

CHILDTIMES

Produced for Friends of Children's Medical Center of Dallas • Summer 2000



A NOTE TO READERS

It takes a vast team to care for the children who come to Children's Medical Center. Some team members are obvious: doctors, nurses, respiratory therapists, radiologists. Even social workers, child life specialists and chaplains. Beyond that, the team includes the person who registers patients as they arrive, the cook who prepares patient meals and the mail room clerk who brings get well cards from a faraway relative.

Further still, the team includes our donors and volunteers. You, actually. Everyone at Children's is a member of the care team, and we recognize that you are an integral part of what we do.

Each year, we recognize special supporters with the Distinguished Service Awards in the areas of medicine, leadership and philanthropy. You'll read about our very special winners in this edition of *ChildTimes*. You'll also read about a new program to recognize our faithful volunteers who fill so many needs throughout the hospital.

We bring you this magazine to celebrate you as a team member and to highlight others who have joined us in the care process. Thank you for the role you play in our mission to make life better for children.

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Dakota Killough was born without a larynx and vocal chords and with a rare malformation of his esophagus and trachea, conditions from which most children don't survive. He has undergone several surgeries at Children's, including a tracheotomy, and continues to undergo speech therapy. Today, following treatment at Children's and loving support from his family, Dakota is an active 5-year-old who enjoys biking and rollerskating.

Some Assembly Required 14

Jennie Parks' refreshing smile and pretty face were captured in a homecoming picture, now framed and displayed in an exam room in the Children's orthodontics clinic. The photograph is surrounded by dozens of other patients just like her: Children who were born with cleft lip and palate. But, after several surgeries at Children's, only a faint scar between Jennie's top lip and nose serve as a reminder of the birth defect.

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The Volunteer Center of Dallas honors three from Children's, the hospital unveils a recognition wall in tribute of its volunteers and Jesuit High School students mark 27 years of service to patients and staff.

Community News 18

The hospital releases its third *Beyond ABC* report analyzing threats to Dallas County children, national injury prevention expert speaks at the Beyond ABC Symposium and Children's continues to support outreach efforts for the Children's Health Insurance Program.

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Publishing Manager: Bonnie Sorrells

Editor: Jamie Yeatts

Writers: Kelly Kegans and Lori Waggoner

Publications Coordinator: David Calvert

Designers: David Calvert and Barbara Tyler

Photographer: Skeeter Hagler

On Our Cover: Cancer patient Myles Primm, age 6.



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Children's gains board members, appoints new trustees



David W. Biegler was appointed to the Board of Directors of Children's in January, replacing retiring board member Gene Bishop. Biegler has been a Children's Health Services of Texas Board member since 1992 and served on the Children's Medical Center Foundation Board from 1987 to 1992. A 33-year veteran in the energy industry, Biegler became presi-

dent and COO of TXU in August 1997 when TXU and ENSERCH Corp. merged. He formerly had served as Chairman and CEO of ENSERCH. He is a graduate of St. Mary's University in San Antonio, where he received his bachelor of science degree in physics. He also completed Harvard University's advanced management program in 1979. Biegler serves on the boards of Trinity Industries, Chase Bank of Texas, NA, and Metroplex Regional Advisory Board of Chase Texas-Dallas. He has been chairman of the United Way of Metropolitan Dallas, Dallas Citizens Council, Greater Dallas Chamber of Commerce, American Red Cross Dallas area chapter, Central Dallas Association and Dallas Zoological Society.



Kenneth L. Hall was appointed to the Board of Directors of Children's in April, replacing resigning board member Ed Rogers, who moved out of the Dallas area. Hall is president and chief executive officer of Buckner. He is a graduate of the University of Texas at Tyler and Southwestern Baptist Theological Seminary, where he received

Doctorate of Ministry and Master of Divinity degrees. He is a member of Park Cities Baptist Church and serves on the Family Foundation of North America, LeTourneau University at Longview and the School of Social Work Board of Advocates at Baylor University in Waco. He is married to Linda Kaye Elliott Hall, and has two children and a granddaughter.

Five trustees recently were added to the Children's family. The focus of the trustee group is to serve as community advocates for local children's issues and at the state and federal levels on public policy issues impacting children and children's health. Trustees also are committed to cultivating donor relations and participating in fund-raising efforts. We welcome the following who have joined us in our mission to make life better for children:

David R. Cunningham

President of CrossTimbers Capital, Inc., Cunningham graduated from Texas A&M University and also serves on the steering committee and is a presenting sponsor of the Vogel Alcove. Cunningham is married and has two sons. His youngest son, Clay, is a patient at Children's.

Monte E. Ford

As president of Associates Information Services for Associates First Capital Corp., Ford formerly held senior management positions with the Bank of Boston and Digital Equipment Corp. before joining Associates in 1994. He is a native of Washington, D.C., and holds a bachelor of business administration degree from Northeastern University in Boston. He is involved in numerous civic and charitable organizations.

Robert "Chip" Moody

Moody is honorary chair of the Chip Moody Pro-Am Classic benefiting the Chip Moody Child Care Fund at Children's. A graduate of Baylor University in Waco, he is news anchor on WFAA-TV and also is an M.D. Anderson Cancer Center trustee and member of the Conversation with a Living Legend Luncheon Committee.

Richard "Dick" Terrell

A retired executive from Xerox Corp. and a graduate of Oklahoma State University, Terrell has spent numerous years in a leadership role for the Chip Moody Pro-Am Classic benefiting Children's. He joined the trustee group in April.

Mrs. Richard (Suzanne) Welfelt

Mrs. Welfelt joined the trustee group in January, and has served the community in numerous volunteer roles, including membership in the Junior League of Dallas, the Cattle Baron's Ball and the Bob Smith M.D. Foundation Board. She is a graduate of SMU, and she and her husband have two children. ■

New outpatient pharmacy opens

The Cecil and Ida Green Outpatient Pharmacy moved to the first floor in February, occupying a space that is more than seven times its original size.

Located at The Bright Building sky bridge entrance, the new pharmacy features a large retail space where walk-in customers can buy everything from heating pads and lotion to over-the-counter medications. A bay at the back of the pharmacy serves prescription orders.

Pharmacy Director John Tourville said the new pharmacy has allowed numerous upgrades for the department, including carrying hard-to-find child-oriented durable medical goods, a more extensive over-the-counter line of goods as well as a new storage system in which everything is bar coded to decrease medication errors.

The pharmacy is open from 9 a.m. to 7 p.m. Monday through Friday and 11 a.m. to 5 p.m. Saturday and Sunday.



In April, trustees of the Cecil and Ida Green Foundation helped celebrate the grand opening of the Cecil and Ida Green Outpatient Pharmacy, which was funded by a generous \$150,000 grant. From left are Pharmacy Director John Tourville, Pharm.D.; Brian Smith, president of the Cecil and Ida Green Foundation; Rust Reid, attorney, Thompson and Knight; and Children's President and CEO George Farr.

Dutch patient receives national attention

The care given by Children's to a Dutch boy who was seriously injured in an attack off the coast of Honduras received heavy media attention both statewide and nationally.

Willem van Tuijl, 13, was shot by attackers at sea while his family was on the last leg of its journey, which for the past five years had taken them around the



Willem van Tuijl's parents, Jannie and Jacco, speak to reporters during a news conference at Children's. Also pictured are Charles Bauer of U.S. Congressman Pete Sessions' office, seated far right, and standing from left, Tim Streff and Kathleen McNulty, members of the Children's transport team, and David Carter, director of transport.

world. After receiving some treatment at a Honduran hospital, Children's apparently was the only hospital willing to accept the boy without guaranteed payment for further treatment.

At the time Willem was shot, he and his father were on a raft in the water between the family's boat and another boat. Almost immediately after being shot, Willem screamed out that he could not feel his legs. It is not yet known whether the paralysis will be permanent.

American Radio Relay League members in Florida, Pennsylvania and other areas played a major role in getting medical help for the family. Two amateur radio operators who are physicians provided medical advice over the radio to the van Tuijl family as they made the 20-hour journey to

the Honduran coast. A team from the Children's transport department later flew to Honduras and then flew Willem to Dallas for treatment. The boy was released from Children's in April and now is undergoing physical therapy in Dallas.

The van Tuijl's story was broadcast and printed in dozens of news outlets, including ABC's "20/20", "Good Morning America", CNN's "Early Edition", CBS' "The Early Show with Bryant Gumbel", Associated Press, *People Magazine*, *The Dallas Morning News*, *Houston Chronicle*, Texas Network News, Texas Cable News Network, locally on Channels 4, 5, 8, 11, 22, 23 and 52, New York City News, KRLD and WBAP radio and United Press International. ■

Two Children's nurses among DFW "Great 100"

With nearly 50 years of combined nursing experience, Paula Dimmitt and Ada Granado have made their way around most hospital clinics — ranging from med-surgery and oncology to the cardiac catheterization lab and the ear, nose and throat clinic.

On May 2, the Children's nurses were honored for their work as two of the Dallas-Fort Worth Great 100 Nurses for 2000. An award ceremony was held at the Morton H. Meyerson Symphony Center and sponsored by the local districts of the Texas Nurses Association and the Dallas-Fort Worth Hospital Council.

Dimmitt, who previously had worked at other hospitals, joined Children's as the cardiac catheterization nurse in 1974. Since then, she has held several positions at Children's and in 1994, became an otolaryngology nurse practitioner in the ENT clinic. Dimmitt has earned two bachelor's degrees, a master's degree and nurse practitioner certification.

Granado began her 20-plus nursing career at St. Paul Medical Center. She joined Children's last November as an asthma educator and recently began teaching Spanish asthma education classes. Granado earned her bachelor of science degree in nursing from the University of Texas at Arlington. ■

Device closes holes in heart without surgery

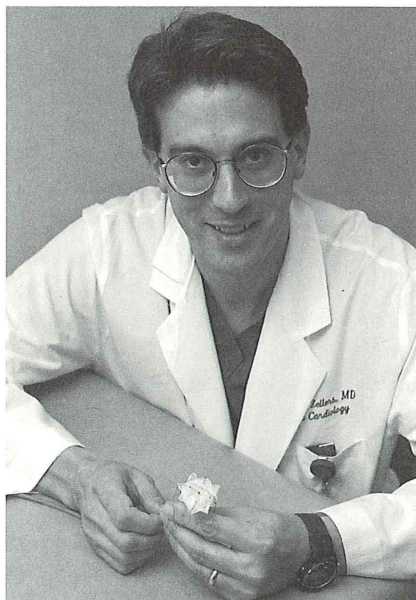
A device recently approved for use by the U.S. Food and Drug Administration gives cardiology patients with holes in their hearts an alternative to surgical closure of those gaps.

Since its approval by the FDA last year, the CardioSeal Septal Occluder has been placed in four patients at Children's, said Dr. Tom Zellers, director of the catheterization lab at Children's and associate professor of pediatrics at UT Southwestern.

The CardioSeal was approved for three groups: patients with ventricular septal defects, which are holes in the wall between the heart pumping chambers; patients with patent foramen ovale or small holes in the wall between the two upper collecting chambers; and patients with fenestrated Fontans, which are holes made in the Fontan baffle. Eventually, the device also will be used for atrial septal defects, which are larger holes in the wall of the upper chambers.

"Children's is one of the first pediatric hospitals to use the device in patients after its approval," Dr. Zellers said. "Only patients on a protocol in certain centers were able to have the device implanted before its approval."

The device, which resembles two miniature umbrellas held together in the middle, is put into patients by way of a catheter in the cardiac catheterization laboratory. The catheter is put in the leg and advanced to the heart, across the hole, and the left side of the device is extruded out of the catheter. The catheter then is pulled back to the wall and the right side of the device is extruded so that an umbrella is straddling the hole and closing it.



Dr. Zellers holds the revolutionary CardioSeal Septal Occluder.

The procedure, which is done with general anesthesia, is monitored under the X-ray tube and with echocardiography. The device is removable, before detachment, if it is not seated properly.

"We are offering this device as an alternative to surgery," Dr. Zellers said. "I anticipate within the next few years putting these devices in 15 to 25 patients a year." ■

Asthma study focuses on development of screening tool

Approximately 6 million children in the United States suffer from asthma, which is the No. 1 chronic disease of children and accounts for one in six of all pediatric emergency room visits. Furthermore, as many as 2,000 U.S. children die from asthma each year.

In an effort to combat these statistics, Children's is participating in a collaborative study with UT Southwestern, Baylor Health Care System and Central Dallas Ministries aimed at developing a universal asthma screening tool for use in schools. The screening protocol, which would be used to refer children with possible asthma symptoms for further diagnostic testing and treatment, could be administered to public school students much like hearing and vision tests.

The Children's study involves screening first- through third-graders at Dallas' Fannin Elementary School for asthma symptoms. As part of the study, parents will complete questionnaires and students will undergo pulmonary function testing.

"This study focuses on an important issue in the care of children with asthma," said Dr. Peter Luckett, director of the clinical services of pulmonology and respiratory care at Children's and an investigator on the study. "The schools may be the perfect place to address the problems of underdiagnosis and undertreatment. Up to now, there has not been a well-studied tool to reliably identify these children. This study is attempting to test such a tool."

Dr. Luckett, also an assistant professor of pediatrics at UT Southwestern, is leading the study along with Dr. Rebecca Gruchalla, director of the Division of Allergy at UT Southwestern, and Dr. Vanthaya Gan, a member of the general pediatrics staff at Children's and an associate professor of pediatrics at UT Southwestern. Children's staff members Pat Walters, pulmonary function technologist; Willie Ruiz, respiratory therapist; and Ada Granado, asthma nurse educator, also are part of the study team. ■

Bone densitometer gives physicians clear picture of bone mass and tissue

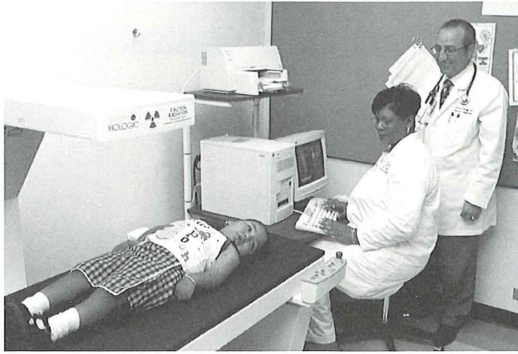
Once a year, renal patient Samantha Herrera, 6, lies down on a large machine that scans her body to measure her bone density.

While Samantha patiently lies there, the HOLOGIC QDR 4500 dual energy bone densitometer's scanner moves back and forth above her and records on a nearby computer the measurements of mineral content and density of specific bone in various sites of her body.

The machine was installed at Children's a year ago, and is one of the few in the area that is specifically set up to scan pediatric patients. The scanner also reveals more in-depth quantitative information about bone density than can be seen from a conventional X-ray. For renal patients like Samantha, these readings are key to determining low bone mass and structural deterioration of bone tissue, which are signs of bone disorder caused by renal problems.

Dr. Mouin Seikaly, director of the Children's kidney and gynecology center and professor of pediatrics at UT Southwestern, said patients with other clinical conditions also could benefit from measurement of bone density. Diseases known to affect bone density include anorexia nervosa, liver failure, hyperthyroidism, diabetes mellitus and arthritis. Patients on medications for prolonged periods of time, such as inhaled or oral steroids, also could have low bone density.

Currently, several therapeutic options are available to treat low bone density. ■



Children's patient Samantha Herrera undergoes a bone density scan monitored by Mary Goode, R.N., and Dr. Mouin Seikaly.

Gynecology department treating more polycystic ovary syndrome in adolescent girls

A Dallas family recently turned to Children's for help when their 16-year-old daughter wasn't able to control her excessive weight gain, acne problem or abnormal hair growth.

The case is not unusual, says Dr. Karen Bradshaw, director of pediatric and adolescent gynecology at Children's. The department is treating an increasing number of adolescent girls who have polycystic ovary syndrome or PCO. Typically, girls with PCO have developed cysts on their ovaries and have an increase of male hormones in the body. Many of these girls also develop a diabetes-like insulin resistance.

The metabolic disorder has symptoms that include irregular menstrual cycles, abnormal hair growth, acne and excessive weight gain. If left untreated, as many as 40 percent of the girls can develop diabetes. The cause of the syndrome is not clear, although a combination of genetics and obesity is thought to trigger the disorder, Dr. Bradshaw said.

"It's really devastating, socially," she said. "A lot of the girls don't understand healthy eating patterns and lifestyle issues. And it can require a lifelong adherence to diet, exercise and medications." Birth control pills and medicines to increase insulin sensitivity also may be prescribed. ■

From left: Dr. Rebecca Lavy; Jane Kass-Wolf, advanced nurse practitioner; and Dr. Karen Bradshaw from the Children's gynecology clinic.



Study examines reasons for dog bites; offers help in avoiding injury

Every 40 seconds, someone in the United States seeks medical care because of a dog bite.

Most victims are treated and released from an emergency center, leaving patients and their families to cope with the injury's aftermath on their own. But a new study under way at Children's hopes to change that.

"Instead of treating the physical component, we need to look at the psychological impact to understand how the patients are affected long-term," said Jenny Sperry, a Children's social worker and principal investigator of the study.

The study, which is ongoing, compiles dog bite statistics to help researchers understand the epidemiological factors surrounding the injuries. So far, the research has shown that most dogs were known to children, most bites occurred at home and that boys were almost twice as likely as girls to be bitten.

Dr. Thomas Abramo, UT Southwestern faculty sponsor for the study and medical director of transport at Children's, said children less than 3 years of age are most likely to be bitten by a dog.

"They think the dog is a sibling or a toy," he said. Dr. Abramo, also an emergency medicine physician on the Children's staff, said that children often are attacked because they have entered into the dog's "space," for instance when the dog is eating. At the same time, dogs are more likely to view small children — because of their size — not as human, but more like a playmate.

Researchers have reviewed charts of more than 400 patients who suffered dog bites and were treated and released from the Children's emergency center from 1997 to 1999. The number of patients treated for dog bites each year seems to grow: In 1999, 155 patients were treated in the Children's ER for dog bite injuries.

The study has found the highest number of dog bites from 1997 to 1999 were made by chows, rottweilers, pit bulls and German shepherds. ERC social workers and physicians recommend that children always be supervised around dogs and be educated about dog safety and that pet owners be responsible and supervise pets around children.

For more information, call the ER Social Work Office, 214-456-2117.

Children's honors top supporters with annual Distinguished Service Awards

Children's paid tribute to several of its most distinguished supporters and benefactors during its annual Distinguished Service Awards celebration on April 11 at the Adam's Mark Hotel. More than 450 guests – including donors, trustees, board members, physicians and friends – gathered for an elegant evening as awards were presented for volunteer leadership, philanthropy and medicine.

Two outstanding cardiac specialists are the co-recipients of this year's Robert L. Moore, M.D., Award for Medicine. **David Fixler, M.D.**, is widely known and respected as one of the country's leading cardiologists. For nearly 30 years, he has been affiliated with the medical staff at Children's, in addition to his role as director of pediatric cardiology and professor of pediatrics at UT Southwestern.

A noted teacher, researcher and frequent contributor to numerous medical journals, Dr. Fixler's vast

knowledge and experience anchor the nationally respected cardiology program at Children's while also providing comfort and assurance for the families of more than 5,000 cardiology patients treated at Children's each year.

When it comes to cardiac surgery for even the tiniest infants, it has been said that there is no one more trusted or appropriate to hold the heart of a child in his hands than **Hisashi Nikaidoh, M.D.** A quiet and compassionate leader, Dr. Nikaidoh is among the nation's foremost authorities in pediatric thoracic and cardiovascular surgery. Dr. Nikaidoh has been with Children's for more than 23 years, and has served as director of the clinical service of cardiothoracic surgery at Children's — in addition to his role as clinical associate professor in the Department of Surgery at UT Southwestern.

Dr. Nikaidoh and his wife, Lynn, are founding members of Children's Circle of Care (see pg. 7).

Last year at the national Children's Circle of Care Leadership Gala and Conference in Chicago, Dr. Nikaidoh was honored as an outstanding philanthropist among his 1,500 peers.

The Joe M. Dealey Award for Volunteer Leadership was presented to **John Andrew Martin**, who has served as corporate counsel for 27 years, in addition to serving on numerous boards since 1975. He presently serves as chairman of Children's Health Services of Texas.

Martin, who is counsel to Carrington, Coleman, Sloman & Blumenthal, L.L.P., has a broad legal practice which includes experience in hospital and healthcare law, administrative law, general business litigation including appellate work, and acting as general counsel to a number of companies. Martin's impressive administrative law experience spans more than two decades.

Longtime Children's supporters and community philanthropists **Angela and Bill Barrett** are the recipients of the Sarah M. and Charles E. Seay Award for Philanthropy. Whether sponsoring the hospital's annual Christmas party, arranging and hosting fishing trips for chronically ill children or funding the At Risk Children's Program, the Barretts are champions for all children. They have given to a number of projects and programs at Children's through the years, including radiographic technology for diagnosing neurological disorders, indigent medical care and the creation of the Angela and Bill Barrett Lecture Series in 1992.

The Distinguished Service Awards were created in 1988 as part of the hospital's 75th anniversary festivities. Twelve years later, the awards continue to recognize those who serve Children's with distinction. ■

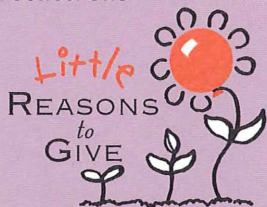


Among those attending the Distinguished Service Awards 2000 ceremony are, from left, award recipients John A. Martin and David Fixler, M.D., Children's Chairman of the Board Joel T. Williams III, Children's President and CEO George Farr, award recipients Angie and Bill Barrett and Hisashi Nikaidoh, M.D.

Increase your retirement income

It's possible to make a gift to Children's and actually increase your retirement income.

Consider Mrs. Jones. She is 80 years old and receives retirement income from various sources.



Recently, she learned about the Children's Gift Annuity. At her age, she can make a gift and obtain a Children's Gift Annuity that would pay her an annual rate of 9.2 percent. By establishing a Gift Annuity in the amount of \$20,000, Mrs. Jones would receive a yearly check from Children's for \$1,840 for the rest of her life.

What's more, she would receive an income tax charitable deduction for a portion of her contribution and a portion of her annual income would be tax-free income.

Younger donors

Children's Gift Annuities, with deferred payment schedules, also can make sense for younger donors.

For example, a 40-year-old who establishes a Charitable Gift Annuity in the amount of \$20,000 — with payments to begin at age 65 — will receive an annuity rate of 26.8 percent. Further, an income tax charitable deduction is available immediately when the annuity is created, making this not only an excellent supplemental retirement plan, but a current source of tax relief as well.

If you want to learn more about the Children's Gift Annuity program, contact David M. Slover, director of major and planned gifts, at 214-456-8364 or dslove@childmed.dallas.tx.us.

New hospital donor honors legendary racing family with gift to Children's

Editor's note: On behalf of the Children's Medical Center family, we extend sincere sympathy to the Petty family in the loss of their beloved son, Adam.

Racing enthusiast Steve Harvanek may well be Kyle Petty's No. 1 fan. To honor his racing hero — who also supports children's charities — Harvanek and his wife, Debbie, have made a \$10,000 gift to Children's. The generous gift makes them Dallas' newest members of the nationally recognized Children's Circle of Care.

The couple was introduced to Children's three years ago when Mrs. Harvanek began volunteering at the hospital.

During a recent volunteer appreciation dinner when Steve Harvanek heard Children's President and CEO George Farr share about the Children's mission of making life better for children, he decided to take part in that mission.

"When I stopped to realize all the work this hospital does and how it helps so many children, I immediately wanted to give financially to support and further that work," said Harvanek, who owns and operates Motion CycleSports in Garland. "My wife and I want to do all we can to help, and once I began thinking about the possibilities — I had an idea."

Harvanek's idea was to use his gift to Children's to honor racing legend Kyle Petty, who is widely recognized for supporting children's charities throughout the country — and at the same time, generate enthusiastic support

for Children's. His gift, which coincided with the Texas Motor Speedway racing debut of Petty's son, Adam, also resulted in a donation of HotWheels cars for patients at Children's by the Mattel Corp.

The HotWheels 44 NASCAR, driven by Kyle Petty, is among the most widely recognized race cars of all times. And it is not surprising that Steve Harvanek got the opportunity of a lifetime — when he was allowed to meet and

"When I stopped to realize all the work this hospital does and how it helps so many children, I immediately wanted to give financially to support and further that work."

—Steve Harvanek

visit with the racing legend just prior to the start of his son's historic debut at the Texas Winston Cup Race at Texas Motor Speedway on April 1. Adam Petty was the first fourth-generation professional athlete to compete in any sport.

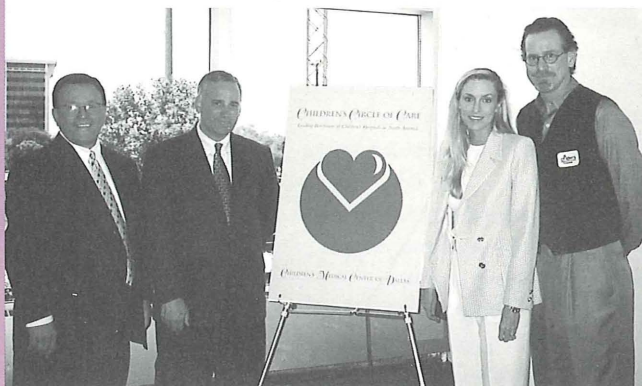
"It was great to finally meet him in person," Harvanek said of Kyle Petty. "I've long admired him for his racing ability, but now — too — for

his support of children's charity work.

"In fact, I spoke with him about visiting patients at Children's, but his son's media tour that weekend did not permit him to do so. And although his biking tour across the nation with stops at children's hospitals does not include Dallas this year, I am hopeful that it can and will in the very near future.

"If nothing else, I have at least introduced him to the incredible mission and work of Children's Medical Center of Dallas." ■

Children's Circle of Care members plan for Boston



More than 25 members of the Dallas Children's Circle of Care gathered for lunch in April to discuss plans for the organization's annual North American Leadership Conference and Gala Dinner on June 15 in Boston, with this year's honorary chair, James Taylor, singer and songwriter. Children's Circle of Care is an organization that recognizes donors who contribute \$10,000 or more annually to 20 of North America's most prominent

pediatric teaching hospitals. Among those attending the luncheon and scheduled to make the Boston trip are Children's President and CEO George Farr, Jack Conroy, and Carolyn and Bill Steding.

Crystal Charity Ball funds renovation, expansion of continuity of care program

Children's is the recipient of an \$850,000 pledge from the 2000 Crystal Charity Ball. The funds will be used to expand and renovate the continuity of care program, which provides comprehensive primary care for more than 3,700 under-served children each year.

The renovation, which is expected to begin in the latter half of this year and be completed by the first half of 2001, will increase the program's space and add an enclosed patient and family waiting area, private bathroom, vision and hearing screening room, neuro-developmental lab and expanded business offices. The donation also will provide funds for a bilingual social worker, a developmental specialist and a program coordinator.



Crystal Charity Ball chair Karen Shuford and underwriting chair Lydia Novakov take a tour through Children's.

"We are so pleased and grateful to the members of Crystal Charity Ball," said Dr. Patty Hicks, an attending physician in the program. "Many children's lives will be directly impacted by this very generous gift."

The continuity of care program is important because it serves a vulnerable group of patients, many of whom might not otherwise have access to primary care, explained Ginny Searcy, continuity of care program manager. "Here, the families are able to have a doctor who knows their child and are able to see that doctor regularly. And since we're serving kids who otherwise wouldn't have medical care, we're keeping them out of the emergency center, too," she said.

About 88 percent of children served in the program come from families with low incomes, and more than a third of those families speak only Spanish.

"The continuity of care program renovation project is a good match for Crystal Charity Ball and Children's Medical Center because both serve the critical needs of children," said Crystal Charity Ball Chair Karen Shuford. "We believe it's a great program because it provides services to a large population of under-served children whose families otherwise could not afford a primary pediatrician and medical attention their children need."

The continuity of care program also trains the next generation of pediatricians by requiring residents and medical students to function as if in a private practice setting. More than 45 percent of the patients seen have complex medical conditions that require the coordination of sub-specialty care and a multidisciplinary team approach. This complex patient care model provides educational opportunities that cannot be duplicated in a traditional community clinic or private practice office setting.

This year marks the 13th time Crystal Charity Ball has selected Children's as a beneficiary. Its first gift to Children's in 1954 was used to support the hospital's X-ray department. Since then, Crystal Charity Ball funds have been designated for programs such as the dental clinic, the hematology-oncology and renal dialysis programs, and the Children's pioneering liver transplant program. The Crystal Charity Ball ARCH Center, funded through a 1996 gift, was opened last summer in The Bright Building, Children's new, state-of-the-art outpatient facility. ■

Thank you notes

We are grateful to **Whataburger** for its ongoing support and food contributions for various groups and events at Children's, including the Teen Support Group Dinner.

Yim's Tae Kwon Do Institute held its third annual Board Break-A-Thon in February to benefit the Center for Cancer and Blood Disorders at Children's. During the past two years, Yim's has raised more than \$16,000 for cancer research at Children's.

Irving High School held its fifth annual Tiger Fun Run on April 15 at Lively Park Jogging Trail in Irving. This year's Fun Run raised more than \$5,000 for the Center for Cancer and Blood Disorders at Children's.

A very special thank you to the students and staff at **Northlake Elementary School** for donating more than \$700 to Children's through their fundraising efforts.

The Texas Fire Sprinkler Contractors Association (T.F.S.C.A.) held its 11th annual Charity Classic in May at Thorntree Country Club in DeSoto. The association has raised more than \$200,000 for Children's.

A very special thank you to **James Mitchell, Dona Mitchell** and their children **Joslyn, Johnique**, and **James Gassaway**, for attending the SMU Sigma Chi Derby Days in April on behalf of Children's Medical Center and Children's Miracle Network.

A very special thank you to **Adam Weinger** for choosing Children's as the beneficiary of his Barmitzvah Community Service Project toy drive, which collected more than 250 new toys for patients at Children's.

Tri Sig funds playroom



Carol Swango, representing the national Tri Sigma Foundation, helps Children's President and CEO George Farr cut the ribbon during

fourth floor playroom dedication ceremonies in April. Since 1975, Tri Sigma has provided funds to support Child Life assistantships, equipment, playroom facilities and a fellowship for advanced study in Child Life.

Six Flags Family Night celebrates successful efforts



Hosted by the Women's Auxiliary to Children's, the 31st annual Six Flags Family Night was an overwhelming success. Thanks to the hard work of Auxiliary members and generous sponsors, the event raised \$405,000 for Children's. Six Flags Family Night, the Auxiliary's largest annual event, is the final fund-raising effort of the year for this special group of committed women.



It took much dedication and enthusiasm to make Six Flags Family Night a success. Among those playing important roles were, from left, event co-chair Ann Delatour; Leo Griggs of Park Cities Chrysler/Plymouth Jeep Volkswagen; event co-chair Donese Walker; Children's President and CEO George Farr; event co-chair Katy Nichols; Connie Yates of Tom Thumb; the Tom Thumb mascot; and Robert Van Cleave and Steve Williams of Centex Construction. Above, 1999-2000 Auxiliary President Sandra Cude poses with Bugs Bunny during Family Night activities.

Stuart chairs Red Wagon Annual Fund Committee



Barbara Stuart

Longtime Children's supporter and civic volunteer Barbara Stuart is succeeding founding chairman Randi Halsell as chairman of the Red Wagon Annual Fund Committee. Stuart will serve a one-year term as leader of the volunteer committee, which works to encourage prospective donors to make first-time or renewed annual gifts of \$1,000 or more to Children's.

"I look forward to working with the many wonderful committee members to encourage and nurture financial support for Children's Medical Center of Dallas," said Stuart, who is widely respected for her many philanthropic and volunteer endeavors including the current presidency of the Dallas Historical Society.



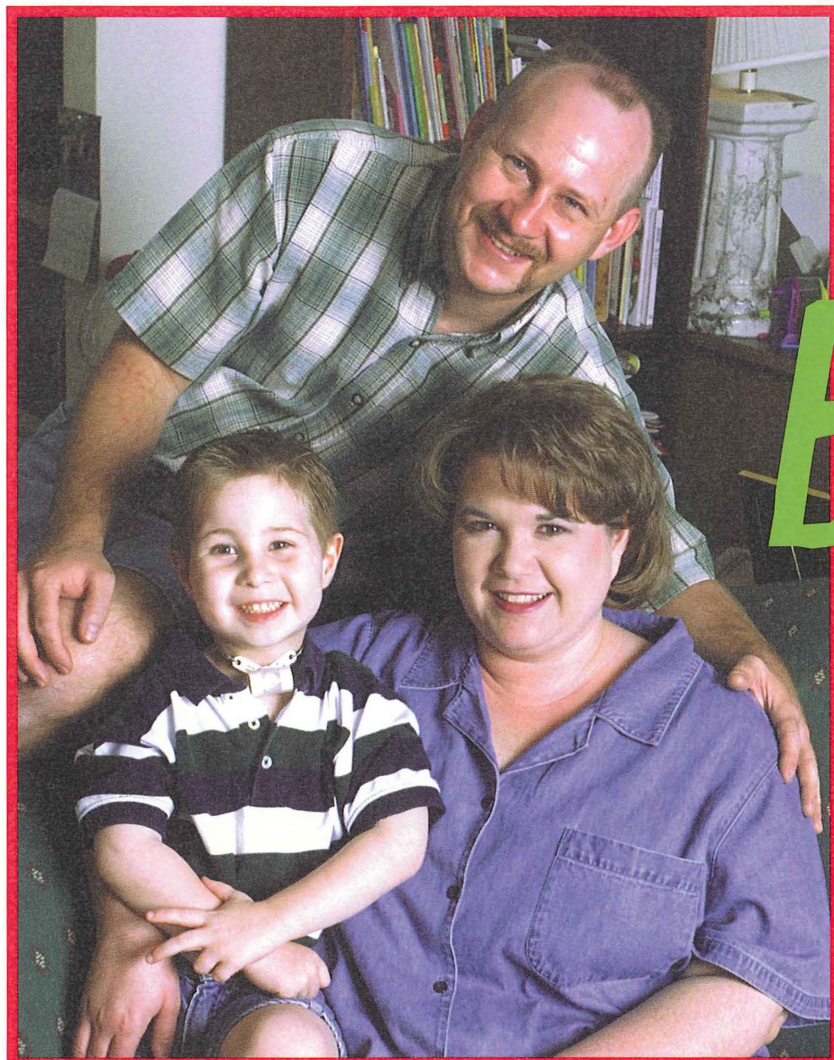
Children's President and CEO George Farr helps several of his "friends" unveil the 1999 Red Wagon Annual Fund recognition wall display in the Admitting Lobby during a special reception in April.

A founding member of the Red Wagon Annual Fund Committee, Stuart also has served Children's as a trustee since 1996. "Our goal for this year will be to increase the number of individuals and families giving at the \$1,000-plus level by 50," she said. "I am confident this is an attainable goal because Children's plays such an important role in this community. I can't think of a single person whose life, or the life of a loved one, has not been touched by this hospital's commitment to making life better for children.

"I so admire the incredible work this committee has initiated under Randi's leadership, that I count it a privilege to now serve in this leadership role," Stuart said. Last year, the Red Wagon Annual Fund Committee was responsible for increasing gifts at the \$1,000-plus level by 38 percent. Since the committee's inception in 1997, the number of individuals and families giving at this level has increased by 135 percent.

A new Red Wagon Annual Fund Committee is recruited each year. Stuart says the hallmark of the committee members is their contagious enthusiasm and generous support for Children's. "All it takes is one visit to Children's to both see and understand that this is a very special place," she said.

"We are pleased to have Barbara at the helm," said Carl Hamm, Children's director of annual programs. "Her poise and passion are an inspiration to us all, and we look forward to great accomplishments under her leadership." ■



Life BEYOND Words

Born without vocal cords, Dakota Killough wasn't expected to live past birth. After undergoing several surgeries to repair his rare and often fatal birth defects, the 5-year-old is one of only a few children worldwide to survive his condition.



At 2 months of age, Dakota had spent all but eight days of his life at Children's, undergoing treatment for his various birth defects. Now 5, Dakota enjoys spending time with his friends and parents, David and Kelly Killough, pictured above at their Waxahachie home.

A week before Kelly Killough gave birth to her son Dakota, she had a sonogram to check her baby's lung development, which looked to be normal. But seconds after Dakota's delivery, his mother knew something was wrong.

"When he didn't cry, we just assumed his lungs were not totally developed," she said.

Killough found out later that her son was born without a larynx and vocal cords, a rare condition from which most children do not survive.

Shortly after his delivery at St. Paul Medical Center, Dakota was rushed to the neonatal intensive care unit. But when attempts to put a breathing tube in Dakota failed, he quickly was transferred to Children's.

"We weren't sure if he would make it and thought he might have some brain damage," Killough said.

A critical time

Upon arrival at Children's, Dakota's oxygen saturation was nine on a scale of 100. Surgeons discovered that Dakota had laryngeal atresia, which meant his trachea was not formed completely and air could not reach his lungs. He also had tracheoesophageal fistula (TEF), which is a

hole between the lower esophagus and trachea.

It was because of Dakota's TEF that doctors at St. Paul were able to force some air into Dakota's

lungs with an air mask.

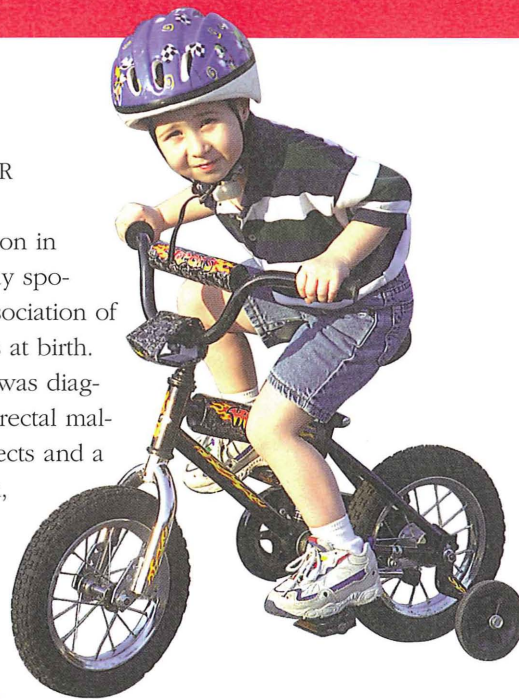
"Most children in this condition die because they can't breathe," said Dr. Barry Hicks, a pediatric surgeon on staff at Children's and associate professor of pediatric surgery at UT Southwestern.

Dr. Hicks and a team of specialists inserted an emergency airway through Dakota's TEF by separating the windpipe and esophagus and closing the fistula. This was the first of many surgeries for Dakota, who also was diagnosed with several other birth defects

associated with VATER Syndrome.

VATER is a condition in which children display sporadic, nonrandom association of specific abnormalities at birth. In Dakota's case, he was diagnosed with anal and rectal malformations, heart defects and a walnut-sized stomach, in addition to the laryngeal atresia.

When Dakota was 4 days old, he had a tracheostomy,



"He is a very active boy. He doesn't like it if we tell people he can't talk or vocalize. He doesn't see or feel that he is different. He loves life and nothing seems to bother him."

— Kelly Killough, Dakota's mother

colostomy and placement of a gastrostomy tube. After two months in the hospital, Dakota went home with his family to Waxahachie. But then he developed pneumonia and returned to the hospital for more than a month. It was during this time that Dakota underwent surgery to repair his heart defects.

Finally, at 3 1/2 months, Dakota went home to stay.

Steady progress

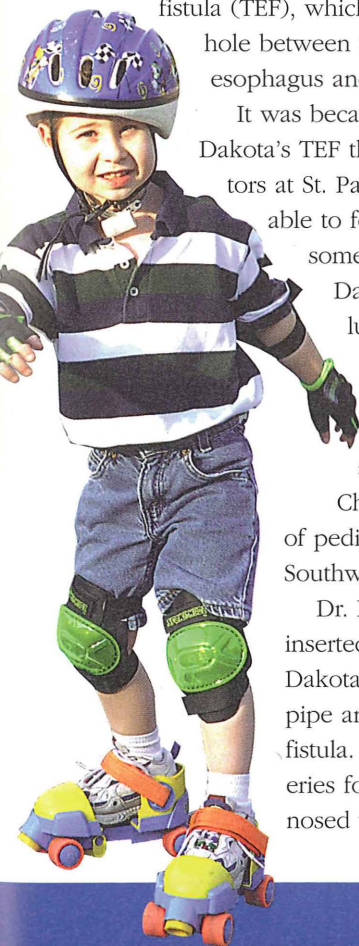
"Dakota almost died several times during his first year of life," Dr. Hicks said. "He was in and out of the hospital several times with pulmonary problems. But now, after five or six surgeries, his other anomalies have been

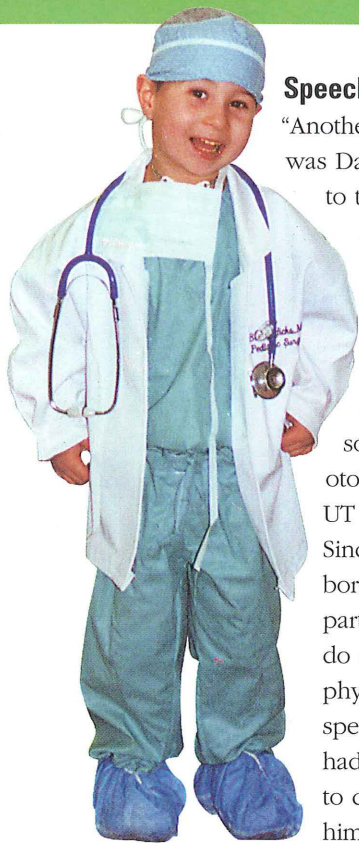
corrected and he is doing well."

Shortly after Dakota received his trach, which allows him to breathe through a small hole in his neck, the Killough family began working with Paula Dimmitt, a pediatric nurse practitioner in the ear, nose and throat clinic at Children's. Dimmitt explained to the family how to care for a child with a tracheotomy.

Dimmitt taught the Killoughs, and later Dakota's school teachers, when and how to suction via the trach tube and remove and replace the tube. It's common for parents of children with trachs to be afraid to care for their child, Dimmitt said.

"We help them overcome this fear that they are hurting their child. Nothing involved with trach care hurts their child," she said.





Speech Therapy

“Another big concern was Dakota’s inability to talk,” said Dr.

Michael Biavati, otolaryngology physician on staff at Children’s and assistant professor of pediatric otolaryngology at UT Southwestern. Since most children born with Dakota’s particular anomaly do not survive, physicians and speech therapists had little research to consult to treat him.

“We didn’t have any history with this,” Dr. Biavati said. “We basically had to teach him how to make sounds and eventually work up to words. We had to figure out how to do this without having any type of breath to power his sounds.”

When Dakota was about 2 years old, he began using an electrolarynx device, commonly used by adult throat-cancer patients who have had their larynx removed. He worked with Children’s speech therapist Monica Orr initially to develop oral-motor skills and learn to eat. Once his oral-motor skills improved, the focus of therapy turned to speech development.

“A child who has no vocal cords should never be able to make sounds, but Dakota adapted and developed speech using his existing anatomy,” Orr said.

Initially, Dakota resisted having anything in his mouth, including food or any type of device that would help him speak. Because Dakota’s stomach was tiny — about the size of a walnut — he had been tube fed for his first year of life.

Eventually, Orr was able to help

Dakota learn to eat using desensitization exercises, oral-motor activities and presentation of a food hierarchy. He later learned to use the electrolarynx to speak. He also knows sign language and uses gestures as well as facial expressions to communicate. By using all of these techniques, Dakota is an amazingly competent communicator, Orr said.

“He is such a bright child, and he wants to communicate so badly,” Orr said.

Currently, Dakota speaks in what’s known as Buccal speech, which sounds like Donald Duck. But he is starting to learn esophageal speech, which allows him to create sounds in his mouth by belching. As he grows, he will have other options, Dr. Biavati said.

One option is a speech prosthesis in which a hole from the trachea into the esophagus is created and a reed is placed in the middle to force air through and generate a voice. Later on, he could be an ideal candidate for laryngeal transplantation, a rare and still experimental procedure.

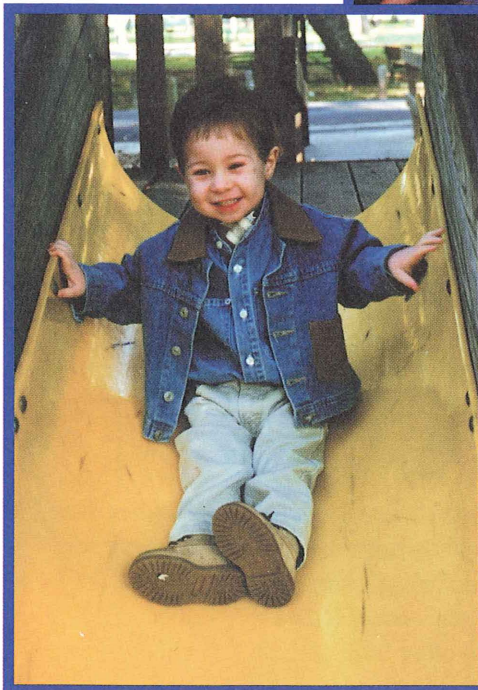
Finding support

Dr. Hicks estimated that Dakota is among fewer than a dozen children who were born and have survived with this particular laryngeal/esophageal anomaly.

“I had not seen this exact anomaly before, and I haven’t seen it since,” he said.

Soon after Dakota was born, it became apparent to the Killoughs that his mother would have to quit her job to care for her son.

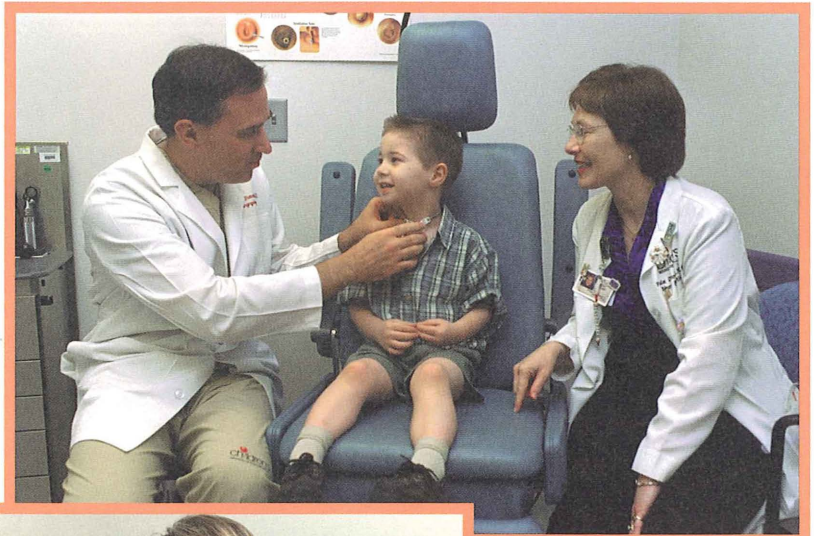
“After my maternity leave was over, there was no way I could return to work as an elementary teacher. It was



At 8 months, Dakota began sitting up by himself and was starting to grow and gain weight after his heart surgery at 3 1/2 months. When he was 3 years old, Dakota was running, jumping and playing just like other kids his age. His main form of communication was sign language and he had learned nearly 300 words. Above left: For Halloween last year, Dakota said he wanted to be either Garth Brooks, his musical idol, or Dr. Barry Hicks. Dr. Hicks won out and Kelly Killough altered one of Dr. Hicks’ coats and scrubs to fit.

“A child who has no vocal cords should never be able to make sounds, but Dakota adapted and developed speech using his existing anatomy.”

— **Monica Orr**, speech therapist at Children’s



Above: Dr. Michael Biavati and nurse practitioner Paula Dimmitt were part of the ENT team who treated Dakota from birth. Left: Dakota practices his oral skills with speech therapist Monica Orr. Below: Dakota visits one of his favorite physicians, Dr. Barry Hicks, on a recent trip to Children’s.

just so overwhelming in the beginning,” she said.

By becoming active in several support groups, including the Trach Ties group at Children’s, Kelly Killough and her husband, David, have kept in touch with other families in similar situations. The family also has met, via the Internet, a child in Russia who is very similar to Dakota. Killough also helped edit a guidebook for parents about tracheotomy care.

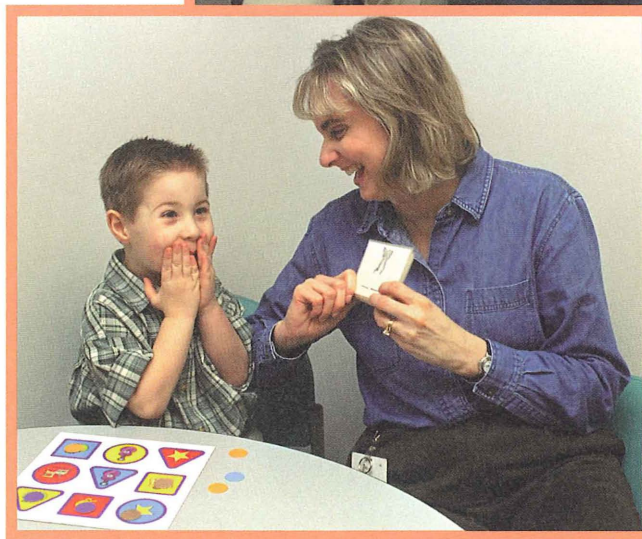
Dr. Hicks praised the couple’s dedication.

“The Killoughs have given up so much personally to care for Dakota,” he said. “They are very dedicated to their child. He obviously is thriving in the environment they have created for him and in the care they have given him.”

Bright future

Now 5 years old, Dakota attends pre-kindergarten, where he loves to be around other children, his mother said. In addition to his in-school speech lessons twice a week, a private speech therapist visits Dakota after school at home to work with him on his esophageal speech.

The youngster also is part of a support group for people who have undergone laryngectomies. Most members of the group are adults age 50 or older, but Killough said both Dakota and the other members learn something from one another.



“It’s an encouragement for him because they’re like role models. On the flip side, the adults are going through this terrible situation and when they see someone his age continuing to try, it boosts their spirit,” she said.

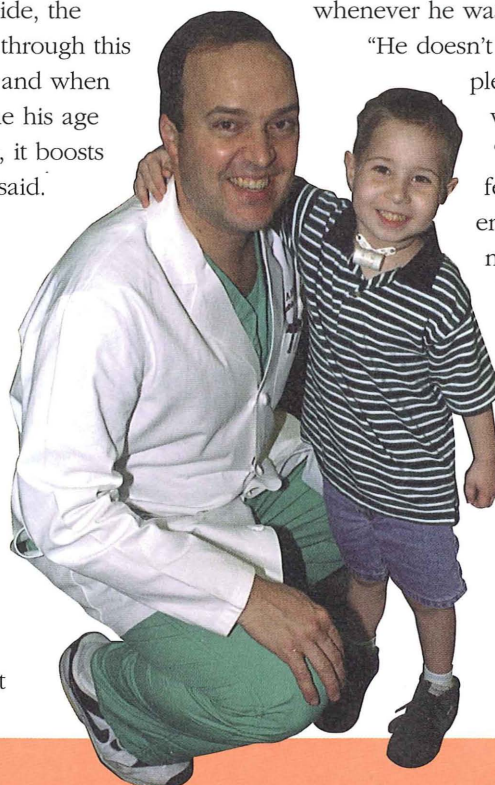
Although Dakota’s trach probably will be permanent, he doesn’t let it hinder him, Killough said.

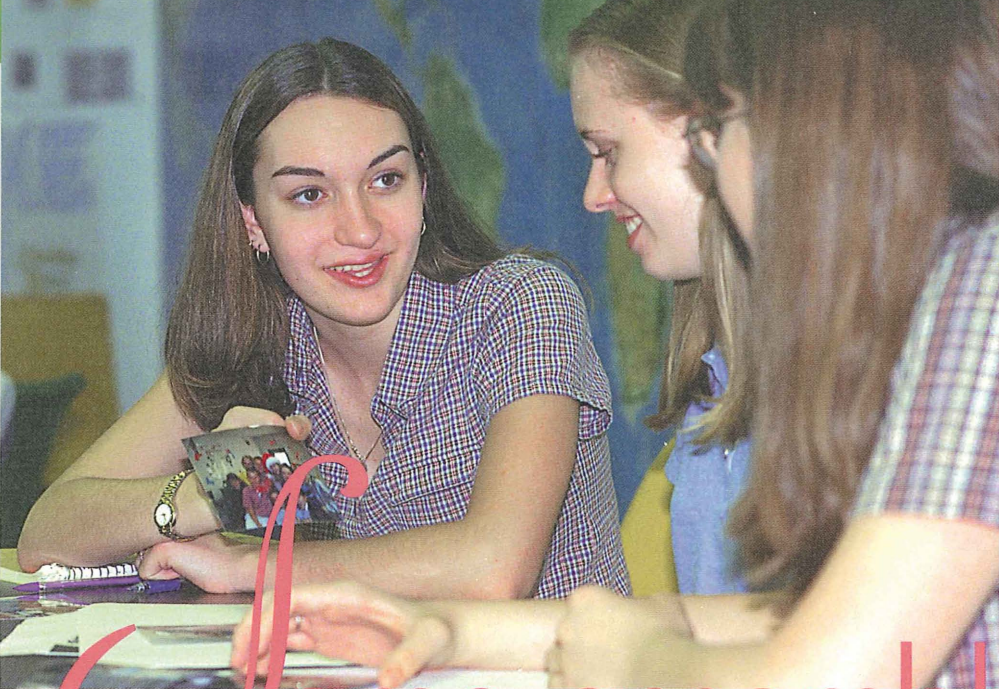
“He is a very active boy,” she said. “He loves to be the center of attention, and I have often said it

is because he always had a group of medical personnel looking at him whenever he was in the hospital.

“He doesn’t like it if we tell people he can’t talk or vocalize,” she said. “He doesn’t see or feel that he is different. He loves life, and nothing seems to bother him.”

— *Kelly Kegans and Jamie Yeatts*



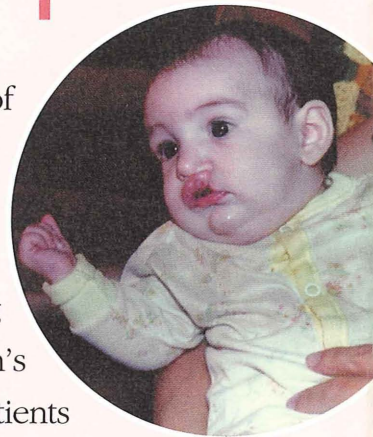


With special medical care, children born with cleft lip and palate, like Jennie Parks, overcome the common birth defect. ♡

Come assembly required

Among her peers, Jennie Parks is a well-liked 17-year-old. She's part of the chorus in her school's spring play, a copy editor on the yearbook staff and princess on the junior homecoming court at Temple Christian School in Fort Worth.

Her refreshing smile and pretty face were captured in a homecoming picture, now framed and displayed in an exam room in the Children's orthodontics clinic. The photograph is surrounded by dozens of other patients just like her: Children who were born with cleft lip and palate.



When Jennie was born, her mother, Joyce, said she wasn't prepared for her daughter's cleft lip and palate. The condition had not been detected prenatally, and she had no idea what it meant and wondered if it would hurt Jennie if she touched her baby's face. But once the Parks family learned that Jennie's condition was common and could be corrected, they felt blessed.

"My whole prayer — what I kept asking for — was for a healthy baby, and I feel like that was what I was given," Joyce Parks said. "You see other kids in the hospital who wouldn't even get to go home. What Jennie had was fixable."

Cleft lip and palate are common birth defects that occur very early in pregnancy and usually are attributed to a combination of genetic and environmental factors. Babies can be born with either cleft lip or palate or both.

Cleft lip is the separation of two sides of the lip that often includes the bones of the upper jaw and/or upper gum. In cleft palate, there is an opening in the roof of the mouth

in which two sides of the palate did not fuse or join together when the baby was developing. Cleft defects are the second most common birth defect, usually occurring in one in 500 babies, according to the National Institutes of Health.

First surgeries

Beginning at 4 months old, Jennie underwent three surgeries to correct her lip, palate and gum line. By the time she was in the second grade, Jennie was receiving treatment at Children's, where she underwent two surgeries performed by Dr. Steve Byrd, a plastic and craniofacial surgeon on staff at Children's and clinical professor and vice chairman of the department of plastic and reconstructive surgery at UT Southwestern.

Dr. Byrd said Jennie's case was a bit unusual because during earlier surgeries at another hospital, her nose had not been corrected. So her first procedure at Children's

Beginning at 4 months old, Jennie underwent three surgeries to correct her lip, palate and gum line. ♡

was to reshape her nose. She later had some fat added to make her top lip thicker.

In between surgeries to correct her lip and palate, Jennie's mother said, the family never made a "big deal" about her condition. In fact, Parks said, the first time the subject came up was at a playground when Jennie was 4 years old.

"Another child put his finger on her nose and asked what was wrong," she said. "We told Jennie to tell people that she had cleft lip and palate and that doctors were going to work on her nose. We've tried to raise her to not be ashamed of it because it's normal."

Jennie had her braces put on when she was 9 years old and wore them for about three years. ❁

Only a faint scar between Jennie's top lip and nose serve as a reminder. Dr. Byrd said that as she matures, it's possible she might need more corrective surgery, depending on how her face changes.

Orthodontic needs

At age 8, Jennie became a patient in the Children's orthodontics clinic, which shares space with the craniofacial clinic. Cheryl Anderson, D.D.S., an orthodontist on staff at Children's and an assistant clinical

professor in the plastic and oral surgery department at UT Southwestern, said all cleft lip and palate patients need special attention for their gums and teeth because the shape of the maxilla doesn't allow the teeth to fit together as they should. That's why it was important to house the two clinics in close proximity.

Although the procedure wasn't in place when Jennie was born, infants born today with cleft lip and palate are seen by an orthodontist who fits a plastic device into the infant's mouth to bridge the gap in the gum line. This device both allows the infants to eat better and prepares the mouth for its first surgery, typically at 3 months of age. Later, when all the permanent teeth have erupted, the patient is fitted with braces. Jennie had her braces put on when she was 9 years old and wore them for about three years.

Dr. Anderson praised Jennie for obeying all the orthodontic rules and said that's one reason why her braces were removed so quickly. "She was a fabulous patient. We had to do some complicated gymnastics to get her teeth where they needed to be, and she just followed all the rules about taking care of her teeth," Dr. Anderson said.

Through the years, Jennie said, she has had only a few people ask her about her facial scar. "I don't mind explaining it," she said. "My parents said not to let it bother me because that's how God made me. It's amazing how they (doctors) can change me from what I looked like before to what I am now."

Dr. Anderson said she hopes the pictures in

66 It's amazing how they (doctors) can change me from what I looked like before to what I am now." ❁

— Jennie Parks, 17

the clinic showing what babies look like when born with cleft lip and palate and pictures later in life are reassuring to parents.

"These babies just come with a little assembly required," she said.

Joyce Parks said her daughter's positive outlook on life has helped her get through what could have been socially painful times.

"She's sunshine," Parks said. "God really gave her a sweet spirit, I think, to offset what she's been through."

— Kelly Kegans

Orthodontic assistant Heather Early, left, and Cheryl Anderson, D.D.S., framed Jennie's homecoming picture for other cleft patient families to see. Opposite page, above right: Jennie sorts through photographs with classmates to use in the school yearbook. Left: Jennie as an infant.



Left: Jennie is close to her younger brother Matt, 14.

Below: Jennie rehearses with fellow students for the school's play, "Bye, Bye Birdie."



Volunteer Center awards three from Children's

The Volunteer Center of Dallas County recently counted three Children's volunteers among its 11 Outstanding Volunteer of the Year Award recipients. Don Klusmann, Rose McDermott and Jackie Bennett were honored at an awards ceremony attended by more than 1,300 people on April 11.

"It has never happened that one organization had three winners in the same year. When realizing that, the judges were asked if they wanted to reconsider, but they said each of our candidates was the clear choice," said Myrna Watkins, director of volunteer services at Children's.

The recognition also has had a positive effect on volunteer recruiting, she said, explaining that one woman attending the presentation ceremony was so impressed that she went back to her office and recruited 10 people to apply to be volunteers at Children's.

Following is a brief description of each recipient's work at Children's and the award category in which each was recognized:

Individual Volunteer of the Year

Don Klusmann began volunteering on the Friday afternoon shift at Children's in 1997 as a sitter, filling in for parents who cannot be with their children at the hospital. Along the way, Klusmann added Wednesday evenings to his volunteer schedule, taking on the role of working with families in the Children's emergency center.

"I'm here to help where, when and doing whatever is needed for the kids. Just give me the jobs no one else wants," Klusmann said when he began volunteering.

"This engineering consultant with a family of his own has befriended child after child in need of love," Watkins said. "Whether he is consoling a sick child, calming the fears of parents or organizing an impromptu art exhibit for siblings, Don generously shares his compassion and creativity."

Education Volunteer of the Year

After a 31-year career of teaching in the public schools, Rose McDermott retired and started a second career as a volunteer teacher at Children's. For two years, she primarily has worked with renal patients who must come to the hospital several days a week for dialysis.

From English to SAT preparations, McDermott creates lesson plans and then helps her students

achieve their goals step by step. She says her volunteer efforts are among the most rewarding tasks she has ever done.

"Rose impacts our kids in a way that no one else can," said Marianne Hunter, day volunteer coordinator. "She gives her students something to focus on other than the physical problems they must deal with daily."

Disabled Volunteer of the Year

In the middle of a career dedicated to working with people who are mentally and physically disabled, Jackie Bennett suffered a stroke following a medical procedure that left her with handicaps of her own. But, through determination and perseverance, she has continued a life devoted to others through her volunteerism at Children's.

She started at Children's in 1998, and after serving in several volunteer roles, has found her niche as a sitter, where she rocks or comforts children who are alone, have recently undergone surgery or just need someone to be there. Last year, Bennett gave more than 300 hours of service to the hospital.

"Not only does Jackie comfort, but she also gives courage to those who need it most," Watkins said. "With her quiet dignity, she imparts bravery to the tiniest patient she reaches." ■

Recognition wall honors gifts of time

Joanie Williams has dedicated 8,500 hours in her 37 years of volunteering at Children's, where she has served in virtually every volunteer capacity — from the pharmacy to the PICU to the recovery room.

In tribute to their service to the hospital, Children's has created a recognition board to honor Williams and 67 other volunteers. The plaque, unveiled during a recognition event for volunteers on April 27, hangs on the hospital's first floor.

"I think the recognition board is



The new recognition board hangs on the first floor of the hospital.

a great idea. It is a meaningful way to show how much the volunteers give and how important they are," said Williams, who began volunteering at Children's in 1962 when her son was a patient at the hospital. "Some people have to work at being here and they put in a lot of time. I think the volunteers will be very pleased with the recognition."

The wording on the board reads: "Brightening Lives of Children One Hour at a Time." The names on the plaque represent active volunteers who have completed 500 or more hours of service, and names will be added each year as new volunteers reach the minimum level of service and other volunteers move up in their levels of service.

"We are pleased to be able to honor our volunteers in this way," said Myrna Watkins, director of volunteer services. "The recognition of our volunteers who so generously give of their time will complement the recognition of our financial supporters." ■

Longtime volunteer 'regular' on recovery team

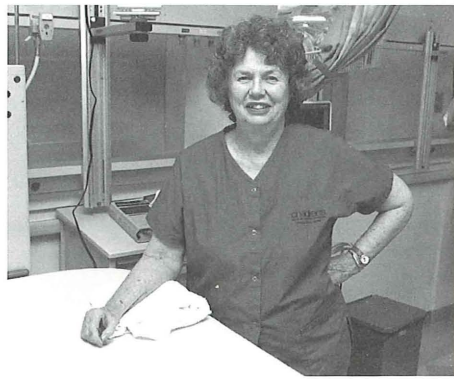
Physicians who pass through the recovery room know what day it is when they see Lois Montgomery.

A Children's volunteer since 1973, Montgomery has worked Friday mornings in the post-anesthesia recovery unit for 27 years, logging more than 3,800 hours.

"This is my Friday fix," she said of her weekly volunteer shift. "It's more rewarding than anything to be here. It's an area where you really feel you're needed."

Montgomery said she came to Children's shortly after she and her husband moved to Lewisville from West Texas. She knew she wanted to volunteer somewhere, but had no particular place in mind. A volunteer agency recommended Children's.

Some of her duties in the recovery unit include gathering warm blankets, distributing toys, getting bottles for patients, keeping beds in order and staying with children who need attention.



Lois Montgomery

"You really feel like you're doing something when you can see the results," she said.

Marsha Foland, a registered nurse in the recovery unit, said Montgomery is a full-fledged member of the recovery team.

"Lois is a dedicated volunteer who brings sunshine and smiles with her when she unselfishly dedicates her time to Children's," Foland said. "Her love for the children is reflected in her attitude and hard work." ■

McGee transfers experience to hospital

From monitoring a suicide hotline to becoming a "big brother," Gerald McGee is no stranger to volunteerism.

He became a Children's child life volunteer in 1996 and typically accumulates about 100 hours a year getting to know patients in the hospital playrooms.

"It's always the value of the unknown when I'm driving here after work that I like," he said. "I also like the idea that volunteers save money for the hospital to use for other resources."

Money and numbers are not a foreign concept to McGee. During the day, he works full-time as a financial reporting manager for the Richardson-based Charter Insurance Group. And although he lives in Plano, he still finds the time to volunteer each Monday night at Children's.

He said he got his first taste of volunteering when he and his wife, Brenda, monitored a suicide hotline from their home every Friday night for four years. Not long after, he decided to get involved with the "Big Brothers/Big Sisters" program while living in North Carolina.

"That experience was one of the reasons that drew me to Children's," McGee said. "I knew I wanted to get involved in a program that didn't have a long waiting list. My other requirement was that I didn't want to be in a playroom with a child taller than I am," he jokingly added.

Carrying four containers of salt recently into the 2K playroom, McGee said he looks forward to project time with the kids. On this particular night, "salt art" is the activity.

"My wife used to be a teacher, so she helps me develop projects in the playrooms," he said. "I'm just happy to be able to provide some sort of pleasure to the patients while I'm here." ■

High school students lend a hand at Children's

When Charles Seay IV and Bryce Reid learned they would be spending their volunteer time at Children's, neither was sure what to expect.

As seniors at Jesuit Preparatory School in Dallas, High School, students are required to log 100 hours of community service to graduate. Eight students volunteer at Children's several hours each Wednesday morning in clinics and departments ranging from the ARCH Center and gift shop to child life and radiology.

Seay and Reid spend their Wednesday mornings taking toys to patient rooms on the sixth floor.

"It's a lot more fun than I thought it would be," Reid said. "It was kind of hard to open up with the patients at first, but I've gotten used to it. I'll be more willing to volunteer in the future now."

Seay said he knew he wanted to volunteer at Children's because he likes kids.

"Children are a lot more fun. They're not cynical like adults yet, even though they're sick," he said.

Over in the gift shop, senior Carl Azbell Jr. has learned the ins and outs of a retail business within a hospital. Azbell, who plans to study pre-med at the University of Texas at Dallas, said he enjoys working in the gift shop because he sees all the aspects of the hospital.

Jesuit High School students have volunteered at Children's for the past 27 years, said Mike Moretta, director of community service at the private, all-boys school. "Our goal is to serve others and to commit to people with needs," he said.

Volunteer Jim Squires, son of Drs. Janet and Rob Squires who are on staff at Children's, said he has appreciated his time here because he plans to study pre-med at St. Louis University. Jim volunteers in the Center for Cancer and Blood Disorders playroom.

"I think what my parents do is really cool," he said. "This taught me that volunteering can be fun."



Charles Seay IV and Bryce Reid

Expert outlines successes of Injury Free Coalition; Children's selected as program site

It was a devastating picture: Children hit by cars because they were told to play in the streets, kids with guns selling drugs and numerous child deaths because of unbarred open windows in high-rise complexes.

For years, that was the description of being a kid in Harlem.

But that changed after Dr. Barbara Barlow, director of surgical services at Harlem Hospital, founded the



Pictured are: Dr. Barbara Barlow, founder of the Injury Free Coalition for Kids, center, and Children's representatives (from left) Patti Rhynders, director of the Injury Free Dallas program; Dr. Sue Scott, emergency medicine physician; Julia Easley, advocacy manager; and Debbie Scripps, chair of the Trustee Council.

Injury Free Coalition for Kids, which is credited for reducing childhood injuries in Harlem by 50 percent.

Dr. Barlow brought her message to Children's during the "Beyond ABC: Are Our Children Safe?" symposium hosted by hospital trustees. "Injuries are not accidents," she said. "They can be predicted and prevented."

Her message was particularly relevant because Children's has been selected as one of the nine sites nationwide for the Injury Free Coalition for Kids. While New York City children do not face the same problems as children in Dallas, Dr. Barlow said, the coalition's formula for mobilizing the community is virtually the same everywhere. With the help of the community, the coalition built 32 playgrounds in Harlem, began art and dance classes, started a bicycle program at the hospital and urged enforcement of laws that led to driving out drug dealers from the neighborhoods and requiring landlords to put safety bars on the windows of apartments where children lived.

Leaders at Children's hope to mirror Dr. Barlow's successes by focusing on the dangers children face in Dallas. Through the program, Children's will educate families about how to prevent injuries, said Patti Rhynders, who directs the Injury Free Dallas program launched at Children's earlier this year. ■

Hospital releases its third *Beyond ABC* report

Lack of healthcare, thousands of children neglected and abused annually and increased dropout rates are among the myriad threats facing area children, as outlined in a report released by Children's.

Analyzing more than 60 indicators of health, education, safety and security issues facing youngsters, *Beyond ABC: Growing Up in Dallas County* compiled data for 1990, 1992, 1994, 1996 and 1998 for its third biennial report.

Among its findings, the report shows that there have been promising signs since the early '90s, including a decrease in juvenile crime and child homicides and in the infant death rate, a lower teen pregnancy rate, increased immunizations and improved educational outcomes.

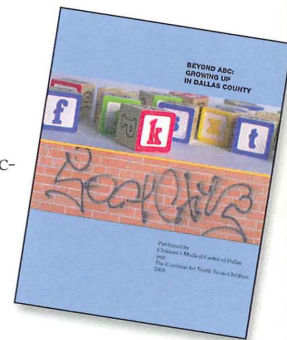
However, many serious threats to children continue, including:

- More than 144,000 Dallas County children are without health insurance; more than 3,000 babies are born each year weighing less than 5.5 pounds; worsening air quality has brought on an increase in chronic asthma; and the number of teens who report using alcohol, tobacco and illegal drugs has increased.
- One-fifth of children live in families whose income is below the federal poverty level.
- Nearly half of public school third-graders have not mastered reading at their grade level, more than half of Dallas Public School's ninth-graders do not graduate in four years and much of the available child care is not based on child development principles.
- Unintentional injuries remain the leading cause of death for children after their first year of life, the

number of confirmed victims of child abuse or neglect has increased by one-third since 1990 and the number of children removed from their homes by Child Protective Services has more than doubled.

"The costs of failing to address these threats is enormous," said Julia Easley, advocacy manager at Children's. "Our children deserve nothing less than to grow up healthy, in secure families and safe environments in which they have access to an education that helps them realize their full potential."

The report also makes numerous recommendations on how citizens can help reduce these threats to children. ■



Carseat checks reveal most seats used improperly

Numerous carseat safety checks sponsored by Children's show that it's not enough simply to have a carseat in the family vehicle. The seat must be installed correctly to be effective.



Patty Basham, certified child passenger safety instructor, demonstrates how to properly install a high-back booster seat used for an older child such as 6-year-old Dimas Rodriguez at the Beyond ABC Symposium.

Since last year, Children's has checked more than 600 carseats at 15 safety checkup events and found that 98 percent were not used correctly, meaning either the carseat was not installed safely or the child was not restrained in the seat appropriately.

"Studies show that nine out of 10 carseats are used improperly, putting those children at risk of serious injury or death," said Patti Rhynders, who directs the Children's injury prevention education and outreach programs.

The most common childhood injury involves motor vehicle collisions. Last year, 28 Dallas County children died as motor vehicle occupants.

To promote carseat safety, Children's teamed with several local businesses to sponsor carseat safety checkups around the area. Recently, America's Service Stations, a new chain of upscale auto service and repair shops, donated \$10,000 to the Children's Circle of Care. The company earmarked the donation for the injury prevention program and has held carseat safety checkups at five of its suburban Dallas locations.

Another company, Car Wash Headquarters, sponsored a fund-raising weekend for the injury prevention program in May at its Dallas location. It was not known at press time how much money was donated to the injury prevention program, but officials predicted more than \$1,250.

More carseat checks are planned for this year. Call 214-456-6004 for dates and locations. If you are interested in volunteering or know of a business that would like to sponsor a carseat safety checkup, contact Rhynders at 214-456-8620.

TexCare Partnership campaign begins

A statewide campaign to insure children kicked off in April with a local rally at the Old Red Courthouse in Dallas.

The TexCare Partnership campaign hopes to enroll 200,000 kids statewide in one of three health insurance programs. The Children's Health Insurance Program (CHIP), Medicaid and Texas Healthy Kids all provide health insurance to children in families that cannot afford it. Each of the programs has its own set of rules, benefits and limitations. (Call 1-800-647-6558 for specific information about each of these programs).

Following the rally in Dallas, hundreds of volunteers fanned out to neighborhoods to spread the word about the insurance programs. As of late April, more than 50,000 Texas families had submitted applications to TexCare Partnership, including 5,500 in Dallas County. By the end of the year, the state hopes to sign up 200,000 kids in TexCare.

Julia Easley, advocacy manager at

Children's and executive director of the Coalition for North Texas Children, said the state's newest insurance program, CHIP, provides a tremendous opportunity to improve the health of 50,000 Dallas County children. CHIP provides health insurance to children in families who do not qualify for Medicaid or Texas Healthy Kids because their incomes are from 100 to 200 percent of the federal poverty level.

More than 80 local organizations have joined the TexCare Partnership Outreach Coalition to help provide CHIP information to families.

"We know from other states that the key to reaching families with the CHIP message is a strong community outreach network," Easley said.

To become a volunteer for CHIP, call Easley at 214-456-7790. ■



The Children's Shutter Bug Garden among Galleria's spring festival events

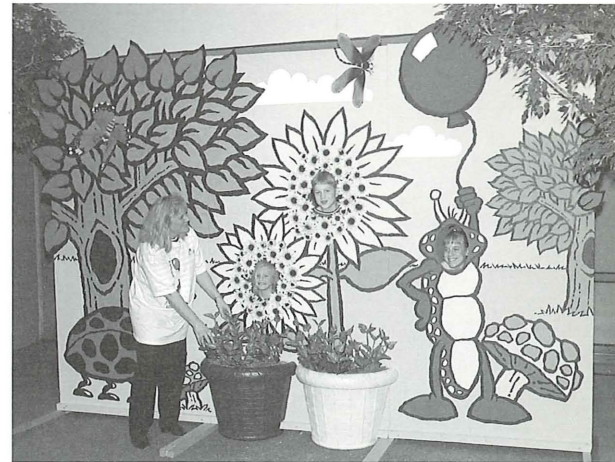
More than 60 volunteers helped celebrate spring at The Children's Shutter Bug Garden at the Galleria mall in April.

Primavera, the mall's annual festival of spring, featured everything from fashion shows to food tastings.

At the Children's display, for just \$3, children had their pictures taken as they poked their heads through colorfully designed props, making their faces part of a caterpillar, flower or tree.

"We were delighted to have an opportunity to participate in Primavera," said Betsy MacKay, director of public relations and marketing at Children's. "This popular event appeals to families and children in the North Dallas area, so it was a natural fit for our community outreach program."

Community relations coordinator Cassie Barham said she appreciates the 23 Children's employees and 22 volunteers from The Associates who were among those volunteering their time to work at the booth during the three-week event. David Calvert, publications coordinator in public relations, designed the Primavera set. ■



Volunteers man the set at the Galleria's Primavera event.

OUR LEADERSHIP

Children's Medical Center of Dallas is a not-for-profit pediatric hospital governed by a community volunteer board equally appointed by Children's Health Services of Texas, Baylor Health Care System and Texas Health Resources. Children's Medical Center of Dallas is accredited by the Joint Commission on Accreditation of Healthcare Organizations and approved by the Council of Medical Education of the American Medical Association and the American Dental Association. Children's also is accredited by a variety of educational programs in related healthcare fields. Children's is a member of the American Hospital Association, the Texas Hospital Association, the Children's Hospital Association of Texas, the National Association of Children's Hospitals and Related Institutions, the Council of Teaching Hospitals and the Association for the Care of Children's Health.

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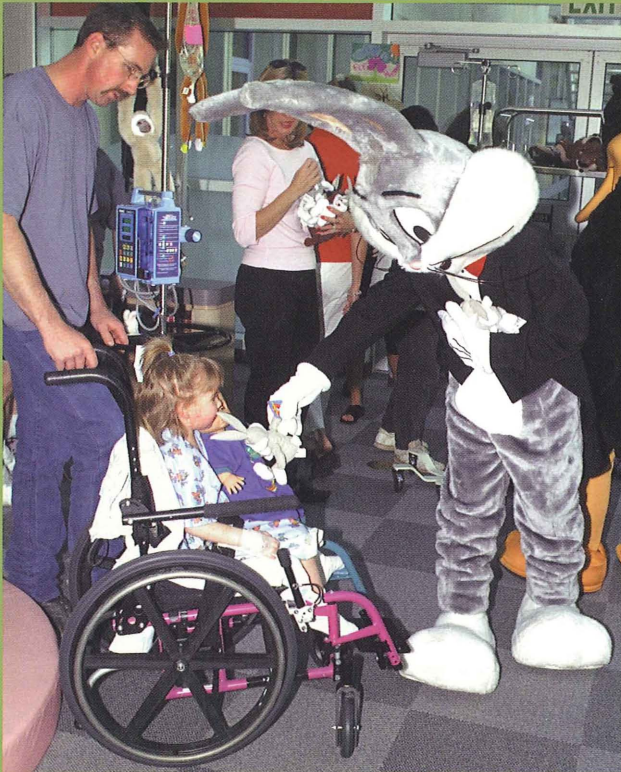
David E. Krause

Six-year-old Myles Primm, featured on our cover, is a patient in the Center for Cancer and Blood Disorders at Children's. He was diagnosed with Wilms' tumor, a cancer of the kidney, in 1997 and later with a malignancy of the lung. Today, following surgery and treatment at Children's, he is in remission and continues follow-up care at the hospital.

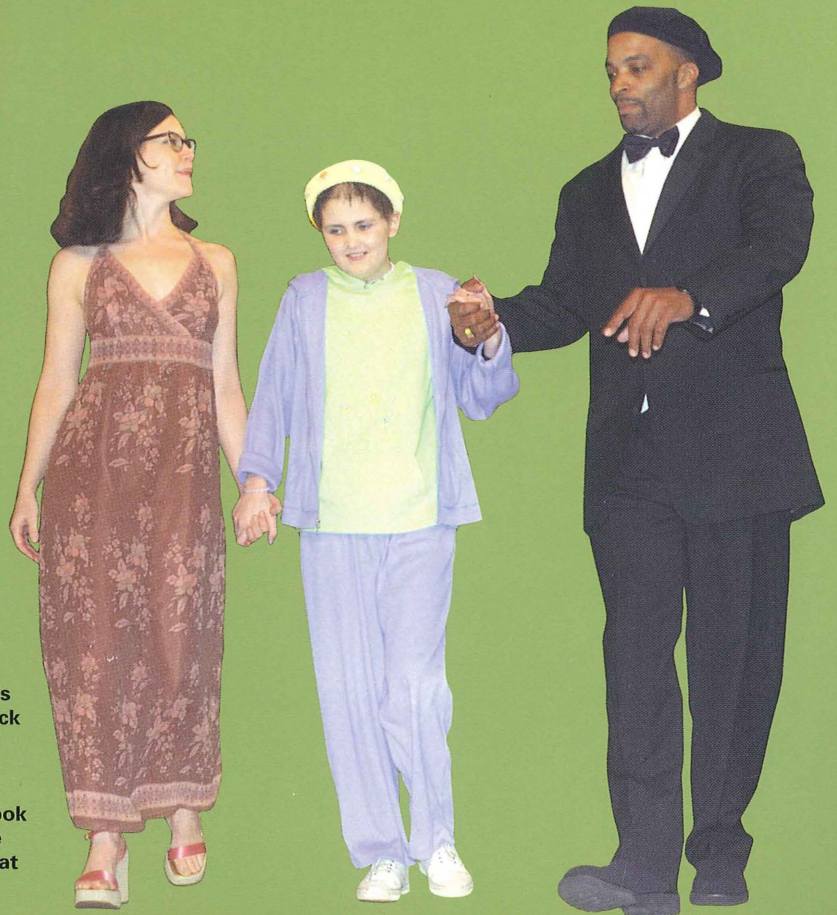


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Although we strive to constantly update our address labels, occasional errors and duplications do slip by. Should that happen, please contact us at 214-456-8360. In the meantime, please share your extra copy of *ChildTimes* with a friend.



Bugs Bunny was one of the characters who visited Children's patients on April 5. The visit was hosted by the Women's Auxiliary prior to its annual Family Night at Six Flags fund-raiser, which took place on April 7.



Neuro-oncology patient Kami Nelson, 12, is escorted by musician Lisa Loeb and Al Mack of KISS FM 106.1 in the Children's Cancer Fund of Dallas Inc.'s Beyond the Rainbow Where Dreams Come True Fashion Show and Luncheon. The annual event, which took place on April 11 at the Wyndham Anatole Hotel, raises money for pediatric research at Children's and UT Southwestern.