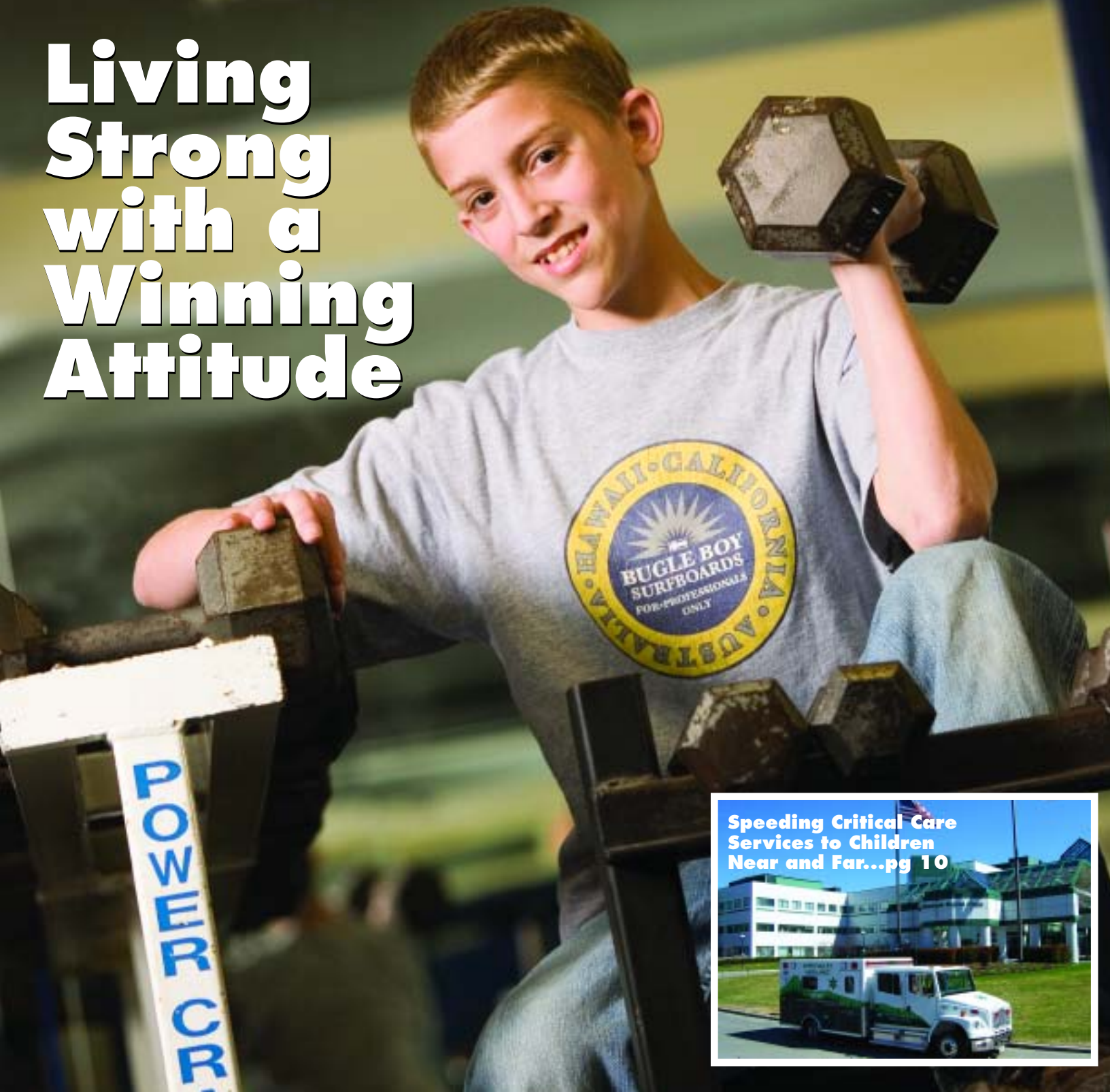




M A T T E R S
The Newsletter of the Children's Hospital at Dartmouth

Living Strong with a Winning Attitude



Speeding Critical Care Services to Children Near and Far...pg 10



Child Life Program Welcomes Katie Arenson

THE CHILD LIFE PROGRAM is very pleased to welcome Katie Arneson to our team. Katie will provide child life services to the Pediatric and Adolescent Inpatient Unit as well as the Outpatient Diabetic Support Group.

Katie learned about the child life profession young in life. Katie was hospitalized as a child at a hospital that did not have child life services. She vividly recalls the boredom and isolation

of the hospital. Katie also remembers her Dad trying every trick to keep her entertained, including racing in deserted hallways. Several years later, Katie's sister was hospitalized in a hospital that did offer child life services. The difference in the two experiences shaped the professional choices Katie has made. She notes that her sister received education, preparation, and interventions to increase coping skills. These interventions impacted both Katie and her sister, making the family acutely aware of the benefits of child life services.

Katie had made her way to New England from Madison, Wisconsin where Katie lived with her parents and sister. While in Madison, Katie attended Edgewood College and received a Bachelor of Science in child life with a minor in psychology. Katie completed her child life internship at St. Vincent Hospital in Green Bay.



This internship was completed on the general pediatric inpatient unit and her work included a variety of pediatric conditions, ages, and family needs. Katie had two focus areas while completing her internship: the first was spent learning about the unique needs of oncology patients; and Katie also spent time working with adolescent patients and increasing the programming for that population.

Katie was excited to accept a position at CHaD. She notes that both the people and the environment she experienced helped her to make the decision to move to this area. She also was interested in working in a small children's hospital within a state-of-the-art facility. Katie looks forward to building adolescent programming on the inpatient unit. She also is passionate about working to build and increase awareness of available child life services.

CHaD's Family Advisory Board

THE FAMILY ADVISORY BOARD, comprised of parents whose children receive care at CHaD and members of the CHaD leadership, began in 2004. The Advisory Board is dedicated to promote and enhance family-centered care for pediatric and neonatal care and services. C. Everett Koop, MD, ScD—an invited guest to a recent Advisory Board meeting—said, "The Advisory Board is an example of CHaD's commitment to social pediatrics, bridging the gap between community and the medical center." This year the Advisory Board is reviewing patient satisfaction information and plans to conduct interviews with children and their families to learn about their care experience. The Advisory Board will use that information to identify opportunities for improving family-centered care and make recommendations to CHaD leadership in the coming months. The Family Advisory Board invites parents who want to work with the board to promote family-centered care to contact Toni LaMonica at (603)653-1488.



REDEDICATION OF SAUL BLATMAN SUITE

A REDEDICATION OF THE Saul Blatman Suite on Ruben Building Level 5 was held on September 14, 2005 following Pediatric Grand Rounds. Dr. Blatman's

ber of times. In attendance at the rededication were Mrs. Saul Blatman (Ceevah) and their children, Betty Ann, Bobby, and Holly, as well as Pediatric and Ob/Gyn faculty and friends of the Blatman family.

Saul Blatman, MD, was named Chairman of the Department of Maternal and Child Health in 1972, merging the specialties of Pediatrics, Obstetrics and Gynecology, and Genetics. At that time, there were fewer than 10 faculty members in these specialties. He brought with him and recruited gifted young faculty members and established an atmosphere of excellence. Regionalized clinical care and education were emphasized and the needs of women and children a constant theme. In 1993, the growing Department of Maternal and Child Health

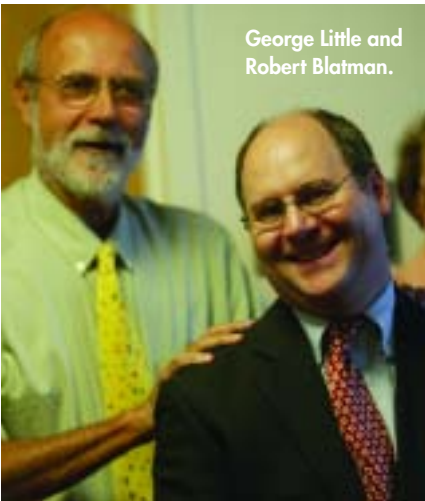


Mrs. Ceevah Blatman (seated middle) is surrounded by her children, grandchildren and CHaD physicians as they remember the wisdom and vision of Dr. Saul Blatman.

was separated into two departments, the Department of Pediatrics and the Department of Obstetrics and Gynecology. The two departments continue to work together toward Saul's vision and dedication to maternal and child health issues.

Saul left an enduring legacy of medical leadership, innovation, and education. The Saul Blatman Suite honors his vision of comprehensive care for women and children, and his humanness and dedication.

The medical center, from the highest echelon of leadership through faculty, staff, and student felt Saul's personal commitment to community and the individual. Each student, each house officer, and each faculty person felt that in his mind they were special, and they were.



George Little and Robert Blatman.

son, Robert Blatman, delivered the talk "Noxious Substances Crossing the Placenta," a topic his father considered extremely important and about which he spoke a num-

The CHaD Family Center – What's Happening?

MARCH 2006 MARKS THE THIRD ANNIVERSARY of the CHaD Family Center. Its first location was on the Level 3 near the Pediatric Intensive Care Unit. In August 2004, it moved to the CHaD Outpatient Center on Level 6 in the Doctors Building. The Center began through the efforts of dedicated parents, CHaD staff, and community leaders who worked together to create a space and program for families and children to learn about resources, relax and enjoy the toys and play space, and take advantage of the information and support. Thanks in large part to the Hendricks/Felton Foundation, Salmon Foundation and the Boyle Community Pediatrics Program at CHaD, the center operates independently from CHaD revenues. This year the Center: purchased strollers for families to use in the medical center; developed a program called "Family & Friends" to provide education to that very important circle of support that surrounds families with children who have special needs; provided instructions on how to use Care Pages on the web allowing families to connect with friends and families through the internet; and offered the popular Irving Oil Program for families receiving specialty care at CHaD. Coming up this fall, the Center is working with the DHMC Arts Program, Child Life, and the DHMC Health Education Program to create a Kids Indoor Walking Trail. This trail will be fun, interactive and educational – but mostly fun for children and their families to explore DHMC's unique and varied art while getting some exercise. For more information about the Center, contact Robin Goodrich at (603)653-9899.



CHaD Pediatric Residency Program Bears Two New Chief Residents

THE PEDIATRIC RESIDENCY PROGRAM at CHaD provides an integral part of patient care at DHMC. Along with Nurse Practitioners, Residents staff the inpatient

units 24/7 and see a large proportion of patients in the outpatient clinic.

Leading this remarkable group of individuals in the next academic year (July 2006 through June 2007), are two Chief Residents—recent graduates of the CHaD Pediatric Residency Program—who are staying on at DHMC. Chief Residents serve as a

bridge between the residents and department leadership for educational and administrative functions at DHMC. The Chief is a member of the faculty, teaches residents

and medical students, and serves as an attending physician on inpatient units and in the clinic.

This year, CHaD is fortunate to have two Chief Residents to lead the program through a time of educational advancement. Kimberly “Kimmie” Gifford came to CHaD in June 2003, after completing medical school at Penn State.

Raised in the Philadelphia area, Kimmie attended Allegheny College as an undergrad where she graduated Phi Beta Kappa. As a resident, Kimmie’s commitment to work-

ing in general pediatrics was obvious. She established herself in a rural clinic in Canaan NH, where she quickly became an integral part of that practice. Along with another resident, Kimmie was able to secure a grant from the American Board of Pediatrics to establish a program for oral health screening and education in this rural area.

Kimmie is married to an adult internist who is serving as Chief Resident for the Internal Medicine program at DHMC. Besides medicine her passions include hiking, knitting, and photography. During the summer months, you will find her paddling on Lake Mascoma watching the sunrise. Long-term, Kimmie hopes to continue her work in general pediatrics with a special interest in developmental learning.

Todd Poret was raised in New York and attended Williams College. After graduation, Todd spent some time working as a mental health counselor as well as a teacher for students with developmental disorders. Prior to entering medical school, Todd spent a summer hiking the Appalachian Trail starting in Maine and working his way south. In medical school at the University of North Carolina, Todd received recognition for being a fourth year medical student who “exhibited qualities of compassion, high moral standards, and ethical values.” Todd graduated “AOA” (the medical school honor society designation) and joined the pediatric residency Program at CHaD in June 2003.

Like so many of our residents, Todd proved very committed to medical student education and was recognized with teaching awards from the medical school. During the course of his year as Chief Resident, a great deal of his focus will be given to the didactic lecture series offered to the Pediatric Residents at DHMC and working with faculty to further enhance the educational opportunities for the housestaff.



Kimmie’s commitment to working in general pediatrics is obvious.



Todd was recognized with teaching awards from the medical school.

Unsung Hero Award



April is Child Maltreatment Prevention and Awareness Month. Each year the Child Advocacy Center of Grafton and Sullivan Counties at DHMC and the Child Advocacy Center of The Family Place, Norwich, VT, join together for the Shield Our Children from Harm Campaign. On April 3, we hosted our Third Annual Shield Our Children from Harm Professional Conference entitled “The Hard Cases,” providing training and information for healthcare professionals, child protection workers, prosecutors, law enforcement officers, and other professionals working with children and families.

This year the campaign organized an award ceremony to honor those professionals who work hard every day in the fight against child maltreatment. Three “Unsung Hero” Awards were presented to individuals in the regions we serve. Those individuals demonstrate outstanding commitment to ensuring the safety and well-being of children.

Nan Daniels, assistant principal of Hartford High School; Vi Lewko, Nurse Coordinator of the Foster Care Health Program for the Division for Children, Youth, and Families, Claremont District Office; and Tammy Sanborn, assessment worker, for the Division of Children, Youth, and Families, Littleton District Office were all recognized for their compassion and dedication in supporting families and helping children each day.



Meeting Children’s Needs in the Upper Valley



Jenny Williams and David Leatherwood, business partners, believe giving back to the community is just the right thing to do.

For hotel developer David Leatherwood, business and philanthropy go hand in hand. “My philosophy is that every business can take one or two percent of their revenue and give it to philanthropy, and should budget doing so from the beginning,” he explains. “It’s the right thing to do, and if marketed properly it’s also good for business.”

Several years ago, Leatherwood approached Dartmouth College with the idea of developing a hotel in Centerra Park in Lebanon that could be used as a fundraising mechanism for CHaD and other charities in the area. “They agreed to sell me a piece of land on which we’re now building a Courtyard by Marriott hotel, and we created what’s now called the ‘Children’s Fund of the Upper Valley,’” says Leatherwood.

When the new hotel, featuring 124 rooms and 10,000 square feet of meeting space, opens on October 1 of this year, it will join the Residence Inn by Marriott (also owned by Leatherwood’s investment group and located on the other side of the park) that is already contributing to the Fund.

“We’ve committed to donate \$1 million over a 10-year period, half of which will go to the Children’s Hospital and half which will go to various children’s charities in the Upper Valley,” says Leatherwood, whose newborn son spent 17 days in CHaD’s neonatal intensive care unit in 1998. “We almost lost him a couple of times, but he received fantastic care at CHaD and is today a healthy 8-year-old. We feel very fortunate, and want to help other kids and families in the region who need support.”

“The CHaD staff work an incredible number of hours, well beyond what they’re paid,” says Leatherwood. “Our nurses were working 12-hour shifts, would go home, and call two hours later to check on our son. We felt like our son was the only patient there, but there were probably 15 other babies. The nurses cared for every one of them the same way. They’re very special people.”

Training EMTs for Pediatric Traumas



CHaD's PARTNERSHIP WITH THE Kiwanis Clubs dates back to 1993, when Drs. Nicholas Shorter and David Mooney helped to establish the Children's Hospital as a Kiwanis Affiliated Pediatric Trauma Center of New England.

"As pediatric trauma specialists, they recognized the importance of providing the best care possible in the field, before injured kids arrived at the hospital," said Terri Eastman, former CHaD events coordinator who until recently served as liaison between CHaD and The Upper Valley Kiwanis Club.

"The Kiwanis Clubs have had a long-standing commitment to support the needs of children in the community, and one of our main areas of focus has been in pediatric trauma and safety," explains Art Creighton, who is currently serving as secretary (and is a past president) of The Upper Valley Kiwanis Club. "Several years ago, CHaD and the Kiwanis Clubs in Claremont and Lebanon identified a common goal that we could work on together and created 'Adopt-a-Squad,' which I think has been an excellent program."

Specialized Training Needed

The Adopt-a-Squad program, supported by funds generated from a series of Kiwanis Simpson Golf Tournaments, provides pediatric trauma training for emergency medical technicians (EMTs) and local ambulance squads in the area.

"EMTs don't have a lot of contact with children, since it is, thankfully, a

rare occurrence to see a child in an ambulance," said Eastman, who served as an EMT herself in Enfield for five years. "But this limited exposure has made providing care for these kinds of cases particularly challenging."

"And because we are so rural, having pediatric backup is very important," she added. "For example, if DHART (Dartmouth-Hitchcock Advanced Response Team) is grounded because of inclement

The Kiwanis Clubs have had a long-standing commitment to support the needs of children in the community and one of our main areas of focus has been in pediatric trauma and safety.

weather or they are unable to fly into a location where an outlying squad is, the squad may need to transport the child themselves for quite a distance."

Tailoring Treatment for Kids

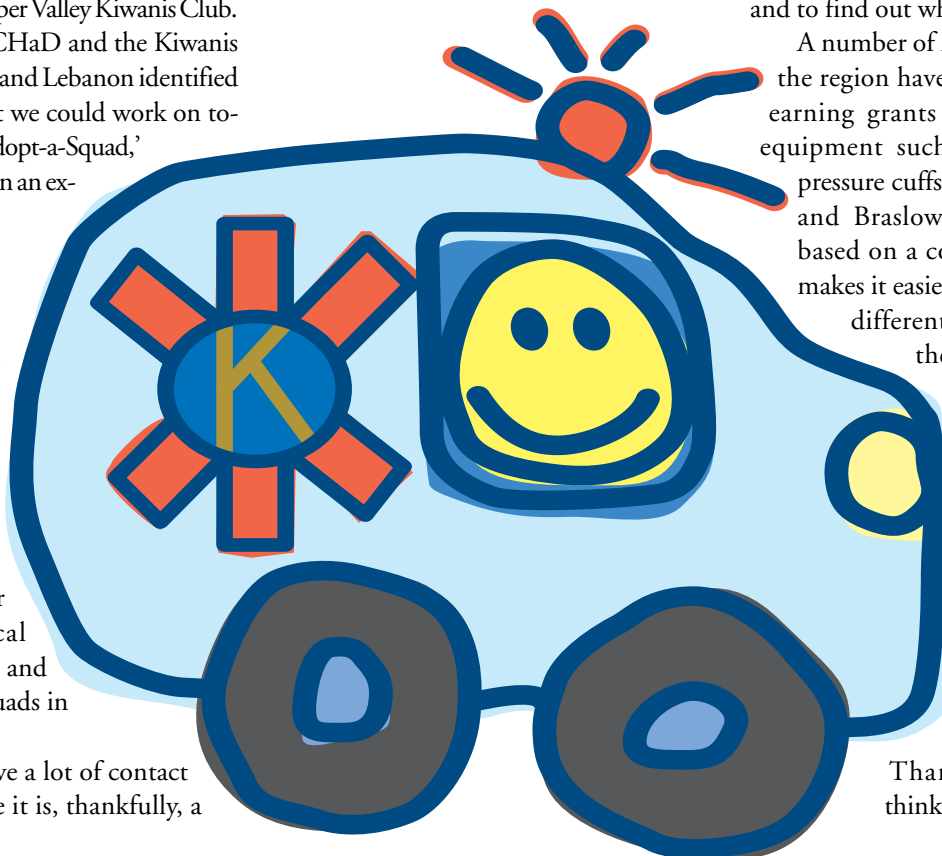
In addition to providing specialized training at virtually no cost (a typical course costs about \$2,800), the program allows students to fulfill some of their yearly recertification requirements in pediatric trauma.

The one-day course also takes a very practical approach. "We actually bring some kids into the class so the EMTs can practice taking their vital signs," said Eastman. "Knowing how to interact with them is key—one of the things they need to be able to do very quickly in the field is to communicate with the child (if possible) and to find out where he/she is hurting."

A number of local squads throughout the region have completed the course, earning grants to purchase pediatric equipment such as child-sized blood pressure cuffs, pediatric stethoscopes, and Braslow Bags. "The bags are based on a color-coded system that makes it easier for EMTs to match up different-sized equipment with the specific age or size of the child," Eastman explained.

"Pediatric trauma is something that we all wish we could prevent from ever happening," she added. "But, unfortunately, that's not possible. All we can do is try to be better prepared when it does happen.

Thanks to this program, I think a lot of our squads are."



I N T R O D U C I N G

Scott Shipman • New CHaD Doctor

Improving Access, Quality of Care for Children

After completing a fellowship in health policy and health services research at Johns Hopkins, working as a research associate at the Association for American Medical Colleges in Washington, DC, and a three-year stint on the faculty at Oregon Health and Science University, pediatrician Dr. Scott Shipman returned to the Upper Valley to join CHaD in March.

“I did my pediatric residency at CHaD and was also a chief resident here,” says Shipman, a graduate of University of Nebraska College of Medicine. “I really liked the culture at Dartmouth, both clinically and academically, so the opportunity to come back was very appealing.”

Dr. Shipman will spend the majority of his time as a pediatric-focused investigator at the Center for Evaluative Clinical Sciences (CECS), studying issues such as access and quality of care for children at both local and national levels. “Historically, there’s been a real lack of policy-related research on children in health care,” he explains. “And CECS is second to none at asking the kinds of questions needed to improve our systems of care.”

One area of research that Shipman hopes to develop involves examining the interconnectedness between the systems of medical education and health care delivery. “We need to better under-



stand how our training of clinicians impacts their ability to provide high quality care in the different environments in which they practice,” he says. “I hope to be actively involved in medical training here at Dartmouth for all providers who care for kids.”

As part of his patient care responsibilities, Shipman also hopes to establish a part-time pediatric sports medicine clinic like the one he started while a chief resident at CHaD in ‘98. “It’s a special area of interest of mine, and one that many pediatricians can gain more expertise and comfort in,” he says.



Kohl’s Makes Caring for Kids a Priority

Ensuring a brighter, healthier future for our children is something that every community strives to achieve. For Kohl’s department stores, it has become a corporate priority. Through its partnerships with children’s hospitals throughout the country and its Kohl’s Cares for Kids® program, the retailer is investing substantial time, effort, and funding in an effort to keep kids healthy. The Kohl’s store in West Lebanon is no exception.

“Throughout the year, the store sells seasonal Kohl’s Cares for Kids® merchandise—this spring it included a collection of stuffed animals and related children’s books by Eric Carle—and donates 100 percent of the net profits to the Children’s Hospital,” explains David McWilliams, corporate and community relations coordinator for CHaD. “The money goes entirely to our Injury Prevention Program at CHaD. Just through the sale of these

items, Kohl’s contributed more than \$17,000 to CHaD last year.”

Associates in Action

Another way that the store is supporting CHaD is through its Kohl’s A-Team program. Store associates who form teams (of five or more people) and volunteer their time at community fundraising events and other activities have their efforts matched with a corporate grant of \$500 to the Children’s Hospital.

“A great example of the Kohl’s associates in action was at this year’s CHaD Ski and Ride Challenge,” says McWilliams. “They were out in full force, doing whatever was needed to help support the event and the Children’s Hospital.”



Looking for a relaxing summer project the whole family can enjoy that also supports CHaD? Sign up for the CHaD Read-a-thon! Participants raise pledges for the total number of books or pages read in a week or two, or over the whole summer! All proceeds benefit CHaD’s Child Life Program. Child Life provides activities for children hospitalized in CHaD’s inpatient units, to help them feel like normal kids even when they’re in the hospital. Contact Kim in the CHaD Community Relations Office at (603)650-3431 for more information or to register.



A Spirited Reply to a Chronic Disease

WHEN MATT ZAPPEL, 16, WALKS INTO THE weight room at West High School in Manchester, he hears the greeting, “Hey, ‘disease kid,’ how many diseases did you catch today?”

“All of them,” Matt shoots back, making the other boys laugh. The remarks aren’t meant to be mean-spirited. “It’s just their humor,” he explains. “There’s another kid who’s short like me, and they call him ‘midget man.’ In high school you get these nicknames and you’re kind of stuck with them, but I don’t mind it at all.”

Adapting to new circumstances and chal-

lenges is something that Matt is very good at. He’s had to be. Diagnosed early on with Cystic Fibrosis (CF)—a chronic, progressive condition that primarily affects the body’s respiratory and digestive systems—Matt has bounced back from more than 50 hospitalizations.

Fighting Through Illness

“I was 17 weeks pregnant when the doctors at Virginia Beach Children’s Hospital determined that Matt had CF through genetic testing (his older brother Christopher also has it),” explains his mother, Jennifer LeFrancois.

At only five days old, Matt had to have surgery to repair a ruptured intestine, a common complication of CF. “And they had to start giving him enzymes (medicine to help him digest food) so that he could start to eat at two weeks old,” LeFrancois recalls. “That first year, he was in the hospital for a total of 265 days. But, he’s been a fighter since even before he was born.”

As Matt has grown and his lungs have gotten bigger, complications from his disease have become less severe. “He’s in the hospital about twice a year now,” says LeFrancois. “The biggest improvement has come since we

A Winning Attitude

Still, there are days when Matt’s demanding treatment regimen gets to him. “It’s frustrating to have to take enzymes whenever I eat,” he says. There are also the other medications he must

“I try to keep busy and I try not to worry about it—life’s too short.”

take at mealtimes, the breathing and lung treatments he needs to do, and the night feedings he needs to manage. “They take about four hours,” says LeFrancois. “He starts the machine before going to bed and then it beeps and wakes him up, so he can turn it off. I think it helps that his brother has to follow the same routine.”

In addition to these responsibilities, Matt keeps up with his school work, takes gym class every day, and is even enrolled (along with his brother) in West High’s ROTC program. “My dad is in the Navy and this gives us something to have in common with him,” he explains. “I’m a seaman’s apprentice right now, and I’m trying to advance to seaman this year.”

How does he manage to do it all and to stay so positive? “I try to keep busy and I try not to worry about it—life’s too short,” Matt says. “And, actually, I like coming to CHaD. I love the attention, there’s TV bingo on Tuesdays, and the food is awesome. On weekends, when the Child Life staff isn’t here, they let me get supplies out of the storage area and do arts and crafts projects with the kids. I guess helping other people gets my mind off my own problems.”





Targeting Earlier Therapies for CF

"Take a deep breath....now blow, blow, blow," says the nurse to eight-year-old Lily Brundle as she tries to force every bit of air from her lungs through a spirometer (a device measuring her lung function). "Good job!"



After being weighed and measured for height, Lily tosses a miniature beach ball across the exam room and then quickly drops to the floor to play with stickers. Her energy and playfulness belie the seriousness of her condition. Lily has Cystic Fibrosis (CF)—an inherited disease that causes mucus to build up in the lungs and digestive tract which can lead to lung infections, digestive problems, and may result in early death.

She has traveled from Lancaster, NH with her family to see pediatric pulmonologist Dr. Dennis Stokes and her care team at CHaD. "This is a follow up to a sick visit," explains her mom, Wendy. "Lily was hospitalized a few months ago with a lung infection and a bad cough. It was the first serious exacerbation she's had from her illness. Since then, all of her cultures have shown no growth of *Pseudomonas* bacteria."

Warding Off Infections

In an effort to help other families struggling to keep CF children healthy, the Brundles have enrolled Lily in the EPIC (Early *Pseudomonas* Infection Control) Trial, a national study whose goal is to examine different treatments to keep the *Pseudomonas* bacteria from becoming established in the lungs of children with CF.

"We know that *Pseudomonas* causes decline in lung function over time," explains Stokes, study principal investigator at DHMC. "If we can delay it from getting a handhold in the airway, we think it will make a difference for patients like Lily over the long term."

A total of 18 children are enrolled in the trial at CHaD, says Sharon Stys, research nurse coordinator. "For the cycled therapy, Lily takes an inhaled antibiotic for 28 days (then is off for 56 days) and either an oral antibiotic or placebo for 14 days. Wendy has done a great job keeping track of every detail of Lily's condition and her progress in the study diary."

"We're very grateful to have the opportunity to be part of this trial," says Brundle. "It's not only helping Lily, but in the long run it's going to help other kids, too."

Speeding Critical Care Services to Children Near...

SINCE BEGINNING ITS OPERATIONS IN 1994, the Dartmouth-Hitchcock Advanced Response Team (DHART) has become an essential service within the region's five-state trauma system, and today DHMC serves as New Hampshire's only Level 1 Trauma Center.

DHART crews include communications specialists, flight nurses, flight paramedics, respiratory care practitioners, emergency medical technicians (EMTs), and pilots. These crews run 24/7 and provide both air and ground medical transportation services, giving them the ability to transport pediatric and neonatal patients to any appropriate medical facility in New England.

"Our crew members are cross-trained, which allows us to configure critical care teams—with guidance from the attending physicians—to match skills with the particular patient's needs," explains Donna Clark, director of DHART. "Whether it's providing smaller hospitals with immediate access to tertiary care for pediatric trauma patients or doing mutual aid missions to transport sick kids to other facilities, we have to be ready for many different scenarios."

Triaging Patients Quickly

Like the scenario that DHART paramedic Jon Bouffard and team responded to a few months ago. "We had to land the helicopter in a cemetery so that we could meet the local fire and rescue unit that was first on the scene," he recalls. "A young boy had sustained severe head injuries when he struck a nearby vehicle while skateboarding (without a helmet)."

"We intubated him to help him breathe and to get oxygen to his brain," Bouffard continues. "We gave him some special meds, and also started an IV to help replace some of the fluids that he had lost. We had a very brief interaction with the parents as we were moving the patient from the ambulance to the back of the aircraft. They asked us to stop for a second so they could say a prayer for him. They did that and we were off."



...and Far

The flight back to CHaD took only a few minutes. “Once we arrived back at the hospital, he received surgical intervention quickly,” says Bouffard. “By the time we got everything cleaned up from the mission, he was already headed to the OR for neurosurgery. The fact that he didn’t have to wait long to receive the level of highly-specialized care he needed was crucial in giving him a chance to recover from the accident.”

A Mother’s Surprise

Sometimes, even DHART crew team members, who excel at making decisions quickly, can be a little startled by the unexpected. “During ski season last winter, we were getting ready to transport a young patient (who had been injured while snowboarding) from a local hospital to CHaD for evaluation,” remembers Mike Cather, DHART nurse. “He was delirious and combative, but was breathing fine on his own.”

“Just as we were exiting the ER, the patient’s mom arrived and jumped onto the elevator with us,” he says. “She asked us a number of questions and wanted to fly back with us, but we didn’t have enough room on board. She caught us at the worst time to interact because we were focused on getting our patient to Lebanon. It was starting to get dark and we had weather moving in on us. I remember Pat (our pilot) saying if it got bad we were going to follow the Connecticut River home.”

“It took the mom several minutes to tell us that she was a physician,” adds Cather. “I was very impressed—she was a mom first, which was kind of nice to see. The boy ended up being fine, and was discharged the next day.”

Delivering a Special Expertise

When you ask neonatal nurse practitioner Madge Buus-Frank about a memorable DHART mission, she has to pause for a moment—there have been so many. Buus-Frank has been a team

leader on missions involving critically-ill babies since DHART’s early days. In fact, she flew on DHART’s very first air mission in 1994.

But there is one, more recent mission that sticks in her mind. “Early one morning we received a call from a community hospital that there was a mother coming in (who was only about 27 weeks into her pregnancy) with severe bleeding and abdominal pain,” she recalls. “We mobilized our team, flew to the hospital, and radioed them as we were landing. We ran from the helicopter to the operating room and got there about three minutes before the baby was born (by emergency cesarean birth).”

“When the baby came out, he was in shock and needed to be aggressively resuscitated,” says Buus-Frank. “That’s when our specially trained neonatal team sprung into action. We placed an airway tube, inserted central lines to replenish lost blood and fluids, and got the baby’s heart started. We were able to resuscitate him and got him stabilized very well before we left the local facility.”

“That’s something that many people may not realize about DHART,” she says. “We don’t just transport or move critically ill patients. From the moment of the first call, the neonatologist is providing expert consultation and guidance by phone. In the case of critically ill and very immature babies, we literally bring a mobile intensive life support unit—and most importantly a team with a wealth of knowledge and expertise—to deliver these critical care resources to the community. It takes intense collaboration, often working side by side with the local physicians and nurses, to stabilize the infant for the trip back to CHaD.”

A Happy Ending

The tiny patient received highly specialized care in CHaD’s neonatal intensive care unit (NICU) and did well. “He sailed right through the NICU and didn’t suffer any long-term complications,” says Buus-Frank. “Ultimately, he left in very good health and went home to parents who were extremely grateful.”

“It’s one of my favorite missions because it’s a great example of the incredible communication and collaboration that takes place between local hospitals, CHaD, and DHART when a baby needs critical care in this region,” she says. “It also helps people understand that children are not just ‘little’ adults, and neonates are not just ‘little’ pediatric patients. They are a very unique population with specific risks, diseases, and healthcare needs. And, they deserve the special expertise that a children’s hospital brings.”

transforming me

Protecting Children From Traumatic

An infant who is the victim of child abuse. A toddler who falls down stairs. A school-age child who hits a tree while skiing. An adolescent who is a passenger in a high-speed crash.

Dr. Ann-Christine Duhaime, Director of Pediatric Neurosurgery at CHaD, treats patients like these more often than you might think. “What many people don’t

“We’re using anthropomorphic models of babies, toddlers, and young children—which are a bit like crash dummies—as well as mathematical models, in an effort to understand what mechanisms cause what injuries at what ages. Because we in pediatric neurosurgery actually treat real children every day who have suffered from head injuries, we serve to make sure the experi-

as, “When can an athlete safely return to play?” and ‘How many concussions are too many?’ We’re particularly interested in how this might vary depending on the age of the child.”

“We’d like to use the same technology to study toddlers,” she continues. “One of our senior residents is designing a little cap that can be worn by babies and toddlers to

“We don’t have a magic drug or therapy yet, and there’s

realize is that traumatic brain injury is the single most common cause of death and acquired disability in childhood,” she says. “In fact, the rate of deaths from traumatic brain injuries is five times greater per year in the US than from leukemia—the number two cause of mortality.”

“And what makes these types of cases so difficult is, we still haven’t found a specific treatment of any kind that helps the brain to repair and heal itself,” explains Duhaime. “All we can do is try to keep the damage to a minimum, and that involves trying to minimize swelling, to control bleeding, and to keep the body stable while the brain is trying to recover.”

Mechanics of Injury

Over the past 15 years, Duhaime has led a number of collaborative studies that have been focused on learning more about how the immature brain responds to injury.

One area of her research involves looking at the biomechanics of traumatic brain injuries. “We’ve been working for many years with a team of bioengineers at the University of Pennsylvania (UPenn) that specializes in head injuries,” says Duhaime.

ments reflect what we see in the real world.”

“Those efforts are aimed at prevention and also at understanding what part or aspects of the brain are most likely to be damaged by the injury or heal from the injury,” she adds.

From Athletes to Toddlers

In another research effort, Duhaime is collaborating both with colleagues at Dartmouth College and Simbex, a Lebanon-based company that has pioneered new ways to measure forces sustained in injury. “The company is run by Dr. Rick Greenwald, an engineer affiliated with the Thayer School of Engineering, who has advanced our ability to make real-time measurements by fitting sophisticated accelerometers into sports helmets,” explains Duhaime.

By measuring impact forces that certain players encounter during football and hockey games, this multidisciplinary team hopes to gain more definitive knowledge about how injuries like concussions affect the brain and its ability to function. “This may help answer some of the common questions parents and coaches ask, such

measure the forces they experience when they bump their heads during normal play at daycare centers. That data can then be brought back to help the group at UPenn to design more realistic anthropomorphic and mathematical models.”

Duhaime and her colleagues are hoping their data can be used to provide more current information to the public about prevention. “For example, it can help manufacturers design better helmets and safer playground surfaces,” she says. “It can also help us answer questions like, ‘Should kids wear a helmet when they’re sledding?’ That’s one of the things that Dr. Susan Durham, our other pediatric neurosurgeon at CHaD, is looking into. She would also like to outfit snowboarders with accelerometers—we see a lot of kids with snow trauma injuries here each winter, and it may be that different sports require specific types of protection.”

Major Effects of Age

Duhaime’s laboratory, which is funded by the National Institutes of Health, together with her extensive clinical experience in caring for children with traumatic brain

dicine

Brain Injury

injuries, has led to the discovery of new knowledge about how the brain reacts differently to trauma at different stages of development. It is one of the few research labs in the world to focus on traumatic brain injuries during immaturity.

“We’ve known for quite some time that children’s brains are different from adults, but it wasn’t clear in what ways they were

still a lot of work to be done.”

different, and what the implications were of those differences in their response to trauma,” she explains. “While we don’t have enough data yet to know whether everything we’ve seen in our research applies to every child, and how much variability there is, we’re starting to get hints that are actually translating to clinical care.”

“For example, we’ve learned from projects done over the past decade that the infant stage brain recovers very quickly, faster than any other stage of development. Conversely, the adolescent stage brain has the latest peak in its swelling response to trauma. We now know that we have to watch adolescents very closely for at least a week because so many will have delayed swelling, which can cause serious consequences if you’re not prepared for it.”

She has found that toddlers and preschool age children have the most profound response to brain injury. “They get the most aggressive and vigorous swelling, and it occurs earlier than in adolescence,” Duhaime says. “We think the reason is they have the highest level of blood flowing through their brains at that age,



because they are growing and learning so quickly at that time of life.”

Enhancing Brain Recovery

Working with Dr. Andy Saykin at Dartmouth’s Neuroimaging Center, Duhaime is also studying brain recovery. “We’ve developed a functional MRI testing protocol to try to understand how the brain recovers more successfully from particular types of injuries at certain ages,” she says. “We want to apply that knowledge,

together with what we’re learning in other research projects, to find new treatments that can improve outcomes.”

“But in order to do that we need to secure more funding,” says Duhaime. “We don’t have a magic drug or therapy yet, and there’s still a lot of work to be done. Brain injury has never gotten people’s heart strings quite the same way that cancer has. It’s not that it’s any more sad—they’re both sad. It’s just harder to get people to think of it as an epidemic, a disease.”

C E L E B R A T I N G of Supporting Children



Founders of the Friends of CHaD, Dr. John Brooks (middle) and Pat Goldman (to his right) with friends at the Allie Boss Tennis Challenge, one of the first events.



Marty Candon (former president) and Penny Cunningham (founding member) enjoy the CHaD Gala.



Volunteer spirit at its best... McCarthy Construction crew staff the Wishing Well Radiothon.



Jim Keighley and Gary Neil (former president) having fun at the CHaD Classic.

IT SEEMS FITTING that the NorthEast Shakespeare Ensemble will be holding a benefit performance of *A Midsummer Night's Dream* for the Children's Hospital at Dartmouth (CHaD) on June 22—as well as a reception after the show in conjunction with the Friends of CHaD (FOC)—for a special evening entitled, “Midsummer Magic.”

Only a decade ago, the idea of establishing a dedicated group of volunteers to build awareness, raise funds, and encourage community support for CHaD was still a dream.

That dream turned into a reality when Pat Goldman, a children's advocate, moved to the area from Rochester, NY in 1995. “I was looking to get involved in some fundraising activities, so I approached Dr. John Brooks (then medical director and chair of Pediatrics at CHaD) who I knew from Rochester and said, ‘What can we do?’” recalls Goldman. “He had helped develop a Friends group at Strong Memorial Children's Hospital, and wanted to create something similar at CHaD—I loved the idea!”

Humble Beginnings

The two then met with Sharon Brown, director of Community Relations at CHaD, who put together a task force to help formalize plans for the group. In 1996, the Friends of CHaD was launched, “thanks to the energy, vision, and determination of John and Pat,” says Brown.

“That first year, our fundraising efforts only yielded \$8,000,” remembers Goldman, the Friends’

first president. “But at the time, people really didn't know about CHaD. Building awareness of the Children's Hospital was our primary goal.”

“We didn't have a blueprint to follow, so we created our own community-based model which ended up serving us quite well,” she says. “But in the beginning, it was a struggle to find volunteers to work with us. Gradually, more people got involved and those that did were wonderful. Whether they had been personally touched by illness or were just passionate about helping kids, they were very committed.”

Making Connections

Two such people were Gary and Robin Neil. “Our involvement with the Friends really started when we met Drew and Penny Cunningham at an Ali Boss tennis tournament (an early CHaD fundraising event),” says Neil. “We quickly learned that we had a lot in common—they had one of the first sets of twins to be cared for in the neonatal care center at CHaD, and we'd had premature twins that were born in California that were high risk. Seeing how involved they were in the community in support of the Children's Hospital really got us engaged.”

Neil, who served as a board member for several years, became the second Friends' president when Goldman stepped down. “Back then, we were really trying to determine what our potential was,” he recalls. “We were still engaged in a lot of grassroots activities that didn't have a lot to do with money, but had a lot to do with caring, love, and volunteerism.”

“At the same time, we recognized the need to have a structure that would

T E N Y E A R S and Families at CHaD

allow us to be more strategic about our planning and fundraising activities,” Neil says. “As some people transitioned from the board and moved on, we looked for people in the community who had the kind of talent and skills needed to take things to the next level—people like David Leatherwood.”

A Whole New Level

Leatherwood, a former tennis pro and successful hotel developer, took over as Friends’ president after Neil. “I was first introduced to the Friends by Pat Goldman, when she asked me to help out with the Ali Boss,” remembers Leatherwood. “When I came in for Gary, it was easy for me. He and Pat had done such a great job leading the effort to create awareness for CHaD, I was able to focus more on fundraising.”

“I really enjoyed playing a hand in creating the CHaD Champions concept which took our fundraising to a new level,” he says. “It allowed us to approach businesses like Wal-Mart, Johnson & Dix, our hotels, and others in the area that could step up and not only make more significant financial contributions, but who also had the ability to motivate and encourage large groups of people to get more directly involved in supporting CHaD.”

This momentum could be seen in the growth of popular community events like the CHaD Classic Golf Tournament and the CHaD Ski and Ride Challenge. It could also be seen in the establishment of the Friends of CHaD South. Formed in 2001, the Manchester-based group has quickly become an organizational force, building awareness and community support for CHaD’s services in Southern New Hampshire.

Supporting Vital Programs

Over the years, the Friends have raised funds for projects such as the new Pediatric Intensive Care Unit, Family Center, and CHaD Outpatient Clinic, and have provided support to programs like the Child Life Program, Pain Free Program, and Injury Prevention Program—initiatives made possible only through philanthropic support.

How have the Friends managed to accomplish so much in just 10 years? “As with most things, you get a little better each time you do something,” says Marty Candon, who served as Friends’ president after Leatherwood and is still an active board member. “For example, we’ve eliminated a few events that took a lot of resources and didn’t raise enough money to account for those resources. We’ve also gotten better at marketing to businesses. But the one constant is the people—we’ve had great people who share a passion for helping sick kids and their families. And, we’ve had a lot of fun doing it.”

In 2005, the group set a fundraising record of \$1.3 million, and made a \$10 million commitment over the next several years to Dartmouth’s Transforming Medicine Campaign. Despite reaching these milestones, the Friends are not resting on their laurels.

“Even today, many people in the Upper Valley don’t know what they have at their doorstep,” says Scooter Hathorn, current Friends’ president and a board member for seven years. “That’s why we continue to work hard at educating members about CHaD services at our meetings—so they can go out and be ambassadors for the Children’s Hospital in their communities.”



Scooter Hathorn (president) and Gina Allison celebrate one of their accomplishments at the CHaD Outpatient Center Open House.



Chris Carpenter, St. Louis Cardinals, with John Xiggoros, Friends of CHaD South founding member.



Volunteers Julia Griffin (left), and Allen Hall and Al Cirone (right) make Racing to Victory a successful event. Posing here with Ray Everham and CHaD/DHMC leaders.



Tiger Shaw, who with wife Kristen founded the event, revs up the crowd at the Ski and Ride Challenge.



Drs. Tina Duhaime
and Susan Durham

BRINGING ADVANCED SPECIALTY CARE **CLOSER TO HOME**

FOR PARENTS, THERE'S NOTHING LIKE the peace of mind that comes from knowing you have access to the most advanced pediatric medical care available—close to home.

As the Children's Hospital at Dartmouth (CHaD) continues to grow and extend its system of care, more and more families living in Southern New Hampshire are benefiting from convenient access to an expanding number of specialized services.

With the addition of two neurosurgeons and a second pediatric surgeon, CHaD's Manchester division now offers outpatient services in 14 pediatric clinical specialties. These specialties are staffed by 11 full-time pediatric providers, as well as more than twenty specialists that regularly travel from the Children's Hospital in Lebanon.

Offering National Expertise

Drs. Ann Christine (Tina) Duhaime and Susan Durham will each be on site in Manchester one day a month, to provide neurosurgical diagnostic, consultative, and follow-up services.

"I think we're uniquely blessed in New

Hampshire to have the two of them," says Dr. Steven Paris, Medical Director for Dartmouth-Hitchcock Manchester. "Tina and Susan are nationally known for their clinical expertise and are also leaders in brain injury research. They each bring a tremendous amount of experience in neurosurgery."

Dr. Daniel Croituro will also travel from Lebanon to be on site in Manchester once a month. "Dan has been a pioneer in

developing non-invasive surgery for breastbone deformities and has probably done as many of those procedures as anybody in the country," Paris says. "He will join Dr. Laurie Latchaw, who has been providing general pediatric surgical services in Manchester on a regular basis for a number of years. That will allow us to have a pediatric surgeon on site once a week."

With the addition of these three highly-skilled specialists, families who



Dr. Laurie Latchaw
and Sharon Haire, NP

need to consult with experts about these types of surgeries will have the opportunity to meet with physicians who are leaders in their respective fields, right in their backyard. “They’ll still travel to Lebanon if they decide to have the inpatient surgical procedure, but all of their outpatient care—from their child’s evaluation to

The Incredible Journey Through Childhood and Adolescence

“Dreams & Discoveries: Journeys Through Childhood,” Dartmouth Community Medical School’s spring program, highlighted the many advances enhancing our understanding of childhood development and children with special needs or chronic illness.

“Growing up provides so many challenges to children, their parents and the community,” says Dr. Donald St. Germain, director of Dartmouth Community Medical School. “In this year’s program we discussed important information that has become available in the areas of childhood development and pediatric care. In this way, we hoped to help parents, grandparents, and educators be in the best position possible to provide their children with the support and guidance they need, as they make the incredible journey through childhood and adolescence.”

The program’s eight consecutive, weekly sessions covered: a century of remarkable advances in maternal and child health, learning and language development, chronic

childhood illnesses, societal and family values, psychological issues, disabilities, allergies, and the special issues adolescents face as they mature sexually and intellectually.

Initiated in 1998 to open the doors of Dartmouth Medical School to the public, DCMS features courses that highlighting the medical knowledge and technology that are transforming our lives. Courses are taught by some of Dartmouth’s most accomplished faculty members and special guest speakers. Last year’s program featured “The Making of a Physician.”

Doctors, doctors in training, and medical students go out into the community to provide education as well. Last year, Dartmouth Medical School students visited local schools to teach junior high school students about the science of addiction. By sharing facts about what drugs will do to them, program participants hope to better arm kids against peer pressure and make them feel more empowered to make healthy choices.

“Dreams & Discoveries: Journeys Through Childhood” will be offered at the Derryfield School in Manchester, NH this fall.



Dr. Daniel Croituro

his/her follow-up visits—can be done right here at our Dartmouth-Hitchcock Manchester facility,” he adds.

Wide Range of Services

The extension of CHaD in Manchester has allowed the state’s only Children’s Hospital to respond to the growing demand for its services in Southern New Hampshire while building a wide range of outpatient services.

“The great thing about the growth of our pediatric specialty services here in Manchester is that once people have talked with their pediatrician and decide to have a specialty consult that doesn’t require an inpatient stay right away (and most don’t), they can do that closer to home,” says Paris.

“And this is also true for families who live outside of Manchester—we have many families that come up from Nashua, over from the Seacoast, or down from Concord. It’s certainly a lot easier for them to come here for their outpatient visits than to travel to Lebanon (or Boston).”

Giving to CHaD

Call us today to learn how gift planning can support the future of children's care at CHaD.

Office of Gift Planning
Phone toll free: 1-866-272-1955
Email: Gift.Planning@Hitchcock.org

Fun & Activities at

Demers Group Supports the Kids



Governor John Lynch has a quiet moment with a CHaD family during the Demers Holiday Party on the CHaD Inpatient Unit.

then admitted that **Republican Senator Clegg** had offered him a candy bar to say that. Governor Lynch offered Matt two candy bars if he wouldn't run against him, and assured Matt he could count on him to come through with the candy bars, he'd keep his promises...

With the funds raised from the St. Patrick's Day Breakfast, **Jim Demers**, president of the Demers Group, arranges a December party for the children who are at CHaD during holidays. At this year's party a magician entertained children, parents, and NH law makers. Even Governor Lynch and his wife, **Dr. Susan Lynch**, were called upon to assist with a trick. At the party, Jim Demers presented CHaD's Child life Program with DVDs and laptop computers to be used by patients during their stay at CHaD.

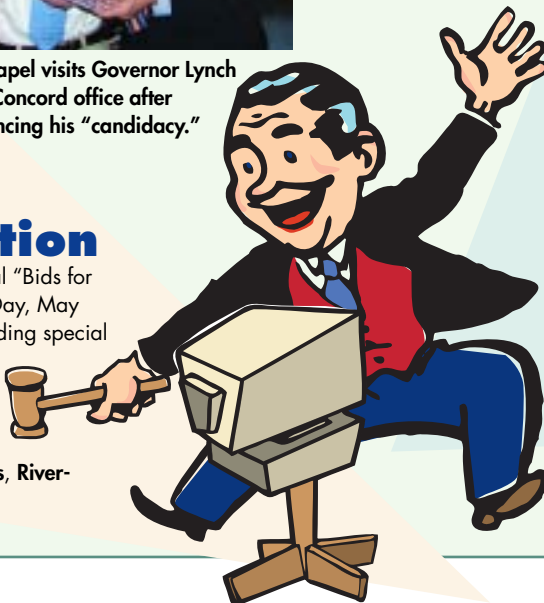
A tradition each year in Concord is the Demers Group's infamous St. Patrick's Day Breakfast and Roast. The last three years this lively and fun event has raised money for a holiday party at CHaD. No Senator or Congressman, not even **Governor Lynch**, is safe from the humorous barbs from New Hampshire lawmakers. This year, CHaD patient Matt Zapel was a special breakfast guest. When Matt announced his "candidacy" for Governor, he drew a standing ovation from the Republican legislators. He



Matt Zapel visits Governor Lynch at his Concord office after announcing his "candidacy."

Bids for Kids Auction

The Friends of CHaD South held their first annual "Bids for Kids" online auction from April 14 to Mother's Day, May 14. The auction featured nearly 200 items including special gifts like massages for Mother's Day, airline tickets by Southwest Airlines, and sports memorabilia like a game-used bat by David Ortiz. This innovative activity raised over \$10,000. Thanks to our sponsors **Brady Sullivan Properties**, **Riverstone Resources**, and **Tosi Productions**.



CHRIS CARPENTER VISIT

"Can you believe he pitched in the World Series against the Red Sox!," exclaimed one young CHaD patient during a visit from Cy Young Award winner, **Chris Carpenter** of the St. Louis Cardinals. When asked about pitching in the World Series, Chris said, "I pitched it just like any other game." Then with resounding cheers from the kids at CHaD, Chris signed autographs, photos, and baseballs. In addition, Chris and his wife brought a "Build a Bear" teddy bear for each child. Chris Carpenter, a home town hero, was born and raised in Manchester, NH. He has a long history of donating his time and several monetary awards to Kristen's Gift, a pediatric cancer fund at CHaD. When asked why CHaD, he responded, "It is very comforting to know we have this caliber of medical care here in New Hampshire, and I wanted to dedicate my efforts to helping continue this excellent care."



Cy Young Award Winner, Chris Carpenter, visits CHaD families for the holidays.



Beauty and the Beast

Dartmouth-Hitchcock Manchester sponsored two performances of *Beauty & The Beast* at the Palace Theatre in Manchester on April 22 as a benefit for CHaD. Friends of CHaD South added to the fun by featuring a VIP room where kids and parents had their pictures taken with characters from the play, enjoyed snacks and music, and participated in a number of raffles. Almost \$2,000 was raised for CHaD. The shows were sold out, brilliantly performed, and CHaD gained increased recognition in the community!

CHaD

Russian American Kids Circus Clowns Around for CHaD!



In February, the Russian American Kids Circus put on two spectacular performances at the **Lebanon Opera House**. Sponsored by **Northeast Waste**, a portion of the proceeds from the ticket sales benefited CHaD. From juggling to tight rope walking, the show with all children performers delighted the audience. Jake and Emma Malenka, audience members and CHaD kids, agreed that the performance was amazing. Emma noted, "the kids had lots of talent."

Jake commented, "I think it is amazing that kids could do all this." Along with the performance, there was a raffle for items such as tickets to *Disney on Ice's Monster's Inc.* at the Verizon Wireless Arena, King Arthur cookbooks, and tickets to selected 2006 FisherCats Baseball games.

A special thanks to CHaD's sponsors of the event: **Mrs. Mary Cunningham, Computac, Inc., Collision Works, American Legion Post 25, The Lebanon Ballet School, Northern Lights Gymnastics, Inc., and Wild Apple Graphics.**



Patty Xiggoros, founder of Kristen's Gift, hands out a raffle prize.

FUN AT CANNON MOUNTAIN

Cannon Mountain Ski Area once again hosted the annual **Kristen's Gift Ski Day**, raising over \$7,500. Skiers enjoyed a beautiful day of spring skiing and a wild and crazy auction. Kristen's Gift supports CHaD's pediatric cancer program.

CHAD SKI AND RIDE CHALLENGE: CARVING NEW TRAILS FOR KIDS!

450 Hamburgers, 200 Hot Dogs, 60 cases of water, juice and soda, 80 volunteers, smiling faces, and record-breaking minimal snow fall and you have a recipe for one awesome CHaD Ski and Ride Challenge! This year's CHaD Ski and Ride Challenge—drum roll please—raised just over \$100,000! These funds support programs at CHaD that would otherwise not be funded.

Under the leadership of co-chairs Tim and Michele Estes, the Ski and Ride Challenge enjoyed record success! With something for everyone, the Ski and Ride left no stone unturned. There were three great venues for one great cause. Whaleback hosted the Big Air/ Rail Jam portion of the day for all those participants seeking to strut their slopestyle. Volunteer Colleen Bozuwa created a wonderful atmosphere at Whaleback for all those boarders and freestylers. Lisa Cadow coordinated the Theiford Academy Nordic events which catered to those cross country skiers looking for any smidgen of snow.



A couple of Kooky Klowns take a break.

members who made pledges in honor of the participants.

A huge thank you to all the corporate teams who participated in the team challenge. You put us over the top with your creative fundraising initiatives. Teleatlas, Estes and Gallup, and Diamatix/Spectra were the top fundraising teams this year.

No event can be successful without the generous spirit of our local community businesses who sponsor the challenge. Thanks to: **Ameriprise Financial, Tecnica, Volkl, Henderson's, Golf and Ski, Miller Auto, Teleatlas, Estes and Gallup, Medical Metrx Solutions, Hypertherm, Evergreen Capital Partners, TK Sportswear, Northeast Delta Dental, Mascoma Savings Bank, Byrne Foundation, World Cup Supply, Norwich Wines and Spirits, Nitro, Elan, Dolomite, and to The Bagel Basement, Foodstop, and Co-op** who provided all the delicious eats for the event.



Even the adults dress up and get into the spirit of fun at the Ski and Ride Challenge.

Alpine skiers

were treated to a Winter Carnival atmosphere at the Dartmouth Skiway with teams participating in Team Challenge Dual Slalom race.

This year's Challenge provided participants with a new easy-to-use website for fundraising. Participants and teams created their own websites and were able to recruit pledges and receive ongoing messages in support of their work. A special thanks goes to all the friends and family



Competition was at its best at the Team Challenge Dual Slalom races.

Join US at the 1st Annual

CHaD

Outrun the Sun

HALF MARATHON

August 26th, 4:30PM start

This point to point run from Hanover Center to the Dartmouth College Green, provides a scenic course where runners challenge themselves to arrive before sunset. Go the extra mile for the kids and raise pledges for CHaD on your own website.

Invite your family and friends to join you at the finish for a Taste of Victory Block Party, Main Street Hanover, NH. Awards, food, music, and entertainment galore!

Register online at www.chadoutrunthesun.kintera.org
For more information call (603)650-3431.

Do you have a CHaD story you'd like to share? Maybe it was remarkable care your kids received at CHaD or just a special connection with one of our nurses or doctors? We'd love to hear about it! We may contact you about being a CHaD spokes-family or ask to highlight your story in an issue of CHaD Matters! For more information, contact us at (603)650-3431. Please email your story to CHaD.Community.Relations@hitchcock.org, or mail it to CHaD Community Relations, DHMC, One Medical Center Drive, Lebanon, NH 03756.



CHaD Events Schedule

June 22nd: Midsummer Magic, Lebanon Opera House - Join The Friends of CHaD and the NorthEast Shakespeare Ensemble (NESE) for a laughter-filled evening of Midsummer Magic at a special opening night benefit performance of Shakespeare's comedy, *A Midsummer Night's Dream* at the Lebanon Opera House on Thursday, June 22 at 8PM. Staged in all its traditional glory, NESE brings Shakespeare's enchanting tale of love and dreams to life in this professional production. Following the performance, meet the cast at the AVA Gallery for a reception and cast party. Tickets are \$25 each for the performance and \$45 for the performance and the reception. For more information or to purchase tickets, call (603)650-3431 or visit www.chadkids.org.

July 14th: Racing to Victory Day for CHaD and David's House, Loudon - The Governor's Breakfast at New Hampshire International Speedway in Loudon, NH will be Friday, July 14 at 8AM. Kasey Kane, NASCAR's 2004 Nextel Cup "Rookie of the Year" and driver of the Dodge Car, and Gov. Lynch will be this year's speakers. Kasey joins other drivers from the Nextel, Busch North, and Featherlite Mod-

ified Series for photos and autographs immediately following breakfast. Breakfast tickets are \$30 each, or sponsor a Corporate Table of eight for \$500. All proceeds support the Children's Hospital at Dartmouth and David's House. For information and/or ticket orders, visit us online at www.chadkids.org or call us (603)650-3435.

August 7th: Kristen's Gift Celebrity Golf Tournament, Manchester, NH - Attention all golfers! Join us for the premier golf event of 2006, the Kristen's Gift Celebrity Golf Tournament on August 7, held at the Manchester Country Club. Individual golfers are invited to play on this magnificent course for a fee of \$250. This includes lunch, tee prize, dinner, and participation in our awesome live auction. There are many levels of sponsorship, including \$500 Tee and Green Sponsors, \$1,200 to \$2,500 Business sponsorships and a \$5,000 Event Sponsor. All proceeds benefit Kristen's Gift, a dedicated fund at CHaD for pediatric cancer patients and their families. For more sponsorship information or to register, contact Toby Trudel at (603)629-1862 or toby@hitchcock.org.

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