Children's News

For Children's Hospital Boston employees, staff and volunteers

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

## Weiner Award goes to "queen of peace," Erin Collins

Photo: Patrick Bibbins

As an undergraduate, **Erin Collins** was committed to social justice, whether it was delivering food to people with HIV/AIDS or volunteering to assist poverty-stricken families in Appalachia. But a series of heart-wrenching tragedies diverted her outreach efforts. While working with at-risk youth in Washington, D.C., two teenage boys in the program died after becoming victims of gun violence; one of them was shot over an argument about a bicycle. That same year, Collins's friend was also shot and killed. "It was all so painful," she says, "after that I moved away from volunteer work."

Instead, she took an administrative job with the Government of Puerto Rico. But after a few years, she felt unfulfilled and dissatisfied, so she steeled herself and went back into outreach, working with homeless men in a medical recovery facility. Here, her dedication to helping others was reignited, and after a while she moved to Boston to get her Master's in Social Work. Degree in hand, Collins came to Children's Hospital Boston's Inpatient Psychiatry Service, where she honed her clinical skills and became known for developing creative treatment plans to help even the most compromised children. She also worked with Children's Latino Outpatient Psychiatry Team, where she was able to put her Spanish skills to use.

In 2004, Collins took a position at the John Marshall Elementary School, through the Children's Hospital Neighborhood Partnerships Program. In this role, she's been able to combine her clinical and outreach skills with her passion for vio-



**ERIN COLLINS, MSW, LICSW**, won the David S. Weiner Award for her work at the John Marshall Elementary School in Dorchester.

lence prevention. The large Boston Public School is located in the Bowdoin-Geneva neighborhood of Dorchester, an area that boasts physical beauty, strong intergenerational families, many churches and religious groups and rich diversity. However, it also struggles with poverty and violence. The area has seen a surge in community violence in recent years, especially around the school; last year, a former Marshall School student was found shot to death in the parking lot during the school day. It's also an area close to Collins's heart. "My grandmother and father grew up around

the corner from the school," she says. "They talked about the neighborhood so fondly and lovingly and the neighborhood has so much to offer."

As the school's Student Support Coordinator, Collins oversees the psychosocial needs of 700 students, juggling the roles of social worker, counselor, crisis intervention leader and case manager. She's called the school's "queen of peace" for her many efforts, such as facilitating a six-week Understanding Violence

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Children's Hospital Boston

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**Endocrinology:** Restoring hope for an obesity treatment

**Gastroenterology:** Acid blockers and asthma

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

## Antacid medication in pregnancy may increase childhood asthma

Up to 85 percent of pregnant women suffer acid reflux, or heartburn, leading some to take antacids to relieve their symptoms. But a large population-based study suggests that exposure to these drugs *in utero* might increase a child's risk for asthma. The findings are published in the February issue of the journal *Clinical and Experimental Allergy*.

**Eleonora Dehlink, MD, PhD, Elizabeth Hait, MD, MPH, and Edda Fiebiger, PhD**, all in Children's Hospital Boston's Division of Gastroenterology/Nutrition, examined mother-child allergy relationships using three national health registers in Sweden: the Medical Birth Register, the Hospital Discharge Register and the Prescribed Drug Register. By linking these databases, the team could identify mothers who took acid-blocking drugs during pregnancy and children who were hospitalized for allergic disorders or received a prescription for allergies—then trace the children back to their mothers.

Of more than 585,000 children born between 1995 and 2004, about 5,600 (just

under 1 percent) had been exposed to acid suppression therapy during pregnancy. These children were 43 percent more likely than non-exposed children to be hospitalized or receive prescriptions for allergic conditions, particularly asthma, which had a 51 percent greater likelihood of occurring.

Most of the increased risk, however, was in children of mothers who didn't themselves have allergies.

Children whose mothers are allergic are already at high risk for allergies, so the increase due to antacids was minimal.

Acid suppression has already been shown to cause allergic sensitization in adults. Fiebiger, whose laboratory researches the immune mechanisms of food allergy, speculates that if proteins aren't broken down completely by stomach acid, the immune system can potentially recognize them as allergens.



From left, **EDDA FIEBIGER, PHD, ELIZABETH HAIT, MD, MPH, AND ELEONORA DEHLINK, MD, PHD.**

Photo: Patrick Bibbins

However, the researchers aren't suggesting that all pregnant women stop taking acid-suppressing medications. "Some women have such severe acid reflux they can't eat," says Hait. "That is obviously not good for the baby either. Each woman, with the guidance of her physician, should weigh the potential risks and benefits of taking acid-suppressive medication, but should attempt dietary and lifestyle modifications first."

## Obesity: Reviving the promise of leptin

The discovery of leptin in 1995 made headlines worldwide. When obese mice were injected with this appetite-suppressing hormone, they ate less and lost weight. Amgen, Inc. paid \$20 million for commercial rights to the drug, a record at that time. But hopes that leptin could cure human obesity faded when it was found that obese people develop leptin resistance. "Leptin goes to the brain and knocks on the door, but inside, the person is deaf," says researcher **Umut Ozcan, MD**, in Children's Hospital Boston's Division of Endocrinology.

Now, in the January 7 issue of *Cell Metabolism*, Ozcan and colleagues explain



From left, **YINGJIANG ZHOU, PHD, AND UMUT OZCAN, MD**

Photo: Patrick Bibbins

why this happens, and report that two existing drugs can restore the brain's sensitivity to leptin. First, they showed that the brain cells of obese mice have increased stress in the endoplasmic reticulum (ER)—the place where proteins are assembled, folded and dispatched to do jobs for the cell. When mice were made obese through a high-fat diet, the overstressed ER sounded an alarm—triggering a response

that ultimately blocked leptin's action. When Ozcan's team created a strain of mice whose ER was weakened in brain cells, results were the same: ER stress and leptin resistance developed, caus-

ing the mice to eat more and gain more weight.

But when either group of mice was pretreated with the compounds 4-PBA and TUDCA, which relieve ER stress, leptin sensitivity increased as much as 10-fold, and the mice had significant weight loss with leptin treatment even when fed a high-fat diet. "I think our study will bring new hope for the treatment for obesity," Ozcan says.

He's not the only one to think so. **David Ludwig, MD, PhD**, director of Children's Obesity Program, is seeking funding for a clinical trial of 4-PBA and TUDCA—both already FDA-approved for other uses—in humans with obesity.

**Lale Ozcan, MD**, also of Endocrinology, was the first author of the paper; co-authors included **Ayşe Ergin, MD, Allen Lu, Jason Chung, PhD, and Sumit Sarkar, PhD**, from the Ozcan lab and **Duyu Nie, PhD**, of Neurobiology.

## Weiner award

curriculum for all fifth graders in conjunction with teachers and the Suffolk County District Attorney's Office, doing outreach with kindergartners' families and conducting individual, family and group therapy. On top of that, she's developed a curriculum for fourth grade students to teach them about self-esteem, friendship, social skills, dating violence prevention, gender identity and health. Each one of her programs has the same underlying goal: helping children make a commitment to their education and fulfilling their dreams.

Collins works closely with students' parents to help families resolve personal issues. "I love having the chance to collaborate with families who are struggling to find ways to solve problems and make life better," she says. "Families work hard and want the same things everyone wants for their kids—for them to have a good education and move on to college—but their resources are limited and their kids are dealing with issues like gunfire in their neighborhoods and worrying about playing outside."

Collins is most proud of the enormously well-received community violence-prevention initiative. "Rather than pretending violence isn't happening, teachers allow me to come into classrooms and address it in a direct way," she says. "It's freeing for the kids to have a venue to talk about living with the zstress of poverty, negative influences and how violence impacts their lives." During these sessions, students

often share stories about having lost a parent or sibling due to gun violence, and Collins helps them find ways to cope. "We also talk about each child's goals and how they can change what's happening in their neighborhoods," she says. "Kids really want to push themselves to look for happiness and growth opportunities; that's what keeps me going."

A few years ago, Collins instituted Peace Night, which is now the school's biggest annual event. During this event, families share dinner, watch students' performances about peace and listen to their essays about people who have inspired them in their peace-making efforts. "It's been amazing to see how the students are responding," she says. "It's also a great way for parents and the community to know more about their kids' hopes and dreams and reflect on ways to support them."

Despite how well these efforts have been received by the teachers, students and the community, funding for Collins' programs has been scarce. So the call Collins received in December letting her know she won the annual David S. Weiner award, a grant given each year to a Children's employee in honor of its former president, couldn't have come at a better time. The \$30,000 award—an increase of \$10,000 from last year—will fund her programs for three more years and allow her to expand them with new offerings, like a panel discussion for students and their parents about college, field trips to local colleges and peace-promoting events for the younger students.

It's now been nearly eight years since Collins joined Children's, and her enthusiasm has only grown, despite the hardships and heartache that happens when a student or their relative is hurt or killed. "It's so important that we nurture kids' dreams and make the path to college more available to them than the path to a gun," she says. "They have hopes and dreams to become something great, and we have a responsibility to help get them there."

**ERIN COLLINS, MSW, LICSW**, near the school's colorfully painted playground.



Photo: Patrick Bibbins

## GRATITUDES

THE BILLY TWINS at 6 months.



Photo: Courtesy the Billy family

## Dear Dr. Mandell,

I want to express how grateful I am for the care my twins received at Children's Hospital Boston. Delivering identical twins a month early made for some concerning and frightening moments. Because they were premature, there were some potentially dangerous complications with their hearts. Cardiologist **Jonathan Rhodes, MD**, met with my husband, Gary, and the twins a few days after they were born, while I was still recovering. Gary found him to be caring, analytical, honest and straightforward. Dr. Rhodes made some adjustments to their care and performed necessary tests. Rather than jumping into surgery, he proceeded with caution and determined that we could wait to see if their hearts healed on their own. This strategy of caution put us at ease.

At our summer appointment, I had the pleasure of meeting **Maryanne Milbert, RN**, who made us laugh. A mother of twins herself, she was able to identify with the constant feedings and 15+ diaper changes a day. A few minutes later, I met Dr. Rhodes and he was nothing what I imagined him to be! He was fairly young, vibrant, knowledgeable and compassionate. He had us laughing within the first few moments of the appointment, noting how difficult it is to survive on 20 minutes of sleep at a time. He examined the twins and concluded that their hearts had healed on their own. This experience assuaged my own heart and made me grateful for the compassion, humor and understanding demonstrated by your Cardiology department.

Please accept my words of gratitude for the kindness that was extended to my twins, husband and me. We are extremely fortunate to have such good medical providers nearby who are not only well-versed in their fields of expertise, but who are just as concerned with the humanity involved in the care.

Sincerely,  
Melisse Billy

# Patient recognition week: helping others by helping ourselves

Jen Mooney and her 16-month-old daughter, Maura, have spent the past two months on 9 East. Walking down the hallway of the unit, Jen points to her favorite spots saying, "That's where I sit," or "That's a good place to go cry," and steers herself into the Parent Resource Room to rest on the couch. Though living at Children's Hospital Boston for so long hasn't been easy—exhausting is the word Jen uses—she says the friendly, personalized care she receives, from the phlebotomists to the housekeepers, has transformed what could have been a nightmare into a satisfying experience. "I have a notebook and I list all the people who are involved in Maura's care," says Jen. "On last count, it was over 50. They've all really worked hard for her."

From February 1 to 7, Children's celebrates National Patient Recognition Week, when those working in health care are encouraged to reflect on their dedication to patient satisfaction, with a focus on connection, empathy and compassion. Jen says it was exactly these attributes that made her experience so positive. Maura's case was mysterious: She was admitted for dehydration and a fever, and within days had a rash covering her entire body, including the bottoms of her feet. She began to get infections, and one morning she couldn't lift her head. The happy, energetic baby who used to tear around the house had lost the ability to use her left arm and leg. Doctors were perplexed, but during the process of discovery, the open lines of communication from clinicians helped Jen feel included and valued. She says the dialogue has made her feel like part of the team, rather than a powerless bystander. "I never feel like I can't speak my mind," she says.

Other times, the honesty of the staff helps Jen most. "Sometimes, you just need someone to tell you that, yes, the situation does stink, and it's okay to be mad," she says. Whether it's bringing a cup of coffee to her room or offering to look after Maura while Jen takes a shower, Child Life Specialist **Jill Twomey, CCLS, BS**, has offered a helping hand. "Without Jill, I think I would have been out of my mind a long time ago," Jen jokes. "Jill went through the toys and found ones that would help Maura get strength back in her hand and arm. She goes out of her way to do stuff like that." In addition to entertaining Maura, Twomey gives attention to Jen's 3-year-old son when he comes to visit. "She makes sure he gets a couple of stickers and a balloon," Jen says. "She's taking care of the whole family."

Offering this kind of empathetic care takes a fair share of one's mental and physical energy. And sometimes, due to the busy nature of caregiving, it's easy to get swept up in the day-to-day routine and miss the chance to connect with the patient and family, says **Kathleen Wallace, BS, RN**, staff nurse II, Occupational Health Services, who teaches clinicians a class called "Coaching techniques to enhance you and your practice." It wasn't until Wallace was diagnosed with breast cancer and became a patient relying on the efforts of health care professionals herself that she learned the true importance of connecting with patients. "It was an amazing experience to have been a nurse and then a patient," she says. "During one procedure, my providers were so focused on discussing me as a patient that they forgot I was in the room," she says. "I started to understand what it was like to be a patient and what it felt like when you have to rely on someone else to take care of you."

The experience motivated her to change the way she approached caregiving—and teach others how to be more present when caring for others. Wallace researched nurse burnout and found that although everyone starts with the best intentions, they often don't have a good enough work-life balance to take

Photo: Patrick Bibbins



CHILD LIFE SPECIALIST JILL TWOMEY with Jen and Maura Mooney.

care of themselves, resulting in a stressed or distracted caregiver who has poor eating, exercising or sleeping habits. "We all have this well of nurturing inside us, but it can become dry if you don't figure out ways to fill it," she says. "We work in a field where you're actually rewarded for putting yourself last: The greatest nurses are the ones who are caring and self-sacrificing, but you can only sacrifice so much." Wallace says personal empowerment—taking control of your life, goals and choices—is key to remaining connected with patients. "You need to ask yourself, 'What's really important to me? Am I aligning my life with what I actually value?'" she says.

Twomey uses simple coping strategies, like creating clear boundaries between her home and work life, to achieve balance. After work, she decompresses on the shuttle. "By the time I get in the car, I'm able to turn my thoughts over to my family and things in my home life," she says. Wallace applauds this approach, and also recommends that caregivers take deep breaths, avoid multitasking and make time for exercise and laughter. To foster connections with each patient, Twomey asks patients and families specific questions, and focuses on listening to their answers. "Each family has individual needs," she says. "You need to work out how to make each child's stay better," she says. She's also a master at concentrating on one thing at a time. "Focusing solely on one child, working to bring a smile to her face, helps me to stay in the moment."

**T** To find out more about Wallace's class, visit the Occupational Health Web site: [web2.tch.harvard.edu/hr/ohs/index.cfm](http://web2.tch.harvard.edu/hr/ohs/index.cfm).

## The woman with the golden touch

**Elsie Lisle**, a 12-year veteran of Food Service at Children's Hospital Boston, carries around a little bit of her former life. Whether she's ringing people up at the register or prepping food in the kitchen, the Jamaica native is reminded of her country by the flickering of the gold jewelry she wears on her wrists, fingers and earlobes.

Lisle has always liked to work with her hands, and before she moved from Trelawny, Jamaica, to Boston in 1993, she worked for Jewelerama, a large jewelry company, where she was in charge of determining true gold from false.

When she came to Children's, Lisle traded dealing with precious metals to dealing with food—a choice she's glad she made. "Since I've come here, I'm a different person," she says, chuckling. Lisle was extremely shy before coming to Children's, and her first few weeks working with the public were real learning experiences. "I was so nervous," she says. "When I saw the crowd, I'd get so scared." Her manager suggested that she not to look up at all the people when she had a long lunch line, but instead to focus on the one customer before her. "Once I'd look up, uh oh—that's when I'd get all shaky," she remembers. But those days are long past. "I'm a pro now," she says. "I can handle any situation." Lisle is proud of the kind of camaraderie her manager inspires. "Teamwork is very important to me," she says. "Back home we'd say one hand washes the other, meaning, you do something and then someone comes and helps you, too."

Food is a big part of Jamaican culture, and back home Lisle enjoyed cooking traditional dishes like curry goat, ox tail, fried fish, bami (a dry cake made from cassava flour) and akee and salt fish, which is known as the national dish of Jamaica, for her family and friends. Working around food has similar pleasures, says Lisle. "When you see someone really enjoy a meal, that's a good feeling," she says. According to Lisle, every aspect of the meal should be undertaken with care, from preparation to display.

Lisle got to experience a recreation of

her favorite childhood delicacies—and the accompanying smiles of satisfied patrons—when Children's held its first Caribbean Day, during which the Café at Children's served ox tail, curry chicken and ginger beer. Lisle helped plan and prepare the meals. Food Services Manager, **Shawn Goldrick**, says that Lisle was stepping out of her comfort zone from her role as a cashier, but she wanted to help and stepped up to the occasion. "She was looking to bring her Caribbean food to life for her customers," he says. Lisle enjoyed watching others appreciate food from her culture. "People are already asking for it again," she says, adding that the food turned out quite authentic.

Lisle tries to visit Jamaica every year to see family. As a child, her grandmother taught her to be respectful and kind, and she uses those positive people skills here at Children's. "We are taught to be very respectful and greet everyone," she says. "I always say good morning, even if I am just passing someone."

Working at Children's has changed Lisle. "I realize that with shyness, you don't really open up to people," she says. "If I open up more, I get more from others."

When my shyness was keeping everything in, I wasn't getting what I really wanted. I've opened up more and I'm happy."

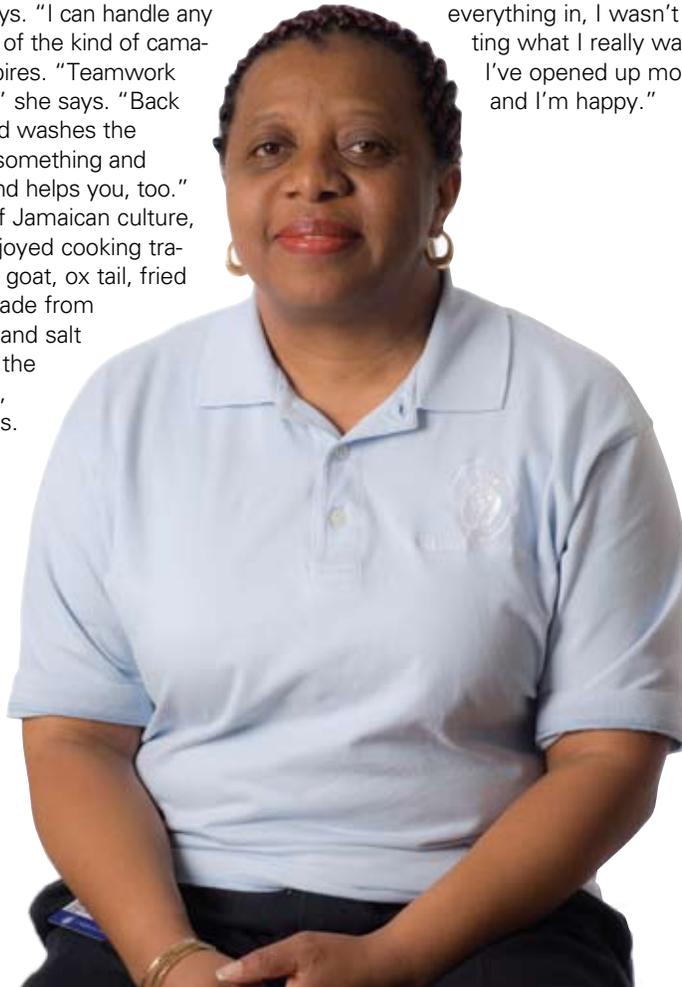


Photo: Ethan Bickford

## NEWS BY NUMERALS

Each February, the American Dental Association sponsors National Children's Dental Health Month to raise awareness about the importance of oral health. Children's Hospital Boston's Department of Dentistry is a top pediatric dentistry center and a leading force in community-based oral health initiatives.

# 1935

The year Children's Department of Dentistry was founded



Photo: Children's Hospital Boston Archives

# 24,000

Patients visited the department in 2007

# 28%

Of preschool children have experienced tooth decay, the most common chronic disease of childhood



# 45%

Of Children's dental patients have special health care needs

Check out the article *Healthy mouths, healthy bodies in Dream Online* for tips on good oral health and hygiene.

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



# Spotlight on Information Services

In recent years, Children's Hospital Boston's Information Services Department (ISD) has been focused on advancing core computing infrastructure and systems support for clinical, research and administrative areas. This has resulted in the implementation of systems like PowerChart, Epic, PeopleSoft and Click Commerce. While we continue to focus on refining and optimizing these systems, we're now poised to become a leader in the innovative and strategic use of information technology (IT).



**BY DANIEL NIGRIN, MD, MS,** chief information officer and senior VP Information Services

To do this, we're working to make our growing wealth of data accessible and sharable. Current methods of health data sharing are inefficient (paper mail, faxes and survey completion) and there is increasing demand for IT facilitated solutions.

One way of improving access to health information is through personally controlled health records that allow patients and their guardians to become stewards of their own health information. We have developed a personal patient portal called MyChildren's that has been piloted in several clinics and will soon be rolling out to the entire hospital. With it, families can do things like request or confirm an appointment, inquire about and pay bills and securely communicate with our clinicians. More importantly, the system includes functionality that allows a patient's Children's clinical data, like allergies, measurements and lab test results,

to automatically become part of their personal health record.

Personal health records will give us an enormous opportunity to streamline the flow of information to and from our patients and their primary care pediatricians, which will lead to improved communication and continuity of care. In addition, personal health records hold great promise for clinical and genetic research over the next few years, since researchers may be able to use data captured in them (with the patient's permission) to recruit thousands of study participants from around the world for research studies.

Our IT teams are also creating systems to more easily share patients' records between institutions throughout Massachusetts and, eventually, across the country. Children's has been part of a pilot initiative to allow for inpatient discharge summaries and ambulatory visit notes to be electronically routed to referring providers, through a Massachusetts-wide initiative called MA-SHARE.

ISD is also building systems to support data analysis within the Children's research enterprise. In the past, determining how many patients with disorder X and lab test result Y would have required extensive manual labor and/or a sophisticated computer programming effort. Using a technology called i2b2, developed in part by Children's researchers, approved investigators will more easily be able to formulate queries like this, and get the results on their own. We're also paving the way for new research discoveries through our work with the Harvard Catalyst, a consortium of research institutions. An interconnected web of i2b2 instances will allow researchers



at Children's and at other participating Harvard institutions to access each other's data, while protecting patients' privacy through data deidentification.

While working on these innovations, our highest priority in the IT strategic plan is to incrementally improve upon our existing core systems to maximize workflow, efficiency, safety and productivity across the hospital. We are reevaluating how employees currently use our systems, whether it is clinical, administrative or research related, and developing ways to make workflows more efficient. For example, the daily information required at the transition of patient care between clinicians is currently tedious to collect and relay. We're developing a semi-automated system for collecting the data clinicians need to sign out to one another at the end of a shift. By pulling together information already in the system as the result of patient registration, ongoing physician and nursing documentation and associated laboratory results, we hope to improve how these "hand-offs" are done. We'll develop the software and pilot it, then make it flexible so other groups across the hospital can use it.

Whether it's creating powerful new technologies or finding ways to improve existing systems, we're determined to positively impact all of the hospital's missions to position Children's as an information technology leader for the future.

[Read more about the Justifiable Costs initiative on our intranet under Hot Projects.](#)

## New outpatient brochure launches

This spring, a new outpatient guide is following on the heels of the pre-admission brochure and welcome kit, which started to be distributed to Children's Hospital Boston's inpatients units last March. Both brochures were created after a hospital-wide audit found a lack of consistency in the materials that patients and families were receiving before a visit. Since the inpatient materials have been so well received, the outpatient guide was funded for a year-long pilot.

The guide will be mailed to first-time outpatients about one week before their scheduled appointment. It will include detailed directions to Children's, a form documenting the child's current medications, tips on what parents should bring with them and more. The brochure is accompanied by a map of the Children's campus to help families find their way around and an appointment reminder letter.

The information in the brochure will be updated annually. Questions or comments? Call Public Affairs at ext. 4-3110.



## The strongest link

Whenever my three daughters saw me decked out in my Air Force Reserves uniform, they knew what to expect: I'd disappear for two weeks for training. I did it every year. But nothing had prepared them for the letter I received last spring, asking me to serve in Iraq.

My two youngest daughters didn't really understand when I told them I was going to serve overseas, but my 11-year-old daughter was suspicious. She had heard people talking about Iraq, and she thought there was a war there. I could tell she was worried. The three-month trip would be the longest amount of time I'd ever left my kids, so to help them comprehend exactly how long three months was, my wife sliced up strips of paper and made a long paper link chain, one link for every day I'd be gone. Before bed each night, the kids could take turns chopping a link off, and as it got shorter, they could see how long I had been gone, and how much longer until I would return.

Unlike most Americans who serve in Iraq, this wasn't my first time there. I grew up in Kuwait, in the Middle East, in a city called Ahmadi, which started out as a compound for foreigners that worked for the Kuwaiti Oil Company. My dad was a refinery engineer and my mom was a nurse. From what I recall, it was great and very hot. I do recall that life was good there, as the company my dad worked for provided most things for us and we left well before all the turmoil began. My first visit to Iraq was extremely brief, maybe two days, and I was all of 8 years old. I only remember that we were there during the rainy season and it was cold, wet and muddy.

Although I hadn't been expecting to return to Iraq, I always knew the day would come for me to serve my country. Postponing my summer projects, I began preparing for my departure. Having never been to a war zone, I didn't know what to expect. I wasn't worried so much for my life



CASEY AJALAT, left, a Children's network design analyst, is proud to have served his country in Iraq.

Photo: Courtesy Casey Ajalat

as I was for my children, wife and parents. As a network designer in Children's Hospital Boston's Information Services Department, I had to transition my duties and responsibilities to my peers and staff here. At home, I sorted through what felt like endless accounts, from banks and credit cards to utilities and legal documents.

Finally it was time to leave. Seven plane hops and three days later, I arrived at the largest and busiest military airfield in the world: Joint Base Balad, located 45 miles north of Baghdad. I was in a daze after travelling for so long, but I quickly settled into a routine as a communications officer. My job wasn't much different than what an information technologist would do at Children's, although instead of being responsible for computers and networks, my work also included satellite communication, radar



systems and information and records management. My workday was 7 a.m. to 7 p.m., but I would usually start early and leave late and the days of the week blended together, especially since there were no weekends or holidays off. I would look at the calendar and focus on the numbers because it didn't matter what day of the week it was. It had a Groundhog Day effect—despite the mortar attacks, which happened weekly.

To break up the cycle, I volunteered at the Air Force Theater Hospital, helping wounded American and Iraqi soldiers, police, civilians and insurgents. Having never seen serious injuries before, I was surprised at how unfazed I was by the serious and lethal injuries, ranging from

simple on-the-job accidents to gunshot wounds, lacerations and severed limbs. Knowing I was helping fellow humans, regardless of nationality, gave me a sense of reward. As insignificant as my role was—I helped the injured on and off the Medevac aircraft from the landing pad to the Emergency Department (ED)—I knew I brought the injured one step closer to recovery. It was amazing to see first-hand triage in action. At first, the ED seemed like total chaos. But once my eye was trained, it appeared more like an ant colony, with each member having specific tasks and responsibilities, carried out with amazing speed and grace. Saving lives was the name of the game, regardless of whose life was at stake. Of course, it hit even closer to home when U.S. soldiers were admitted, wearing a similar, if not the same uniform as I did.

When I arrived back in America in the fall, there were seven links left on the paper-link chain, and four happy females waiting to hug me. After a short break, I returned to Children's. As I continue to adjust back to civilian life, I'm noticing how I have changed. For one, the wartime experience helped me learn to put things in perspective. I can recognize things that aren't as important and not worry about them like I used to, freeing me to concentrate on projects that can make an impact. My experience also gave me a greater appreciation for what we all do on a daily basis here at Children's, and a new, fresher view of my job. All I need to do is walk through the doors of the hospital to feel connected to this noble mission of helping children be well. I'm glad to have served my country, but even gladder to be back. I feel truly lucky to work for two world-class institutions: the United States Air Force and Children's.

## EMPLOYEE OF THE MONTH

Congratulations to **Maryellen Leeman**, ambulatory services representative at Children's Hospital Boston at Peabody, who's been selected as February's Employee of the Month.

Leeman's reputation precedes her. Parents coming into Peabody's Audiology office often ask, "Who is Maryellen and can I meet her?" Chances are, she's gone out of her way to help that person schedule an appointment, facilitate their referral process or give them directions on the phone beforehand and they were blown away by her friendliness. Once they meet Leeman in person, families appreciate her even more: With her unflinching good humor, she makes them feel special and welcome. Whether it's asking them how they're doing, squeezing in another appointment or offering them a box of tissues when they're upset, she tries to get to know each family, assuage their fears and address their concerns.

Among co-workers, Leeman is referred to as the "office mom" and is the person everyone goes to with issues, since they know she'll find a way to fix their problem or, if the matter is personal, offer a shoulder to cry on. "She's never spoken an unkind word to anyone," says a coworker. "She treats people the way she would like to be treated."

Over the past few months, Leeman's office has hired several new employees and she has stepped in to give newcomers direction, while picking up the slack. She's always ready with a compliment about how well new employees are doing. "Maryellen has a very big heart and we're lucky to work with such a caring individual," says a colleague. "She makes the Peabody clinic a very enjoyable place to work. I can't picture working without her."



Photo: Ethan Backford

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

## UPCOMING EVENTS

### Open meetings

Open meetings are **Friday, Feb. 6 at 8:30 a.m.** and **Friday, Feb. 13 at noon**. Both meetings will be held in Enders Auditorium. Speakers are Chief Executive Officer, **James Mandell, MD**, and President and Chief Operating Officer, **Sandra Fenwick**. The guest speaker is Senior Vice President and Chief Information Officer **Daniel Nigrin, MD, MS**, who will discuss IT Innovations. Refreshments will be served at each meeting. Lunch will be served at the Feb. 13 meeting.

### Black History Month observance

Valerie Montgomery Rice, MD, senior vice president for Health Affairs and dean of the School of Medicine at Meharry Medical College, is this year's keynote speaker. All are welcome to attend the event **Feb. 25, from 5:15 to 6:15 p.m.** in the Gamble Reading Room

### Walk for Children's

Register for NSTAR's Walk for Children's, which takes place **June 14**, and raise money for the hospital. For more information: [childrenshospital.org/walk](http://childrenshospital.org/walk) or 866-303-WALK



## THIS MONTH'S SCOOP

### Children's ranked at the top in *Parents*



The hospital has been ranked as the top pediatric hospital in the country for cardiac and orthopedic care in *Parents* magazine's Best Children's Hospitals survey. Children's was rated second overall among the more than 100 pediatric hospitals surveyed, and was among the top five for cancer care and pulmonary medicine.

Hospitals are ranked on their responses to detailed questions about survival rates for childhood cancer, pediatric heart disease and other critical conditions; their experience in performing certain complex procedures; the depth of the research program; safeguards to prevent medical errors; staffing ratios and quality; waiting times in the emergency department; community outreach; and services that address the emotional needs of sick children and their families.

### New *Dream* out now

The new issue of *Dream* has come out. Look for stories about a patient who overcame Cushing's disease, an article about how Children's plastic surgeons saved a baby from Haiti and advice for parents on how to talk to teens about sex. Also check out videos about amazing Children's patients and programs by visiting [childrenshospital.org/dream](http://childrenshospital.org/dream) and sign up for e-Dream, the monthly e-newsletter.



Photo: Patrick Bibbins

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

- Children's celebrates the legacy of MLK (above)
- Sandra Fenwick's employee lunch series turns 2
- Art exhibition by a Boston Latin School student
- John Hancock employees' good deed
- Glad you asked

## Children's News

Children's Hospital Boston  
Department of Public Affairs and Marketing

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