



# Children's HandPrints

CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

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**spring 2003**

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POEMS BY A  
14-YEAR-OLD PATIENT



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## JUNE

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**19** Turner Construction Surf's Up Beach Party, Oakland, 510-428-3885, ext. 5344

**19** Mulberry Branch Fair Preview, Alameda County Fairgrounds, Pleasanton, 925-734-5273

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**31** Lombardy Branch Annual Summer Garden Cocktail Party, Orinda, 925-254-6468

## AUGUST

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## SEPTEMBER

**12** What's Up Doc? Luncheon, a presentation on pediatric HIV/AIDS by Dr. Ann Petru, Children's Hospital Oakland Research Institute, 510-428-3363

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# dear reader:



Meeting the complex physical, emotional, social, and economic needs of all children requires the attentive concern and care of adults in the community. At Children's Hospital & Research Center at Oakland, our definition of community includes not only "our" kids—those with whom we have direct contact—but children and families everywhere. As technology and instant communications have made the world smaller, our community of care has grown larger.

Our community is far-flung. Breakthroughs in research have the potential to influence the lives of countless children and families worldwide. On page 10, we profile

Dr. Janet King, whose work in prenatal nutrition will benefit mothers and babies everywhere. And forensic pediatrician Dr. James Crawford (page 8) is a national leader in the fight against child abuse.

Closer to home, we are celebrating the successes of our first FACES for the Future: Health Professions Internship Partnership graduates. Read on page 14 about how this program, too, promotes the health of the community through opportunities, training, and mentoring for future healthcare practitioners from Alameda county.

When a child is sick or hurt, what matters most to the child and family is quality one-on-one care and depth of expertise. Keyvon (page 6) was very sick with a rare condition that had defied diagnosis. Children's doctors delivered both a diagnosis and a cure, with life-altering results.

As science and technology progress, we see that some of the most formidable barriers to good health can be outside the realm of medicine. We've increased our efforts to protect the right of all children to quality pediatric care. Our time-honored approach—treating children rather than treating illnesses—is more important than ever as the delivery of treatment becomes increasingly politicized. Concern for children's well-being doesn't start when they get sick or are injured. It requires a day-to-day commitment from adults throughout the global village who care about kids and the future.

Warmest regards,

**Tony Paap**  
President and Chief Executive Officer,  
Children's Hospital & Research Center at Oakland

Children's  
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**CHILDREN'S HOSPITAL**  
  
& RESEARCH CENTER AT OAKLAND



# health facts

Craniosynostosis—the premature closure of a single cranial suture, or absence of formation of a cranial suture—is relatively common; Children's Hospital & Research Center at Oakland specialists treat 30 to 40 cases annually. Early diagnosis and treatment in the first months of the life of a child with a non-syndromic, single-suture synostosis can allow for endoscopic repair with small incisions. The Division of Neurosurgery at Children's Hospital Oakland is the only neurosurgical group that performs this minimally invasive procedure in Northern California.

READ ABOUT TREATMENT OF CRANIOSYNOSTOSIS IN **ROOM TO GROW: KEYVON'S STORY** ON PAGE 6.

It is estimated that one out of every four children experiences some form of abuse. Yet only a small percentage of child abuse is ever reported. (Child Abuse Prevention Association at [www.childabuseprevention.org](http://www.childabuseprevention.org))

READ ABOUT PREVENTING CHILD ABUSE IN **MEDICINE, MEANING JUSTICE** ON PAGE 8.

About one-half of the world's population subsists on diets that are insufficient in zinc. Low zinc intake is associated with stunting, or growth retardation, in children and with an increased susceptibility to infections.

READ ABOUT ZINC METABOLISM RESEARCH IN **SOLVING THE FOOD-BODY PROBLEM** ON PAGE 10.

There are nearly twice as many overweight children and almost three times as many overweight adolescents as there were in 1980. Fifteen percent of children ages 5 to 19 (almost 9 million) are overweight. (Center for Disease Control and Prevention at [www.cdc.gov](http://www.cdc.gov))

READ ABOUT HEALTHY WAYS TO BECOME FIT IN **TEENS READY FOR CHANGE?** ON PAGE 24.

## AUTISM ON THE RISE

Diagnoses of autism have nearly doubled in the last four years among children in California.

*The New York Times* (May 13, 2003) reports that the number of California children identified by case-workers as autistic rose to 20,377 in December 2002 from 10,360 in December

1998. From January 6 to April 4 this year, 832 children were added to the caseload, a rate of nearly 10 cases a day.

The figures are for autism as defined by the American Psychiatric Association: a lifelong disorder marked by an inability to form social relationships and an obsession with repetitive behaviors. They exclude children under age 3, those with related disorders like Asperger syndrome and pervasive developmental disorder, and children believed to have undiagnosed autism.

Hypotheses to explain the rise in autism abound: many experts believe that genetic factors powerfully predispose certain children to autism but that some environmental factor may be playing a role in the increased caseload. While some parents suspect mercury in childhood vaccines, epidemiological studies have not been able to confirm a link. Other possibilities include man-made compounds like plastics and PCB's, other heavy metals, food additives, and medical procedures. However, California state officials told *The Times* they could not explain the increase.

*Children's Hospital & Research Center at Oakland's Developmental and Behavioral Pediatrics Child Development Center provides evaluation, diagnostic, treatment, and referral services for children who have or are at risk for developmental delay, developmental disabilities, and learning or behavioral problems. For more information about the department's autism treatment program, visit [www.childrenshospitaloakland.org/cs/cdbp.html](http://www.childrenshospitaloakland.org/cs/cdbp.html) or call 510-428-3351. ★*



# Artist's statement

BY JERMAINE BROWN

## IN THEIR Own WORDS

I HAVE BEEN DOING ART since I was 6 years old.

When I was 12, I started losing strength in my arms, but continued to paint and draw until I was about 14. At that point I thought that I wasn't able to express myself creatively anymore. When I came to Children's Hospital three years ago, I started to participate in the Artist in Residence program. In the beginning I was unsure of myself, but then I made my first marbled paper painting.

It helped me regain confidence in my ability. By floating layers of ink on water, I could create patterns in the ink by blowing through a straw. I discovered that by using my breath, I was able to create art. After using this process for a while, I started feeling confident enough to paint with a brush in my mouth. "Mind of Wisdom" (killer whale) was my first painting using the brush this way. It takes 3 to 4 weeks for me to create a painting like "Mind of Wisdom" or "Brave Spirit."

I love sea life; it was my favorite thing to paint as a kid. The freedom of sea life is how I express freedom in my life. I like to do art because it helps take things off my mind, and it is a way to express myself creatively. ★

**"The Artistic Influence,"** Jermaine Brown's first solo exhibit, opened Wednesday, April 30, at the Children's Hospital & Research Center at Oakland Outpatient Center atrium. Jermaine, who has muscular dystrophy, has been a patient at Children's for several years. During his stay at the hospital he worked with Artist in Residence **Kyle McDonald** on numerous art projects, including paintings and a documentary about his creative process.







# ROOM TO GROW: KEYVON'S STORY

“All the girls think I’m cute now,” reports **Keyvon**, age 7. One year after his surgery at Children’s Hospital & Research Center at Oakland, the girls’ assessment is indeed accurate. But the problem that prompted the unusual operation on his skull went far beyond aesthetics: Keyvon had a very rare life-threatening condition that had defied diagnosis before his arrival at Children’s.

Keyvon began suffering from debilitating headaches at age 5. “The pain came suddenly and was severe,” Keyvon’s grandmother, **Jeanne Danielson**, remembers. “In the middle of something, he would say ‘Oh-oh, here it comes’ and then he would lay down until he threw up. Then he would fall asleep. At their worst, the headaches happened every other day.”

As the headaches intensified the family and the boy’s pediatrician wondered whether a vision problem might be the cause. An ophthalmologist didn’t find anything amiss. Then, because the headaches were coupled with unusually high blood pressure, Keyvon was referred to the Nephrology department at Children’s.

Kidney malfunction is often the source of high blood pressure in kids, but Keyvon’s tests came back normal. However, nephrologist **Barbara Botelho, MD**, noticed that the boy’s eyes were bulging slightly. Dr. Botelho referred Keyvon to pediatric neurosurgeon **Peter Sun, MD**, who named the source of Keyvon’s symptoms and referred him to plastic craniofacial surgeon **Bryant Toth, MD**, at Children’s Hospital’s Comprehensive Craniofacial Center.

Keyvon had a rare form of a serious skull disorder called craniosynostosis. A child’s skull is composed of multiple bones separated by sutures, or openings, that allow for growth. In craniosynostosis, these “growth lines” fuse prematurely, usually before birth, forcing the skull to expand in the direction of the remaining open sutures and causing a noticeably abnormal head shape. Because of this strong visual symptom, most cases of craniosynostosis are easily diagnosed and corrective surgeries are typically done within the first year of the child’s life.

Atypically for the condition, Keyvon’s skull sutures did not close in utero but at some later time. His head, which for a while had been able to grow along with the rest of his body, appeared to be symmetrical—at first glance. But by the time he came to Children’s, all of Keyvon’s skull sutures had fused, and his head size was small for his face. The skull was also “heaping up” creating a peak-like shape on the top of his head. His brain was developing and expanding, but his skull could not. The terrible headaches and (most likely) the high blood pressure were the result of pressure building in his head—pressure that could be lethal.

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Premature closure of a single cranial suture, or absence of formation of a cranial suture is called craniosynostosis. It leads to characteristic craniofacial deformities. Craniosynostosis is relatively common; Children’s Hospital & Research Center at Oakland specialists treat 30 to 40 cases annually. It is not typically associated with a syndrome and not genetic in nature. A child with non-syndromic single-suture synostosis will usually have no functional problems, such as difficulties breathing or feeding, early on. Surgical release of the closed suture is necessary to avoid the psychosocial impacts of the deformity and potential constriction of the brain. It is usually done within the first year of the child’s life. Early diagnosis and treatment in the first months of life can allow for a minimally invasive endoscopic repair with small incisions. The Division of Neurosurgery at Children’s Hospital & Research Center at Oakland is the only neurosurgical group that performs this minimally invasive procedure in Northern California.

Premature closure of multiple sutures, including facial sutures, is seen in individuals with a craniosynostosis syndrome. Of the most common craniosynostosis syndromes, Crouzon, Apert, and Pfeiffer, the first two are rare, occurring in approximately one in 100,000 births. Pfeiffer syndrome is more common, occurring in one in 25,000 births. Children with Apert syndrome also have webbing of the hands and feet (syndactyly). Skull abnormalities in children with craniosynostosis syndromes also require early attention, usually within the first six months of life. Physicians were unable to confirm Keyvon had either of these syndromes. Lab tests for known genetic mutations that can cause the syndrome came back negative. ★





**James Crawford, around age 18:**

Self-description: **"Card-carrying geek"**

Dream job: **High-school science teacher or a veterinarian**

Volunteer activities: **University of Pennsylvania Veterinary Hospital; later: home repair projects in Kentucky, similar to Habitat for Humanity**

Opinion about physicians: **"Grumpy, conservative, unpleasant parents of people I know"**

In 1986, something changed for **Jim Crawford**. That was the year when Ferdinand Marcos' dictatorship ended in the Philippines; when the space shuttle Challenger exploded shortly after liftoff; and when Haiti's "President For Life," **Jean-Claude "Baby Doc" Duvalier**, was ousted in a popular uprising. The last of these events changed Jim Crawford's life.

"It didn't make sense to me to race through college," Dr. Crawford says today, explaining his decision to withdraw from Swarthmore College in his junior year. "I didn't want to do something just because that's what I ended up doing." Instead of stumbling into a default job after graduation, he left for Haiti to volunteer for

# MEDICINE, Meaning JU

Mother Theresa's Sisters of Charity. And he did so with the idealistic naïveté of one's early 20s: he knew where he was going, but the Sisters had no idea he was coming. Knocking on the door at their headquarters in Port-au-Prince, Dr. Crawford remembers thinking: "How hard could it be to work for free, doing whatever one is asked to do?" Opening the door, **Sister Rose** had a different thought: "We don't need more volunteers," and told him so. She referred him to the Sisters in Jacmel, who also didn't need him. Undaunted, Dr. Crawford went back to Port-au-Prince, knocked again on the Sisters' door, and this time received a warm welcome from a nun who explained that Sister Rose, the oldest of the nuns, simply did not like volunteers and turned them all away. "I had taken a four-day, futile journey through Haiti because I got the wrong nun," Dr. Crawford says ruefully.

So Dr. Crawford went to work as a volunteer. A month later, Haiti was in a state of civil unrest. In the midst of the chaos and violence that followed Duvalier's ouster, volunteer physicians and dentists from all over the world provided vital health services to Haiti's impoverished population. "It was a wonderful experience," Dr. Crawford states. "It completely changed my life. I'm a physician today because I came in contact with these doctors and I was able to see that doctors are not necessarily grumpy and conservative. They were people who used medicine as a tool for social justice and social change. The six months I spent with them totally reorganized my world."

At that time, HIV was increasing in Haiti. "People were sick and dying and everyone knew there was something distinctly wrong with them but nobody under-



## physician profile: JAMES CRAWFORD, MD

# STICE

stood what it was," Dr. Crawford remembers. "It was common for families of five living in an eight-by-eight-foot shack to throw the sick out on the

street. The Sisters gave these people a place to die with dignity."

The HIV epidemic in Haiti was Dr. Crawford's first exposure to large-scale death. "When people are surrounded by love and respect, death does not have to be such a lonely or scary experience," Dr. Crawford says. "The humanity and compassion that was offered to these people was very important to me and was an amazing thing to be a part of."

Returning to Swarthmore that fall, Jim Crawford told his counselor he wanted to go to medical school. The counselor all but laughed, explaining that only people who had planned years in advance could entertain the thought of applying to medical school. Dr. Crawford responded he had given it a lot of thought and it was exactly what he wanted to do. He also wasn't exaggerating when describing himself as a "card-carrying geek": it turned out he had taken all the requisite pre-med courses, not in anticipation of need, but because he enjoyed them. He was admitted to the University of Pennsylvania School of Medicine.

Dr. Crawford knew he wanted to be either a pediatrician or a family practitioner, and a two-month elective with **Cindy Christian, MD**, a forensic pediatrician at Children's Hospital of Philadelphia, tipped the scale toward pediatrics. After his residency, Dr. Crawford returned to Philadelphia where he completed a fellowship in child abuse and neglect with Dr. Christian. He describes his mentor as a "fabulous, wonderful, talented, brilliant woman who became a real role model." Today, Dr. Crawford uses the same adjectives to describe his colleagues at the Center for Child Protection (CCP) at Children's Hospital & Research Center at Oakland, where he serves as medical director. Dr. Crawford is one of only two forensic pediatricians in the Bay Area.

As a forensic pediatrician, Dr. Crawford defines his job as trying to understand and objectively record what has happened to a child. He and his colleagues at CCP see approximately 1000 cases

of suspected child abuse a year. In each case, it must be determined whether the child has indeed been abused, has a medical condition that mimics abuse, or has sustained injury that careful questioning reveals as accidental. "No pressure, but you just can't ever be wrong," Dr. Crawford often says.

"Sometimes we are able to identify a 'medical mimic,' a medical problem that has caused people to be worried about child abuse," states Dr. Crawford. "Some of the diseases that mimic child abuse have significant problems associated with them, but by making the correct diagnosis, we ensure that children aren't going to be taken away inappropriately, or caretakers won't be wrongly accused of having committed a crime." An example of such a disease is osteogenesis imperfecta (OI), a genetic condition characterized by bones that break easily. People with OI can break bones from minor traumas that would not cause a fracture in an unaffected person.

Unfortunately, medical mimics are far less common than abuse. In cases of true abuse, Dr. Crawford says his job gives him an opportunity to speak for a child: "A lot of times my patients are very young, or their head injuries are so severe that they can't talk. But I can explain to a judge or a jury why a baby has 12 broken ribs or why he will never talk or walk or blow out the candles on his birthday cake."

For most people, the scenarios Dr. Crawford encounters in his professional life are horrific. He is often asked "How do you do your job? What gets you through?" His reply: "My job allows me to do what I wanted to do when I went into medicine—use it as a tool for social justice. On some occasions justice can happen. Sadly, sometimes, even though we are able to say what happened, a perpetrator is never identified."

Dr. Crawford has testified at more than 300 trials. He points out he never testifies *for* the defense or the prosecution, *only at the request* of one of them. "I can't pick a team, I can only say what I know about what has happened. If the mechanism offered does not explain the presentation, I can say that and I can explain why. The same is true if it does."

Dr. Crawford feels it is important to understand more about what enables a child to disclose abuse in order to prevent repeated child abuse. "Most kids don't tell someone they have been

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## Janet King, PhD, Studies How the Body Adjusts to Change in Nutrition

**FUNCTIONAL AND PRE-CISELY ORDERED**, the laboratory and office of **Janet King, PhD**, looks like an apartment waiting for a new tenant, a perception not far from reality. Dr. King recently joined Children's Hospital Oakland Research Institute (CHORI), and the artifacts of her professional life are still packed in boxes stacked along the office walls.

Dr. King describes herself as a member of "a small, elite group of nutritionists who are interested in the impact of what we eat and how the body metabolizes it in humans," a précis that falls short of capturing the scope and significance of Dr. King's body of scientific work. Focusing on metabolic adjustments to changes in nutrient intakes in humans, she is especially interested in metabolism and nutrient—particularly zinc, calcium, and energy—utilization of pregnant and lactating women.

Dr. King began her career in the mid-1960s, working as a dietitian in a hospital where expectant mothers of any pre-pregnancy weight who gained more than 18 pounds faced a daily diet comprised of only six cartons of non-fat milk—a total of slightly less than 500 calories—and possible hospitalization. Behind this rigorous weight management practice was the belief that weight gain caused toxemia, a serious complication of pregnancy that can result in death.

"What they didn't recognize," Dr. King says of the obstetricians prescribing the restrictive protocol, "is that the link between toxemia and weight gain was reversed: toxemic women retain water and, therefore, gain weight."

In this clinical context, Dr. King was inspired to earn a doctorate in nutrition. In graduate school she studied protein requirements in pregnant women. "At the time there were two extremes: people who believed that a pregnant woman must eat for two,

and others who maintained that her nutritional needs were not different than in her non-pregnant state," Dr. King explains. She studied protein requirements in pregnant teens, hypothesizing they would be different from that of pregnant adults. In fact, they were very similar, possibly due to the fact that most study participants had begun menstruating more than two years prior to the study, so hormonally they were quite mature.



In 1990, Dr. King chaired an Institute of Medicine Committee charged with determining how much weight women should gain during pregnancy in order to give birth to a child of healthy weight—between three and three and a half kilos (or six and a half to seven and a half pounds). The rule of thumb then was to limit weight gain to no more than 25 pounds. But data available to the Committee indicated that weight gain depends on the mother's weight at conception. So, different criteria were developed for women who were underweight, "ideal," moderately overweight, and obese.

Through her research, Dr. King realized that "the ideal average woman" could gain anywhere between 10 and 50 pounds during pregnancy.

### Solving the Food-Body Problem



researcher profile: **JANET KING, PhD**

 **“I walked in the room and wanted to turn around and run. The grad student looked like an 18-year-old who had just jumped off his surfboard and flown up from L.A. I thought, ‘How can I explain to him that I want him to help me find stable isotopes of zinc in fecal samples collected from women on the pill?’ But I was wrong about Chris. He developed a neutron activation method for measuring just that.”** 

“We still don’t understand the source of this variation and I think we need genetic information to explain it,” Dr. King says.

What Dr. King did understand was that not all women who accumulated additional calories, or fat stores, during pregnancy ate much more than their peers. Maternal fat gain seemed to relate to women’s basal metabolic rates (BMR), or the energy the body needs while at rest. Women with bigger babies had higher BMRs and gained less fat. It also turned out that basal metabolic rates were highest among pregnant obese women, which explained why they didn’t gain much weight during pregnancy.

Dr. King’s findings of an association between body fat and BMR in obese pregnant women were counter to scientists’ previous assumptions. BMR is typically related to the amount of lean muscle tissue; the more muscular the person, the more energy her body needs. But Dr. King

maintained that in pregnant obese women, BMR correlated with body fat. “It took us a long time to publish this paper. The reviewers told us we were crazy. We discovered later that obese people secreted higher amounts of leptin, an enzyme secreted by adipose (fatty) tissue, and leptin was associated with high BMR,” Dr. King reports.

Dr. King wondered why, given that they had such high energy needs and did not gain much weight, obese women still delivered large babies. The probable answer: Obese women have high levels of glucose, the “preferred fuel” of the fetus, which passes readily through the placenta. In order to use glucose, the fetus must produce insulin. Because insulin is also a growth hormone, the babies are born large. “But bigger is not always better,” Dr. King cautions. Mothers of large babies may develop gestational diabetes. It also appears that some kind of fetal imprinting affects the metabolism of the child, so

these children are often overweight as teens and are at greater risk for developing type 2 diabetes.

Dr. King’s current studies focus on whether, through diet, glucose levels in obese pregnant women can be controlled to prevent excessive transfer to, and accelerated growth of, the fetus. Her hypothesis is that a diet high in complex carbohydrates, as opposed to simple sugars, will prevent an increase in glucose secretion after meals and the associated accelerated fetal growth.

Dr. King’s interest in zinc metabolism happened by chance. After graduating from University of California, Berkeley, Dr. King accepted a faculty position at her alma mater. “I had no idea what I was doing,” she chuckles, recalling her naiveté. “I had completed this one study and was all of a sudden expected to set up my own laboratory, supervise graduate students, publish articles, teach... Without the support of my faculty colleagues, it would have been suicidal.”

But soon after her appointment, Dr. King was offered both a gift and a challenge when **Sheldon Margen, MD**, then chair of Berkeley’s Department of Nutritional Sciences, received a grant to study trace elements in women taking oral contraceptives. Saying he had no time to do the study, he handed the grant over to Dr. King.

Measuring zinc in the body was a challenge, because zinc is virtually everywhere. “It is very easy to contaminate a sample,”

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## Solving the Food-Body Problem

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Dr. King explains. "We had to work under tents and use plastic instead of glass." Also, the concentrations in tissues were extremely low, requiring the development of new methods to accurately determine the zinc content of blood, stool, and urine samples. Dr. King discovered women on the pill had lower levels of zinc in their plasma and urine. "That wasn't very interesting," Dr. King says. But what *was* interesting was that this was the first study ever done on zinc metabolism in humans; all previous studies had been in experimental animals.

"I realized that measuring concentration of zinc was not going to get us too far," Dr. King continues. She suggested using radioactive zinc to trace its metabolism. Using elements with low radioactivity was an accepted practice, but Dr. Margen was ethically opposed to giving radioactive elements to women of reproductive age. Dr. King says the experience made her much more cautious and thoughtful about her research methods throughout her career.

An alternative was to use stable isotopes of zinc, but neither Dr. King nor her colleagues had any idea how to do so; it had never been done before. "So one day I walked all the way up the hill—the space assignment reflected the academic hierarchy, with nutrition at the bottom and Physics at the top of the Berkeley campus—to meet a faculty member in Physics and one of his students who he said could help me." Dr. King remembers. "I walked in the room and wanted to turn around and run. The grad student looked like an 18-year-old who had just jumped off his surfboard and flown up from L.A. I thought, 'How can I explain to him that I want him to help me find stable isotopes

of zinc in fecal samples collected from women on the pill?' But I was wrong about Chris. He developed a neutron activation method for measuring just that." The methodology developed from that study is now employed worldwide, rendering the use of radioactive elements unnecessary. **Chris Caan, PhD**, went on to study calcium metabolism in astronauts using stable isotopes and is now on the faculty of the University of California, San Francisco.

## “Talking about my research is always a humbling experience...”

Armed with good methodology and using iron as a model of mineral metabolism, Dr. King thought all she needed to do was find a good biochemical marker of zinc deficiency so human deficiency could be diagnosed. "Boy, was I stupid," she now says. "Zinc isn't at all like iron."

Six men were fed a zinc-free diet. After three weeks, two of them reported a severe acne problem. A third man had diarrhea, and a fourth complained of sore throat. Dr. King was shocked to discover their plasma levels of zinc had dropped alarmingly. Three days after resuming a regular diet, the men were symptom-free. "I was confused: while zinc in plasma dropped in a mere three weeks, enzymes that required zinc didn't change much."

Since then, Dr. King has discovered that people tend to sequester zinc in their muscles and bones, where 90 percent of the body's zinc is found, while the remaining 10 percent, in the blood, drops rapidly. Dr. King suggested that because zinc is essential in cell division and DNA replication, the body hangs on to as much

as possible to prevent problems much more serious than those caused by low zinc levels in plasma.

Dr. King now studies the factors affecting zinc utilization from diet. Pregnant women, for example, need more zinc and their bodies meet that need by increasing absorption. However, iron—a supplement prescribed for virtually all pregnant women—interferes with zinc utilization. One of Dr. King's latest studies, the results of which are still unknown,

focuses on how to give iron to women while avoiding interference with zinc utilization.

After earning her doctorate, Dr. King spent her career in an academic research setting. She says she is glad to be in a research institute associated with a free-standing hospital. "My work in a clinical environment was what prompted me to earn a PhD, so I'm excited to return to these roots."

After a stellar career spanning 30-plus years, Dr. King maintains: "Talking about my research is always a humbling experience because I always feel like I've just wandered around science and haven't done much."

Dr. King is a professor of nutrition and internal medicine at the University of California, Davis; a professor of nutrition at the University of California, Berkeley; and a scientist at CHORI. She is a member of the National Academy of Science's Institute of Medicine. ★



# SUPERMOM

**Evelynne Cannon-Wright** can still remember the times when, early in her marriage to **Johnnie**, she would walk into their new home and be stunned by the silence. Growing up in a large, busy family, the conversation, laughter, and cries of her nine brothers and sisters and their various friends had been the soundtrack of Evelynne's childhood, and the contrast between that boisterous background and the quiet of her own house was stark. Those peaceful days are long gone. Today, Evelynne and Johnnie's home provides temporary respite for emergency foster-care kids—more than 100 since 1992. Foster mom Evelynne welcomes all children, even without knowing their background or health condition.

Evelynne is this year's recipient of the Lillian R. Weil Memorial Award, which honors a parent who makes a difference in kids' lives. Ask anyone who knows Evelynne, and they'll tell you that recognition is past due. "She takes home kids that even I, a physician, would be scared to care for at home," says **Maya Bunik, MD**, an ambulatory clinic pediatrician at Children's Hospital & Research Center at Oakland. "Nothing really fazes her." What most people find a hard part of parenting—caring for infants when they are discomforted—Evelynne calls a joy. "I love babies and I love to care for them," Evelynne says. "Kids really don't need much; they need loving, caring adults and good medical care. Unfortunately, many kids are not getting even these basics nowadays. As long as I'm able to, and as best as I can, I want to give that to as many kids as possible."

Asked how she's doing, Evelynne's response is invariable: "I'm blessed."

"I've seen her on mornings after sleepless nights caring for very ill children, and she still was so even-keeled, so upbeat," Dr. Bunik says. But Evelynne recalls difficult times as well, like when an infant stopped breathing and she had to perform CPR. "She's now 7 years old and almost as tall as I am," Evelynne reports. Another time a foster-care baby needed to have a spinal tap. "It was the only time when I told myself 'I can't do this, I can't watch it,'" Evelynne remembers. "Sometimes, when people learn that I am a foster care mom they tell me they can't imagine how I could do what I do, but then I look at doctors and can't imagine how they do what they do. We're all born to do something and I am fortunate to have realized what my calling was. I am a mother."

Evelynne and Johnnie have two adult sons, **Jonathan**, 26, and **Adrian**, 19, whom Evelynne declines to characterize as "biological." "I don't distinguish between my children," she says. "They're my children and that says enough." The Wrights also have two foster-adopted children, a boy and a girl\*, both 9 years old. They've been frequent visitors to

Children's; the boy had a GI tube, and the girl suffers from absence seizures. During an absence seizure it can appear to onlookers that the person is daydreaming or "switching off," something nearly everyone does when bored or distracted. Absence seizures are different from normal childhood daydreaming, and can be very hard to spot.

Because of the ongoing medical care her children require, Evelynne is a well-known member of the Children's Hospital community. She doesn't have a formal medical education, but has repeatedly demonstrated what she calls her "discerning intuition" by determining when her children are not well, sometimes even before symptoms occur. Children's physicians trust her judgment fully. "When Evelynne calls to say she thinks there is something wrong, I try to arrange for an appointment as soon as possible because chances are she's right," Dr. Bunik says. "She's a true partner in the care of her children. It is a privilege to work with a parent like her on cases that are sometimes very complicated." As in a true partnership, this attitude is shared. "Maya has been wonderful. She's a real trooper. She trusts me and I trust her, and together, we've been through a lot,"

Evelynne says about Dr. Bunik.

Happily, Evelynne's trips to the hospital are less frequent these days, because the kids are doing much better. In fact, this summer, the two kids will accompany Evelynne, brother Adrian, their grandmother and three of their aunts (two of whom are also foster parents) on a Caribbean cruise. We wish them all a bon voyage. ★

*\* To protect their privacy, we've omitted the names of Evelynne's foster adopted kids.*





# FACES of Success

**All kids have dreams they believe can come true. But when socioeconomic factors lowers the bar, those dreams may appear to be impossible, unreachable fantasies. Some dreams cease altogether.**

**Bridging the gap between abandoned hope and achieved goals is a challenge that the FACES for the Future: Health Professions Internship Partnership at Children's Hospital & Research Center at Oakland has embraced with life-altering results for the program's participants. The careers of these young women and men will offer one important measure of their—and the program's—success. But whether or not they eventually attain world-class stature as scientists, physicians, and other health sciences professionals, the teenagers are already remarkable for what they have all become: responsible individuals with a sense of purpose and justice, the hearts and the minds to do good work, and the skills and renewed hope to meet their aspirations.**

## **DIEGO GARCÍA**

**Diego García's** quiet maturity is grounded in a depth of emotional intelligence not often found in a 17-year-old. Warm and soft-spoken, he discusses his life with eloquence and candor.

"I used to hang around with the wrong crowd," he states. "I grew up in an environment of violence, drugs, the typical stuff a Latino male teenager is exposed to (in my community). My friends used to steal cars and we would ride around. But I did realize that I didn't want to be in that company for the rest of my life."

Then he met **Tomás Magaña, MD**. Dr. Magaña visited Diego's school to talk about FACES. Based at Children's Hospital Oakland, this three-year program (FACES admits up to 30 teenagers each year) introduces underrepresented high school minorities to careers in the health sciences through hands-on internships, mentoring, and an array of support services, including tutoring, training classes, SAT and college preparation workshops, case management services, and a strong psychosocial program. "He was the right person and he came at the right time in my life," Diego says.

Diego had always been "curious about how the body works," so he applied to FACES. Acceptance in the 90-student program meant a lot to him but a bit less to his family: "I am the first person in my family to graduate high school. Everyone else is in the construction or restaurant business." Diego, who started helping out in his uncle's restaurant at age 10, thought he would end up doing the same. "My family was happy for me when I got into FACES, but they couldn't really appreciate enough how important that was to me, so, in a way, I felt I was on my own.

"I grew up very independent, probably because my mom was single. I've been like a father to my younger sister since she was 3. When people see her now, seven years later, they



**Diego García**

## “[Dr. Magaña] was the right person and he came at the right time in my life.”

say she’s (like) me. I am really proud of her.”

Diego’s father, convicted of murder, is in the California state prison system. Diego reports the fact with a slight pause but then asserts, “I’m not ashamed of that or any other part of my past. I wouldn’t be here if I hadn’t been there.”

Diego shares a home with his mother, two sisters, and an uncle. He also shares a larger “home” with the Children’s Hospital staff. “If there is one thing I wish could be different about FACES, it would be having the opportunity to go through all departments,” he says. “I love learning and being exposed to new things. I’ve spent so many hours here on top of my internship shifts. Sometimes, I am here until 10:00 or 11:00 p.m. The other night I slept in the library because I stayed so late working on the computer.”

Diego once came close to quitting FACES, when he was suspended for weak academic performance during a rotation through the Emergency Department at Highland Hospital. “I

was very upset,” Diego says. “FACES is not just a door for me. I am here because I love being here, because I feel like I want to be here more than anybody else (does). I love the place

and I love the work. Taking this away from me was like taking a piece of my personality. It wasn’t going to help my grades.”

What changed Diego’s mind about quitting? “I just really wanted to be here. I couldn’t quit.”

Asked if breaking with his former friends was difficult, Diego replies, “What was difficult was not seeing more of them do what I did. I still hang out with them sometimes. They call me ‘Dr. García.’ They say ‘Next time I get shot I’ll go to you.’ That’s reality for them—stabblings, shootings. But they’re happy for me.”

Recently, a local journalist wrote that FACES was a program for “troubled youth,” a label that did trouble FACES staff and participants not only because of its unfair stereotyping—minorities underrepresented in healthcare are not by definition troubled—but because it was simply untrue. Many FACES interns are high-achieving, ambitious students from stable environments and middle-class families. What FACES offers participants from all socioeconomic backgrounds is an eye-opening opportunity to experience first-hand what it means to work in

healthcare and make an informed—and passionate—choice about future careers.

### **ADIA HARRISON**

Adia’s smile is nervous at first, but soon warms to a friendly, welcoming grin. She’s a drummer in a band called BFC that also features her twin sister, **Earnestine**. The band “plays the songs of artists [they] like, such as Korn and Papa Roach, just for fun,” explains Adia, declining to indicate what, exactly, BFC stands for. “It was something very cheesy so we abbreviated it to an acronym,” she says mischievously.

Like Diego, **Adia Harrison** learned about FACES from Dr. Magaña, who visited her high school to speak about the program. “He came with a

resident, and the fact that they came to us made me understand how passionate they were about it and how much they wanted it to succeed,” Adia remembers. “Their passion really made me want to be a part of the program and see it succeed, too.”

Her mom and dad, an elementary school teacher and a lawyer respectively,

were happy for their daughter. “They thought it was a good step in preparation for college and would help me with medical school,” Adia says. The program also helped answer her fundamental question: What am I going to do with my life? Adia wants to be a cardiothoracic surgeon.

**Adia Harrison**



## “When we had problems—at work, at school, at home—the FACES staff helped us solve them.”

“I want to be involved in surgery,” Adia says, “because I am really excited about being able to see and work inside a living person and help fix something so they feel better. I didn’t know whether I would be an anesthesiologist or a surgery technician, or what.” Her rotations through Children’s Cardiac Catheterization Lab and Highland Hospital’s EKG department helped her decide. A personal component contributed to her choice of career, too: Adia’s grandfather has had a heart attack and strokes, leaving him unable to do the things he used to.

Speaking about surgery with the excitement of a scientist-explorer, Adia balances intellectual curiosity with a vision of medicine that extends beyond simply “fixing a problem.” “I could see that the people who work at Children’s and at Highland have a special mindset,” Adia notes. “They are not doing what they do for the money. They know their patients and they know that many of the patients would not be able to receive care if it weren’t for these hospitals. People have a purpose, and it is to help.”

Adia enjoys the benefits of working in a medical setting, but points out that the FACES program offers more than just preparation for a career: it also provides a community and an environment of support. “When we had problems—at work, at school, at home—the FACES

staff helped us solve them,” Adia says. “When we got excited about what we were learning or going through, they got excited with us. When we needed time off or flexibility, they were lenient.”

### THE FUTURE

Diego and Adia are among the 26 out of 30 kids enrolled at FACES’ inception in 2000 who completed the program and graduated this spring. Thirteen young people have been accepted by University of California schools. All graduates plan to pursue careers in healthcare; most dream of training as physicians (see sidebar).

### What’s next for Diego and Adia?

Diego meets the question with a shy smile. “Dr. Magaña doesn’t know this yet, but I’m going to be a father. I’m the happiest man in the world and I can tell everyone but him,” Diego says. “He has been like a father to me. Just like with a father, we’ve had our good times and our bad times. He knows everything about my life but this. I’m scared to tell him because I can see him looking at me and wanting me to be a physician and being disappointed that I will have a family now. I’m scared but also curious to see his instant, uncensored reaction. Does he have enough trust in me?” (Dr. Magaña heard Diego’s news before *HandPrints* went to press.)

Diego will be attending junior college with the hope of getting into a nuclear medicine program—a decision influenced by his rotation in Children’s Diagnostic Imaging department. He plans to pursue medical school one day, too. Proud to be bilingual, he also wants to assist Spanish-speaking people in navigating today’s often confusing healthcare system. Diego knows that being a parent, working, and attending school will be challenging. “I’m made for challenges,” he responds.

Adia will be attending her father’s alma mater, the University of California, Berkeley, where she is planning to study earth sciences in preparation for medical school. She’s proud to report that most of her friends will be attending college. The twins will be separated for the first time: Earnestine will pursue her bachelor’s degree in music industry at the University of Southern California but still dreams of becoming a neuropsychologist some day.

To FACES founders and co-directors, Dr. Magaña and **Barbara Staggers, MD**, the program’s premise always made sense: “Give youth the opportunity to be what they want and can be and they’ll do it,” Dr. Staggers said at the beginning. “They will also deliver valuable health services to the underserved communities they come from.”

Dr. Magaña echoed this sentiment: “Teenagers are desperate for adults to take interest in who they are and in their future, and they have responded to FACES wholeheartedly.”

Three years after FACES for the Future: Health Professions Internship Partnership at Children’s Hospital &

Research Center of Oakland was launched, their vision has proven true. Congratulations to all program graduates, who have good reason to be proud; and to their mentors at Children's and at Highland Hospital, who can take pride in the efforts which contributed to the success of the young men and women of FACES.



## The 2001-2003 Inaugural Class

**FACES FOR THE FUTURE**  
Health Professions Internship Partnership



**BUILDING AND BRIDGING  
NEW HORIZONS IN HEALTH CARE**

**Sachiko Asano-Brooks**  
*Oakland Technical High School*  
University of California, Santa Cruz;  
Pediatrics

**Angel August**  
*Oakland Technical High School*  
California State University,  
Northridge; OB/GYN

**Johanna Bonilla**  
*Life Academy*  
University of California, Davis;  
Cardiology

**Juan Cortes**  
*Life Academy*  
Child Life Specialist

**Rachel E. Crawford**  
*Oakland Technical High School*  
Community College/ University of  
California, Berkeley; Pediatrics

**Christy Diaz**  
*Life Academy*  
Samuel Merritt College; Nursing

**Emmanuel Entes**  
*Berkeley Alternative High School*  
Diablo Valley Community College;  
Sports Medicine

**Diego A. Garcia**  
*Life Academy*  
Chabot College; Nuclear Medicine  
Technologist

**Lugina Gonzales**  
*Life Academy*  
California State University,  
Hayward; Nursing

**Shelley Grayson**  
*Oakland Technical High School*  
University of California, Davis;  
OB/GYN

**Adia Harrison**  
*Skyline High School*  
University of California, Berkeley;  
Cardiothoracic Surgery

**Earnestine Harrison**  
*Skyline High School*  
University of Southern California;  
Neuropsychology

**Krystal Jenkins**  
*Life Academy*  
Family Practice

**Brandon Johnson**  
*Oakland Technical High School*  
Peralta Community College;  
Surgery

**Robert McCoy**  
*Skyline High School*  
United States Marines; Paramedic

**Laura Padilla**  
*Skyline High School*  
Chabot College; Nursing

**Lansana Russell-Hughes**  
*Berkeley Alternative High School*  
Diablo Valley Community College;  
Sociology

**Fram Kelly Saechao**  
*Life Academy*  
University of California, Davis;  
Family Medicine

**Yao Poo Saeteurn**  
*Life Academy*  
San Francisco State University;  
Psychiatry

**Siara Dion Spriggs**  
*Oakland Technical High School*  
Diablo Valley Community College;  
Social Work

**Linh Thi Dao**  
*Life Academy*  
University of California, Berkeley;  
Surgery

**Judy Thi Le**  
*Life Academy*  
Sacramento State University;  
Nursing

**Neal Trotter**  
*Life Academy*  
University of California, Berkeley;  
Computer Science, Diagnostic  
Technology

**Yesenia Valenzuela**  
*Life Academy*  
San Francisco State University;  
Healthcare

**Pia L. Weatheroy**  
*Oakland Technical High School*  
California State Dominguez Hills;  
OB/GYN

**Sonja Washington**  
*Skyline High School*  
University of California, Riverside;  
Medicine



**MENTORS AND  
MENTEES [l-r]:**  
Laura Padilla (FACES  
graduate), Aday  
Robinson, RN (FACES  
supervisor), Yao Poo  
Saeteurn (FACES gradu-  
ate), Sachiko Asano-  
Brooks (FACES gradu-  
ate), Shirley Reynolds,  
RN (FACES supervisor),  
Sonja Washington  
(FACES graduate).





## Poetry by Mamie Wilhelm

Fourteen-year-old Mamie is a published poet  
and a Children's Hospital patient.

### Summer's Sun and Winter's Cold

The summer sweet as the bee's honey,  
The song as faithful as the winter's cold,  
And I, sitting in my chair,  
You sing to me until I fall asleep,  
You tell me to dream of horses  
That gaze in the sunlight, moon and stars,  
While I, sitting in my chair  
With the blanket draped over me,  
I read a book  
While you sit knitting my socks,  
The dog chases the cat and I, asleep.



## A Cherished Break

And 7, 8 through 9 and 10 –

A doomed diverted stop:  
the end.

A finding of a room anew,  
A shape enclosed,  
A blast that blew.

A singing sound escapes the tune

Depart the chorus killed at noon

Chill of dark and dreary books

The dreadful hand

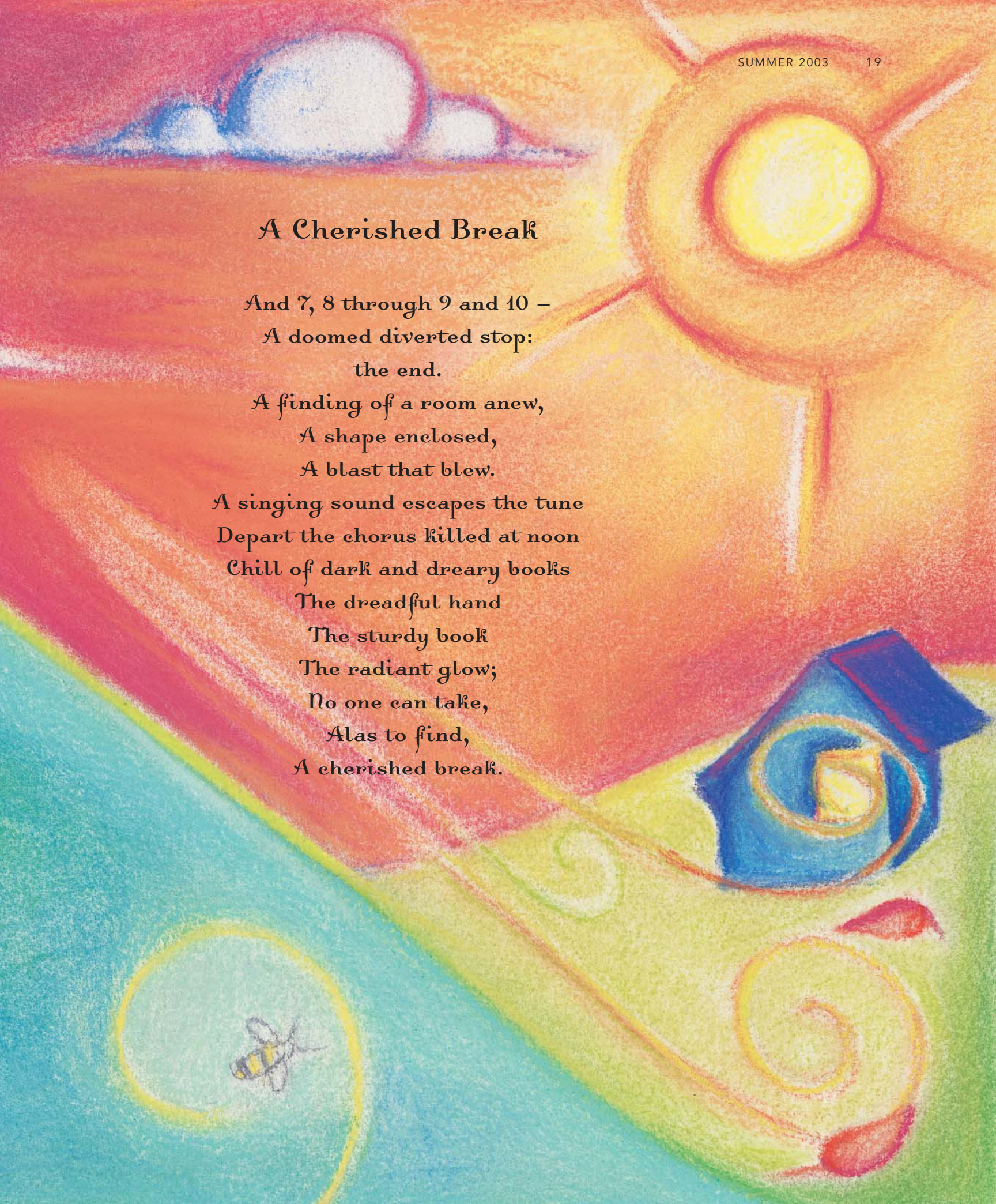
The sturdy book

The radiant glow;

No one can take,

Alas to find,

A cherished break.





# Bridging Local Research to Families Nationwide

Nineteen ninety-eight was a trying year for the Yokom family: **Joshua Yokom** was diagnosed with variant combined immunodeficiency. His prognosis was poor. His mother, **Kelly Ann**, recalls he “was going downhill really fast.”

But there was a glimmer of hope—Kelly Ann was pregnant. During an admission to Emmanuel Children's Hospital in Portland, Ore., Joshua's doctor, **John Pasley, MD**, spoke with Kelly Ann about saving the cord blood from her third child. Cord blood is the blood remaining in the umbilical cord and placenta following birth. Like bone marrow, it is a rich source of stem cells, the building blocks of the human immune system. Compared to bone marrow collection, cord blood collection is non-invasive, painless, less expensive and relatively simple.

In January 1999, Dr. Pasley referred the Yokoms to the Sibling Donor Cord Blood Program at Children's Hospital Oakland Research Institute (CHORI). Kelly Ann immediately enrolled. One month later, Joshua's sister, **Amber**, was born. Her cord blood was a perfect genetic match to Joshua. Soon after Amber's birth, Joshua underwent a successful cord blood transplant. “Joshua is doing fantastic now,” Kelly Ann says. “He looks like a different child in many ways. No bruises all over his body, no dark, red circles around his eyes. His skin color is a golden healthy color now, and he has so much energy.”

The story of the Yokoms illustrates how funding from the William G.

McGowan Charitable Fund (based in Washington, D.C.) translates into treatments that deliver cures, sometimes when all hope has been lost. The Fund enables CHORI to realize the rewarding promises of medical research by transferring benchside research conducted in our Oakland labs to the homes of families across the United States—and beyond.

Over the past three years, the William G. McGowan Charitable Fund has granted Children's Hospital & Research Center at Oakland \$250,000. The funding helped establish the Hematopoietic Progenitor Cell (HPC) Program at CHORI in 2000. The program allows CHORI staff to characterize, process, store, and transport human umbilical cord blood HPCs from the newborn siblings of children suffering from cancer, leukemia, hemoglobinopathies and other transplant-treatable illnesses.

Financial assistance from the William G. McGowan Charitable Fund also provided bridge support for cord blood collections while the program sought third-party reimbursements. It is now standard practice for CHORI to bill insurance companies for the release of cord blood units to be used in a transplant. Insurance coverage will become even more viable once the program receives accreditation from the Foundation for the Accreditation of Hematopoietic Stem Cell Therapy, which is underway.

CHORI's not-for-profit cord blood program is the first cord blood bank in the world devoted solely to siblings of children with blood diseases. Since its



**SIBLINGS** The Sibling Donor Cord Blood Program at CHORI, facilitated the collection, storage, and release of Amber Yokom's cord blood. The cord blood was transplanted to her oldest brother, Joshua, ridding him of a variant combined immunodeficiency. Joshua is shown here (left) with Amber and Jacob.

inception, the program has enrolled more than 1,150 families and has processed over 1,000 units of umbilical cord blood from siblings of children with blood diseases. Thirty-one units have been released for transplantation, and 17 transplants have been completed. So far, 15 children have been cured of their diseases.

“The enabling support of the McGowan Fund has allowed us to accomplish so much in such a short period of time, and many young lives have been saved as a result of their Fund's contribution to the program,” says **Julie Saba, MD, PhD**, HPC program director.

The William G. McGowan Charitable Fund has been a visionary partner in this innovative research. They are truly helping bridge two worlds—the world of science and medicine and the world of families finding hope and healing. ★





The recent pre-opening benefit of *Finding Nemo*, hosted by Pixar Animation Studios in Emeryville, sold out and raised \$35,250 for Children's Hospital. The event's 235 guests were among the first to see Pixar's latest feature film. Children's Hospital Oakland psychiatrist Andrew Giammona, MD, (right) received an autographed poster from *Nemo* director and Academy Award-nominee Andrew Stanton. Thank you, Pixar!

Former Children's Hospital Oakland patient Trent Cox (second from left) ran in the 26th annual Devil Mountain Run in Danville in May. Thanks to title sponsor Andronico's Market, and to presenting sponsor Target, for enabling 100 percent of run registrations (an estimated \$35,000) to benefit hospital programs.



More than 300 Children's Hospital Oakland contributors were honored at the third annual Chairman's Circle Dinner & Reception, held aboard the San Francisco Belle. Hornblower Cruises and Events served as one of the evening's generous sponsors. Hornblower founder and Chief Executive Officer, Terry McRae, and his wife, Mary, joined us for an exquisite evening on the Bay.



## Children's Circle of Care

### Honoring Children's Circle of Care Donors

Five members of the Children's Hospital & Research Center at Oakland Children's Circle of Care attended the Children's Circle of Care National Leadership Conference and Gala, held in May, in Vancouver, B.C. Children's Circle of Care is a national honor society open to the most generous contributors to 22 children's hospitals in North America. Individuals and family foundations who make gifts of \$10,000 or more to one of the participating hospitals are invited to attend the prestigious Leadership Conference, held each year in a different host city. Children's Hospital & Research Center at Oakland staff hosted **Audra and Lou Martinaitis, Sharon Brandford, Anthony Knutson and Donny Lobree** (see photos on page 23).

[CONTINUED ON PAGE 23]



Take a chance at winning a 2003 Infiniti G35 Coupe donated by the Hendrick Automotive Group. The donation per ticket is \$50, and only 2,500 tickets are available. Call 510-428-3814 for raffle information.



To learn more about giving opportunities at Children's Hospital, please contact Children's Hospital Foundation at 510-428-3814 or visit [www.chofoundation.org](http://www.chofoundation.org).



# Statement OF Values

Photo courtesy of Sonja Erickson



DEAR FRIEND Aileen Simpson, 1938.

Children's Hospital & Research Center at Oakland lost a dear friend and long time supporter last year. **Aileen Ruth Simpson** died on the same date she was born—December 12. But her kindness and love for children outlives her: in her estate plan Aileen left a generous bequest to benefit Children's Hospital and the kids we serve.

Aileen had made gifts to the hospital each year for almost twenty years, so her decision to leave a legacy for children's care came as no surprise; it was consistent with her commitment to and love for kids. Aileen had no children or grandchildren of her own, but enjoyed the affection and company of plenty of young people in her life. "She didn't look 86 and she certainly never acted it," notes Aileen's niece, **Ellen Muir**. "She loved the company of young people." Aileen was particularly fond of her neighbors' grandchildren, who affectionately called her their "Old Grandma."

"She was honored by her nickname and loved the attention and hugs of the

children," Ellen remembers. One of them, a 4-year-old boy, was diagnosed with diabetes not long before her death. "I think Aileen would like to know that her gift to Children's Hospital will go to help care for children like him," Ellen says.

Like her idol Miss Piggy from "The Muppets", Aileen was a force to be acknowledged, but always polite and kindhearted. She deeply cared for the well-being of her community. During the last 18 years of her life, each week she added her special touch to the meals prepared at the Prime Time Senior Center in San Ramon. **Sonja Erickson**, Aileen's grandniece, describes Aileen as "quiet and ladylike with a quick dry wit and a sense of humor. She kept everyone on their toes and entertained."

Aileen was born and grew up in the small farming community of LaMoure, North Dakota, where she was active in glee club and the Drum and Bugle Corps. In 1944, Aileen moved to Seattle to join some friends from LaMoure. She met **Orval Simpson** shortly thereafter, and they married in 1946. The couple bought a Kenworth logging truck and moved to Eureka, Calif. After living briefly in Texas, the Simpsons returned to settle in the Bay Area, where Aileen worked for Purex in Hayward.

Orval died in 1966. Even in this trying time, Aileen remained strong and independent. She began working for

Kaiser Sand and Gravel in Pleasanton, retiring in 1983. "Retirement didn't slow her down and she spent the following 19 years doing things she loved," says Ellen. She painted in oil, drove her friends to appointments, planned Danville Women's Club activities, traveled, read the paper, solved the daily crossword puzzle, and gardened. Ellen adds. "She was sharp in mind until the end. Always fashionably dressed, no one ever saw her without her hair and nails done. She was fiercely independent, outliving her car, her washing machine, and several fashion styles."

Aileen came from a large family. One of eight siblings, she is survived by her twin brothers, **Wallace** and **Willis Muir**, and her sister **Betty Mickelsen**, as well as 30 nephews and nieces, 60 grandnephews and grandnieces, 66 great-grandnephews and great-grandnieces and their 75 spouses. Her bequest expanded her family still further, to include future generations of kids needing care at Children's Hospital.

"Perhaps she would agree with Mark Twain's quote 'The report of my death was an exaggeration,'" Sonja quips. But no report could exaggerate Aileen's independence, wit, and generosity, which touched the lives not only of those who knew her but also people she had never. She lives on in the smiles of children and families whose lives her gift helps improve. ★

## LEAVING A BEQUEST

Leaving a bequest makes a permanent statement of one's values. Bequests are also the most realistic way for many donors to leave a legacy for succeeding generations. Hundreds of individuals, many of them of modest means, have left meaningful legacies for children's care at Children's Hospital & Research Center at Oakland. Their gifts help Children's Hospital continue to prevent diseases, save lives, and deliver cures to children in our midst and world-wide.

Including Children's Hospital in an estate plan is a practical way to support the valuable services Children's provides and benefit generations of children, without affecting a benefactor's current finances.

We acknowledge the generosity of our bequest donors by recognizing them as members of the Legacy for Children's Care honor society. Their names are inscribed on our Legacy for Children's Care memorial and are included in our Honor Roll of Donors. Benefactors also receive invitations to our festive annual Legacy Celebration, special events, and lectures that we sponsor.

There are several ways to support Children's Hospital by leaving a bequest. Benefactors may leave Children's Hospital & Research Center Foundation a specific dollar amount; specific assets, such as securities, an interest in real estate (such as a residence), or tangible personal property (e.g., works of art, antiques, coins); or a percentage of the remainder of their estate after the payment of any specific bequests and all estate-related expenses.

### Here is some wording that may be useful:

**CASH BEQUEST:** "I give to Children's Hospital & Research Center Foundation located at 5225 Dover Street, Oakland, California 94609 the sum of \$\_\_\_\_\_."

**BEQUEST OF PROPERTY:** "I give, devise, and bequeath to Children's Hospital & Research Center Foundation located at 5225 Dover Street, Oakland, California 94609 my interest in (describe the property and exact location)."

**RESIDUARY BEQUEST:** "I give, devise and bequeath to Children's Hospital & Research Center Foundation located at 5225 Dover Street, Oakland, California 94609 \_\_\_\_\_ % of the residue of my estate."

If you have already included Children's Hospital & Research Center at Oakland in your estate plan, or for more information about bequests to the hospital, please call Emily De Falla at (510) 428-3362. We would appreciate the opportunity to thank you properly, and welcome you to the Legacy for Children's Care.

THIS IS NOT LEGAL ADVICE. ANY PROSPECTIVE DONOR SHOULD SEEK THE ADVICE OF A QUALIFIED LEGAL, ESTATE AND/OR TAX PROFESSIONAL TO DETERMINE THE CONSEQUENCES OF HIS/HER GIFT.

[CONTINUED FROM PAGE 21]

**This year's National Leadership conference was held in British Columbia.**



**Known for its spectacular acoustics, the new Chan Center at the University of British Columbia was the perfect location for a private concert by Grammy Award-winning jazz vocalist Diana Krall, as well as for the Leadership Conference. Arriving for the pre-conference breakfast are Anthony Knutson, Sharon Brandford, and Audra and Lou Martinaitis.**



**Audra Martinaitis delights in the Gala dinner's final course, chocolate covered strawberries served in a chocolate box!**



**A harbor cruise was a perfect way to begin the 2003 conference. Attending his third Leadership Conference, Donny Lobree enjoys the scenery—and the classical flute and guitar performance—on the luncheon yacht.**

**For more information on becoming a Children's Circle of Care member, please call Janet Crandall at 510-428-3885 ext. 5223.**



limit juice  
and soda

train your  
appetite

**TEENS,**

be active

drink your milk

limit t.v. to 1 hour

pack your lunch

# READY FOR CHANGE?

Since 1980, the number of overweight teenagers has nearly tripled. Added to the health risks associated with obesity are the psychological challenges of being an overweight teenager in a culture that embraces being thin as the aesthetic norm. Magazine articles often focus on which diets work best but sometimes fail to mention that sporadic diets do not lead to permanent weight loss. Lifestyle changes do. This fitness plan was designed by specialists at the Children's Hospital & Research Center at Oakland Clinical Nutrition department to help teens transition into a healthier lifestyle.

Following the steps below will help you decrease your body fat, increase your muscle mass, and feel more healthy and fit. You may begin with adopting only two or three of the changes listed here. Add an additional step every two weeks, until following these suggestions becomes a part of your routine. For best results, increase exercise as you change your food choices.

## \* **Limit drinking juice and soda.**

One cup of orange juice a day is a healthy source of vitamins C and A. Stop drinking other juices and soda, which are high in sugars. Water is best for thirst—carry a water bottle with you. Occasionally, when you crave soda or juice, you may have a diet drink that has zero to 10 calories per serving. Remember that a soda can or bottle contains more than one serving.

## \* **Drink non-fat milk.**

You need calcium for strong bones. Milk and milk products are rich in calcium. Drink four cups of milk (or dairy products) a day to meet calcium target. A cup of non-fat milk has 50 to 90 fewer calories than a cup of 2 percent milk.

***Hint:** If you don't like the taste of non-fat milk, try mixing it with 2 percent milk, gradually decreasing the amount 2 percent milk each time.*

## \* **Train your appetite.**

**Eat meals and snacks at the table.** If you have been eating while watching TV, riding in the car, or studying, these activities are now cues to eat and your appetite is confused. Eat only at the table to retrain your appetite.

**PLAN snacks and SET TIMES for snacks.** Your body will like the routine and start having a regular appropriate hunger cycle. Clear out the large packages of snack foods and make choices of real

foods such as cereal, bread, low fat cheese, non-fat yogurt, plain crackers, fruit and vegetables, low-fat popcorn, or hot cocoa made with non-fat milk. Check the labels and plan snacks that are about 100 to 300 calories each.

## \* **Drastically reduce how often you have fast food meals and snacks.**

Cutting the number of fast food meals will make a big difference in fat intake. When you do choose to eat fast food, skip or share the fries and drink diet soda.

## \* **Bring lunch from home.**

Skipping lunch robs your body of fuel just when you need it most, slows your metabolism, and makes you too hungry later on. Most school or off-campus lunch choices are loaded with fat, so the best choice is to bring lunch from home.

***Hint:** Make your lunch after dinner the night before.*

## \* **Become more active.**

**Limit television, computer and other electronic time to 2 hours a day.**

**Increase exercise to at least one hour a day.** If you have been inactive, you may need to add up several 10-minute exercise periods to reach the one-hour goal. If you are already exercising one hour a day, increase either the intensity or the length of exercise (add 30 minutes).★



## ROOM TO GROW

[CONTINUED FROM PAGE 7]

"It is very, very rare to see a person with a completely smooth, fused skull," states Dr. Sun, who chairs Children's Division of Neurosurgery. Although head growth stops in adulthood, the sutures almost never fuse, or smooth over, the way Keyvon's did. Drs. Sun and Toth recommended surgery.

Keyvon, his grandmother, and his mother each absorbed the highly unusual diagnosis in different ways. Mom **Kanani** remembers bursting into tears but can barely recall the conversation that followed the initial news. Grandmother Jeanne was better prepared, but admits to having an urge to bolt out of the room. "I remember that Dr. Sun made a long pause between explaining what was happening to Keyvon and the treatment option," Jeanne says. "I now realize he was giving Kanani time to digest what she was hearing, but for a split second I thought he was taking a breath to tell us that there was nothing they could do. I wanted to run." Keyvon said nothing, but later asked his grandma, "They are not going to cut my head, are they?"

She answered his question directly: "Just a little, to make some space for your brain."

That's a lot for a young boy to think about. A few days later Keyvon said, "I think they're going to cut this much," holding his thumb and index finger about an inch apart.

To that, Jeanne responded: "Honey, we trust the doctors completely to cut just as much as you need."

In the surgical suite on May 23 2002, Keyvon was in great spirits: he joked and clowning, talking to the nurses about which "tools" they were going to use on him; he pretended to be falling asleep, then opened one eye and, in a melodramatic tone, said "Pray for me." His energy was undefeatable—and contagious. "We were almost rolling on the floor with laughter by the time he was wheeled away," Jeanne remembers.

Dr. Toth made an incision that zig-zagged from one ear to the other to ensure Keyvon's scar would remain invisible even with a short haircut. Dr. Sun cut the skull into several pieces according to shape and size determined by Dr. Toth, and removed the bone from the membrane that covers the brain and separates it from the skull. Dr. Toth rotated the sides of Keyvon's head to eliminate the "peak" that had started to form after the skull had fused. Reconstructing the skull, Dr. Toth used bone paste—a synthetic, porous material that serves as a net and allows the bone to grow through—to increase the space inside Keyvon's head. To keep the skull pieces together, the surgeons also used plates made of a plastic polymer that the body slowly absorbs. At the end of the procedure, the surgeons had increased the cir-

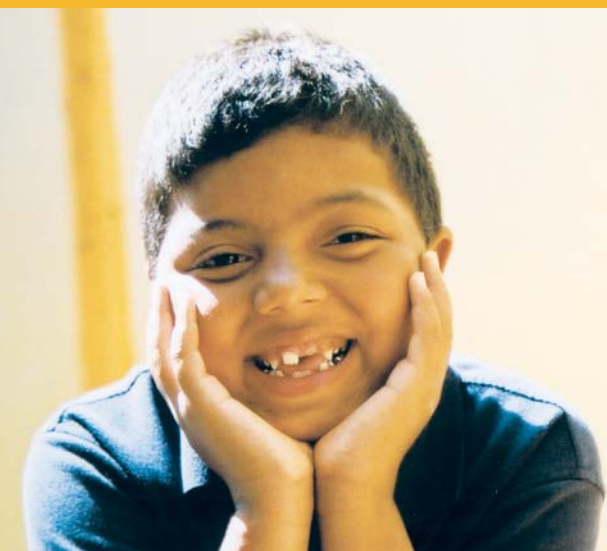


THE WINNING TEAM Keyvon with Dr. Botelho (left) and Dr. Sun.

cumference of Keyvon's head by four centimeters.

During the six-hour surgery, the Neurosurgery department's Sue Ditmeyer, RN and pediatric nurse practitioner, called the family every hour to keep them informed. "At one point I picked up the phone, and there was Sue's voice saying 'His skull is off and he's doing great,'" Kanani marvels, remembering the incredible call with a smile.

After surgery, Keyvon's headaches disappeared and his blood pressure dropped. After a brief post-op disappearance, his mischievous spirit returned. "The surgery has changed his life," Jeanne says, "or more precisely given his life back to him. He used to say he hated his world and that he wanted to hurt himself. Now he tells everybody how girls think he's cute." Keyvon's family says, "We only wish we had met you all earlier." ★





## MEDICINE, Meaning JUSTICE

[CONTINUED FROM PAGE 9]

abused after the first time it happens, or after the second time, or even after the 20th," he says. "Usually kids disclose what turns out to be chronic abuse, sometimes years after it started. What I call the Passover question—'What makes today different from all other days?'—I apply to child abuse disclosures. After all the times something happened, what enabled a child to tell about it today? Why today? If we can better understand that, we can narrow the gap between occurrence of abuse and disclosure so less time passes. We may not be able to prevent a child from being abused, but we can prevent him or her from being a victim of repeated abuse."

So how does one speak with a child who is reporting abuse? "When a child tells you

about being harmed, you can't show you're upset to hear about it," Dr. Crawford says. "You have to let the child say what she has to say. This is her opportunity to finally tell somebody what happened. If she realizes you're getting upset she'll stop talking. It's hard to do this, but it's very important."

Many children first "test the waters" by making quasi-disclosures. If they perceive the adult is getting upset, they may stop. Dr. Crawford encourages parents to assure their children that they can always tell them anything, and that there are no secrets. "And then mean it when your child actually tells you something important. Truly listening to what our children have to say to us is an important part of keeping them safe." ★



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Story requests, comments or suggestions for *Children's Handprints* may be e-mailed directly to Vanya Rainova (vrainova@mail.cho.org), or sent to 665 Fifty Third Street, Oakland, CA 94609.



## MARK YOUR CALENDAR!

November 21, 2003

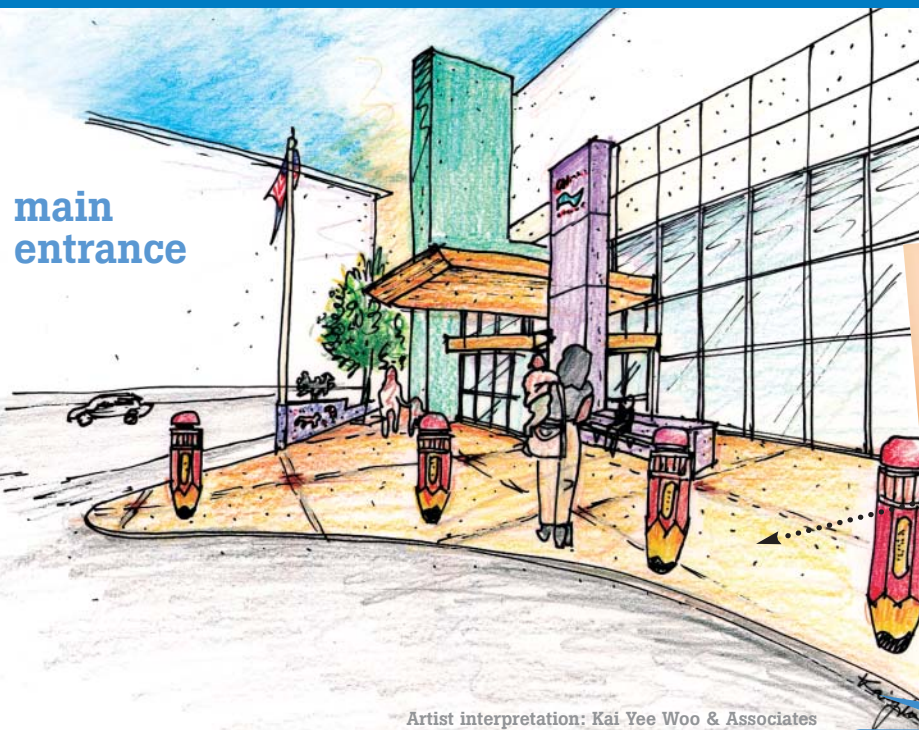
10 a.m. – 2 p.m.

On Friday, November 21st, Children's Hospital & Research Center at Oakland will be hosting the 2nd annual Children's Summit. The topic this year is '*Advocating for Children's Health.*' For more information, please check the hospital web site or call 510-428-3367.

[http://www.childrenshospitaloakland.org/childrens\\_summit.html](http://www.childrenshospitaloakland.org/childrens_summit.html)

# Be a part of Children's Future!

We invite you to take part in building the hospital of the future.



Artist interpretation: Kai Yee Woo & Associates

## Dedicate a Plaza Brick!

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INSCRIPTION  
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The hospital's main entrance pedestrian walkway will consist of 2000 of these light tan bricks, but less than 150 remain available to dedicate to a loved one, celebrate an important date or anniversary, honor or memorialize a friend or family member, recognize an individual, business or other hospital supporter.

**Hurry...**  
**Time is running out!**

building  
blocks

Children's Hospital & Research Center at Oakland  
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Place your request online: [www.chofoundation.org](http://www.chofoundation.org)

For more information on this and other naming and dedication opportunities, please contact:

**Jim Armstrong, Vice President, Children's Hospital Foundation,**

**Phone: 510-428-3885 ext. 5394**

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