yale-new haven

proudly recognizes
the 10th anniversary
of the opening of
yale-new haven
children's hospital

summer / 2003
I can hardly believe it has been 10 years already since we dedicated the Yale-New Haven Children's Hospital. But one of my most vivid memories of our dedication ceremony was a thousand tiny, colorful paper cranes hanging near the podium, animated by the breeze. To help us celebrate the opening of our new Children's Hospital, we had sponsored an international children's art exhibit called "Tales of Courage," in which our own pediatric patients, New Haven schoolchildren and children from over 100 countries submitted artwork that represented courage to them.

One of the most unusual submissions to Tales of Courage was this collection of 1,000 origami cranes made by fourth-grade students from the Elisabeth Morrow School in Englewood, New Jersey.

According to ancient Japanese lore, the crane is a symbol of peace and hope, good health and good luck. It is associated with the story of Sadako, a 12-year-old girl who had leukemia as a result of radiation from the bombing of Hiroshima. Sadako knew the legend that if a sick person folds a thousand paper cranes, the gods will grant her wish and make her well again. Sadako made 644 cranes before she died on October 25, 1955. At her funeral, her classmates finished making her thousand cranes and buried them with her. Every year on August 6, children place millions of paper cranes at the foot of Sadako's statue in Hiroshima Peace Park.

The Tales of Courage artwork, which celebrates the courage of children everywhere, is displayed throughout the hospital, and the cranes have nested permanently on the second-floor lobby of the Children's Hospital. Engraved below the cranes are the words: health, hope and peace.

The opening of the Yale-New Haven Children's Hospital in 1993 was a special milestone in the long and distinguished history of pediatrics here. For the last 100 years, Yale-New Haven Hospital, together with the Yale University School of Medicine, have served as key forces in the development of pediatrics as a medical specialty. Dr. Eli Ives, one of Yale-New Haven Hospital's founding fathers, taught the nation's first organized course in pediatrics to Yale medical students in the early 1800s.

Yale-New Haven officially established a department of pediatrics in 1920. During the late 1960s, Yale-New Haven began the pediatric movement which emphasized the unique developmental and psycho-social needs of sick children. Historically, Yale-New Haven has been a major contributor to the early advances in the areas of newborn nutrition, immunosuppressive therapy, and viral and bacterial infections in children.

In 1943, Yale-New Haven was the first hospital in the country to use both penicillin and chemotherapy on patients — two treatments that would drastically improve the outlook for children with bacterial infections and cancer. In 1944, Yale-New Haven pioneered "rooming-in," allowing newborns to stay in the same rooms with their mothers. In the late 1940s, Yale-New Haven opened the country's first regional children's heart center and in the 1950s, was one of the first hospitals to perform open-heart surgery on children. In 1960, YNHH opened the first newborn intensive care unit in the world — a model for countless other hospitals.

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Yale-New Haven has long offered the most comprehensive pediatric services in the area and helps meet the health needs of more of Connecticut's children than any other hospital in the state. Relative to its size, Yale-New Haven's department of pediatrics has produced more of the nation's pediatric leaders than any other medical center. In addition to the medical care it provides, Yale-New Haven has taken a leading role in local, state and national child advocacy programs.

To commemorate the 10th anniversary of the Yale-New Haven Children's Hospital, this issue of Yale-New Haven Children's Hospital continues to offer Connecticut's premier pediatric care.

To commemorate Yale-New Haven's 10th anniversary, this issue of Yale-New Haven Children's Hospital continues to offer Connecticut's premier pediatric care. Over the past 10 years, we have continued to make incredible advances in providing advanced health care to children. Yet even a decade later, whenever I see our Children's Hospital against a brilliant blue New Haven summer sky, I remember the image of a thousand paper cranes lovingly made by children for children... and those three words come to mind: health, hope and peace.
Katie Agli was afraid she was going to die. Doctors had just discovered a hole in the nine-year-old’s heart, and she and her family were anxious and afraid. “Then Dr. Gary Kopf (Katie’s pediatric cardiothoracic surgeon) tracked us down one day and spent an hour answering Katie’s questions and reassuring her he was going to fix that hole,” said Katie’s mom, Mary. “That time he spent with her made all the difference.”

When it came time to tour the operating room where Katie would have her open-heart surgery, her best friend, Nicole, came along. Nicole hadn’t been able to sleep. She was afraid for Katie too. “Then, when it was time for Katie to go into surgery, they let me put an scrubs and go into the OR so I could put the anesthesiac mask on her face. It made us both feel better to go through this together.”

When the Yale-New Haven Children’s Hospital (YNHCH) opened in June 1993, more than New Haven’s skyline was redrawn. The shape of a whole new world of healing for children came into sharp focus. Within its walls, most of Yale-New Haven Hospital’s comprehensive pediatric services were gathered so that patients like Katie and thousands of other kids and their families could benefit from the skills of a host of pediatric specialists.

The Children’s Hospital was designed to be a setting that would enhance interaction among all the members of the health-care team—doctors, nurses, social workers, child life specialists and allied health professionals. It houses Connecticut’s first emergency department dedicated solely to the care of children, which includes the state’s only Level I pediatric trauma center, the world’s first newborns intensive care service, pediatric intensive care, a pediatric surgery center, age-appropriate inpatient units and an out-patient pediatric specialty center.

Whether patients enter through the lobby, the Children’s Hospital emergency department or its rooftop helipad, they are embraced by a team of caregivers whose remarkable skills are tempered with enormous compassion and understanding.

“Katie’s diagnosis of congenital heart disease hit us like a ton of bricks,” said Bill Agli, Katie’s dad. “If it hadn’t been detected and repaired, we could have lost her. We’re eternally grateful to a whole cast of people who not only fixed her heart, they transformed this frightening experience into something we were able to cope with.”

“At Yale-New Haven Children’s Hospital, the paths to excellence are many,” said Diane Vario, executive director of pediatric services. “All units provide wonderful family-centered care, focused on the individual differences of each family, and consider parents as partners with the health care team.” She added, “Patient care remains at the core of our mission, and it is the hallmark of our history. Families of the sickest children in southern New England seek care at the Children’s Hospital because they receive the best care available and the family support that makes all the difference.”

Every year the Yale-New Haven Children’s Hospital treats more than 27,000 children in its pediatric emergency department (PED). Treatment is overseen by pediatricians with special training in pediatric emergency medicine and care is delivered by pediatric residents, nurses and technicians. X-rays are taken in a special diagnostic imaging department within the Children’s Hospital and read by a pediatric radiologist. Pediatric orthopedists, plastic surgeons and other pediatric subspecialists can be called in at a moment’s notice.

“The care for specialized care is strong,” said Douglas Baker, M.D., chief of pediatric emergency medicine. “Children have different diseases. Their bodies function differently—fevers can spike quickly—so smaller instruments and a different approach are important. Our team is well-versed in the emotional needs of kids and their families as well as their medical needs. Child life specialists help distract children who are upset and explain what’s going on around them so they aren’t as fearful.”
Jake McDermott was supported by his entire family throughout his hospital stay.

When Megan McDermott’s baby boy was brought to the children’s emergency department in cardiogenic shock, she was too upset to ask questions. “I watched all this activity around Jake. It was like a well-choreographed ballet with the doctor directing each move of the team. It seemed chaotic to me because I didn’t know the steps, but they clearly did, she remembered. “I had my face right up next to Jake’s, and they worked around me. I never felt like I was in their way. They were very sweet and gentle with me.”

Jake’s extended family of grandparents, aunts and uncles were in the room along with Megan and her husband, John. “They explained everything they were doing and never tried to shush us away. I think they realized how critical it was for our family to be together with Jake for this.”

Yale-New Haven Children’s Hospital is the only designated pediatric Level I trauma center in Connecticut. The trauma center’s success depends on its ability to execute a multidisciplinary approach to the care of injured children. Patients are admitted to the trauma center directly from the emergency department or through referrals from other hospitals. A roof top helped enable the rapid transfer of patients requiring immediate interventions while a ground transport team is mobilized as appropriate.

Level I designations – the highest of four levels – is given only to a center that serves as a comprehensive regional resource and can provide total care for every aspect of injury from prevention through rehabilitation. According to Dr. Michael McRae, director of pediatric trauma, a level I center must have 24-hour, in-hospital coverage by surgeons and immediate availability of specialists from orthopedic surgery, neurosurgery, emergency medicine, anesthesiology, radiology and other subspecialties. Yale-New Haven Children’s Hospital is one of only six in the nation to hold this prestigious designation.

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Pediatric surgery

The floors above the pediatric emergency department is the pediatric surgery center, with five operating rooms, a reception area and a recovery area dedicated to children and their families. The surgery center is staffed with highly skilled pediatric preoperative nurses.

“Our whole focus is on the family. We want the surgical result to be outstanding, but we also work very hard to make the entire experience as stress-free as it can be for the patient’s family,” said Linda David, R.N., patient services manager. “The waiting areas are designed to feel like a living room,” she added. “Everything about this space is kid-friendly – from the fish that circle the tank to the art that covers the walls and the coloring of the recovery areas.”

The people are kid-friendly too. Child life specialists meet with families scheduled for surgery to answer questions and allay fears. “Children who are less anxious,” said Ellen Gold, who manages the child life department. “Our surgeons talk to kids about what might happen on the day they come for their operation. We let them handle the medical equipment like masks, blood pressure cuffs, and IV tubing they’ll encounter when they’re in for surgery. Since children can choose a favorite scent – like watermelon, root beer or bubble gum – to be administered to their anesthesia mask. By owning a person’s touch, the child and family can visit the OR, and they are actually able to visit the recovery room where mom and dad will be waiting for them once they wake up following surgery.”

The pre-op tour also gives parents a chance to meet with one of the Children’s Hospital’s seven board-certified pediatric anesthesiologists. “Children are not just small adults,” said Zeev Kain, M.D., chief of pediatric anesthesiology. “Their physiology, metabolism and emotional reactions differ depending on their stage of development, and we have to evaluate all of these differences when we administer anesthesia.”

As surgical patients, children are special people with special considerations. Recognizing these needs, and using all available tools to alleviate their anxiety related to surgery, has been shown to have measurable benefits for both children and parents that will last long after the surgery is completed.

“The operating room nurses have an irreplaceable role in the care of each child,” said Ena Williams, R.N. “It is the sum of many parts which makes the whole experience in the pediatric surgery center such a good one.”

Yale-New Haven Children’s Hospital has 57 pediatric surgical specialists from all surgical disciplines who have dedicated the hospital’s resources to a referral center, drawing the parents of children with severe medical problems from far and wide. Children’s surgical specialists at YNHCH use the surgical center to perform all types of surgery, from minor outpatient procedures to major operations involving multiple surgeons working together. “Our surgical specialists continue to apply some of the most innovative surgical approaches, including minimally invasive techniques, to the most complex medical problems,” said Dr. Lawrence Mess, surgeon-in-chief at the YNHCH.
The pediatric intensive care unit (PICU) at Yale-New Haven Children's Hospital is a 13-bed medical/surgical unit where about 800 children a year are treated for critical illnesses and injuries. "In the past, we've been renovating the unit and increasing the capacity to 10 beds with an additional 8 beds for transferring patients to the general units," said Michael Apkon, M.D., co-director of the pediatric intensive care unit. "The new beds will be put to good use," said Cathy Stevens, R.N., patient services manager of the unit. "We are serving at full capacity. Our patients range in age from newborn through young adulthood. Asthma is the most common diagnosis, but we see a broad range of illnesses and injuries, including postoperative cardiac patients, trauma victims and neurological patients."

"It's a very collaborative environment," Stevens said. "In the care of any special need, we're able to pull from a broad range of pediatric specialists whose expertise comes from specialized reconstructive to gastroenterology. We mobilize social workers, child life specialists, respiratory therapists, nutritionists, occupational and physical therapists and pastoral care staff depending on what our patients and families need."
What have been the biggest accomplishments of the Children's Hospital since the new building opened 10 years ago?

Dr. Hostetter: Advances in diabetes care, interventional cardiology, neonatology and critical care have kept the Yale-New Haven Children's Hospital and the department of pediatrics at the cutting edge of pediatric services. Our physicians come to us from some of the finest academic pediatric programs in the world, and they bring with them new approaches to childhood disease, new technologies for diagnosis, new therapies for treatment. We are the only Level 1 trauma center for children in Connecticut. We're one of but a few children's hospitals in the U.S. that provide anesthesiologists around the clock to manage pain for our medical and surgical pediatric patients. We also provide transition care for adult patients with cystic fibrosis, sickle cell disease and inflammatory bowel disease. This year we launched a clinic for the long-term survivors of childhood cancer that brings specialists from many areas together to benefit these patients and to educate the primary care physicians who care for them.

What are some of the unique services available at the Yale-New Haven Children's Hospital?

Dr. Hostetter: We've been a leader in treating children with diabetes and have developed ever smaller less intrusive and more accurate devices to measure blood sugar and deliver insulin. We offer new treatments for asthma and new techniques for kidney dialysis that improve survival rates and decrease length of stay. We are one of but a handful of children's hospitals in the U.S. to provide a nonsurgical correction of atrial septal defects, a relatively common congenital heart condition. Does the ongoing research impact how care is delivered right now?

Dr. Hostetter: This is the area that contributes most forcefully to our national stature. We presently rank among the top three departments nationally in National Institutes of Health (NIH) funding. And when I say researchers, I don't mean people squirreled away in a lab, rattling test tubes, but physician-scientists who are involved in the day-to-day management of disease. We take our NIH-funded research observations and apply them to make children's lives better in the hospital and at home.

What are some examples of exciting new research here?

Dr. Hostetter: There are many examples, including Dr. Scott Rivkees' study of the effect of light on the sleep/wake cycle. He researched this phenomenon first with cells in culture, then with primates. Because light is a pediatrician first and foremost, he went on to show that keeping nursery lights on during the day and turning them off at night led to better adjustment to normal sleep/wake patterns when premature babies went home. Dr. Marie Egan's studies of the way a derivative of the common spice cumin helps to correct the lung defect in cystic fibrosis may lead to a breakthrough in how we treat this disease. Studies done first with cells in culture and then with mice mimicking the human disease have led to trials of this novel approach in children with cystic fibrosis. Dr. Sonia Caprio's studies of glucose metabolism in obese children have resulted in the discovery of the predictors of type II diabetes in this population.

Beyond offering advanced care and research, how does the Children's Hospital benefit the community?

Dr. Hostetter: The Children's Hospital fosters partnerships between clinicians and researchers in many fields that result in new programs for patients. It also provides a forum for child health advocacy in the community and the state. Our unique Adopt-a-Doc program places pediatric residents in the homes and schools of our community. And of course, our Pediatric Primary Care Center focuses on well-child care for community children.

What do you see as the biggest challenges for the hospital over the next 10 years?

Dr. Hostetter: The Yale-New Haven Children's Hospital was the only hospital in the state to be ranked in pediatrics in the U.S. News and World Report poll this year and part of our role and our challenge is to maintain the integrity of children's programs despite falling state and national funds for children's health care. Our ability to advance medical care for children will depend on the vigor of the partnership between the hospital, the medical school and committed donors who believe that children and their health must come first.
Research gets real

Research at the CCRC has always been patient-oriented — seeking answers that can be quickly put to use for sick patients. But with the center's new outreach program, research is becoming very practical indeed. Take the question of bottled water. "One of the top 10 public health achievements in the 20th century was the addition of fluoride to the nation's public water supplies," said Dr. Stephen Updegrove, Hill Health Center pediatrician and CCRC collaborator. A CCRC-supported study helped by the staff of the Hill Health Center examined whether the low income clientele of the community clinic were actually drinking tap water containing the tooth decay-fighting mineral. What they found was surprising. "It was amazing how many were using bottled water because they perceived it as being better for their children," said Dr. Updegrove. "While they knew that fluoride fights tooth decay, they didn't know what it is in tap water." Armed with this new knowledge, Updegrove is working with the Regional Water Authority, the state, Wyoming, Children's and Infants' (WCIC) office and others to get the message out: "Particularly for those with limited resources, tap water is almost free and something good you can do for your child's dental health."

The center was staffed with research nurses, a dietitian, a social worker and a physician who serves as a research subject advocate. Its work is supported by a core laboratory that offers an array of human and laboratory measurements, routine laboratory tests and a biostatistician. Equipped for 24-hour video and EEG monitoring, the center is able to conduct research protocols others cannot. CCRC research nurses also work with the hospital's neonatal special care unit to conduct research addressing the medical problems of newborns and in the Yale Child Study Center on child psychology protocols.

In the past, one of the center's greatest claims to fame has been the work done on the insulin pump for the treatment of diabetes—a device that has had a revolutionary impact on the ability of children and adults with diabetes to live a more normal life. Today, more than 300 area children use the pump to manage their diabetes.

In the future, the CCRC may become best known for its outreach efforts and its success at incorporating girls and minorities into its research activities. About five years ago the CCRC received NIH funding to initiate a community-based research program in collaboration with the nearby Hill Health Center. The CCRC-Hill Health Center partnership in New Haven is the first of its kind in the nation.

"We need to make sure minority children or those in underserved communities have an opportunity to participate in research," said Dr. William Tamborlane, a pediatric endocrinologist and CCRC medical director. Historically, women and those in minority communities have been underrepresented in research activities. A fact that undermines the research and limits the medical community's confidence that the results can be safely applied to ethically diverse populations.

Dr. Stephen Updegrove, a pediatrician at the Hill Health Center and now the CCRC coordinator for community-based research, agreed, but suggested the CCRC needed to work with the community as a true partner. A partnership would not only improve the CCRC's efforts to reach those populations, but also support the community's attempts to identify and answer research questions of its own.

After clearing a number of obstacles (obtaining JCAHO accreditation for the Hill Health Center among them), the CCRC has begun funding a portion of Dr. Updegrove's time and a post-doc research nurse to improve CCRC access to an important, but often understudied, population and also increase the number of studies particularly relevant to minority children. The effort on the part of both parties is paying off. More than 1,500 Hill Health Center patients have participated in CCRC-sponsored research in the past three years and provide experience to other community clinic locations is under consideration. In addition to supporting on-site staff time, the Hill Health Center is also providing data analysis and assistance in navigating the review process which provides ongoing research using humans.

"While the list of our past accomplishments is impressive," said CCRC director Tamborlane, "the quality of our current work is at an all-time high. As we branch out beyond the hospital and laboratory walls, we are greatly improving our contribution to medical knowledge and to the health of this community."
An interview with Dr. Babar

How did you come to the Yale-New Haven Children's Hospital?

Dr. Babar: In 1991, Laurent de Maistre created an original watercolor painting for the Friends of the Yale-New Haven Children's Hospital. He captured me with a stethoscope around my neck, clad in my Yale lab jacket, tending to my baby elephant patient. I wanted to see the Children's Hospital so I journeyed from the great forest to New Haven. Shortly after I arrived at the Children's Hospital in 1993, I was given a new skin of Legos® and a permanent pedestal in the hospital atrium.

Do you know how many Legos® you're made of?

Dr. Babar: Of course! An elephant never forgets anything. I am comprised of exactly 96,647 Legos®.

What is your role at the Children's Hospital?

Dr. Babar: I am a friend to the pediatric patients. I am on the guardians of the Children's Hospital. I am a witness to the wonders that occur each day and the many deeds, activities and accomplishments of the Friends of the Yale-New Haven Children's Hospital. My life centers around caring for and comforting children. Not a day goes by when I don't get loving pats and around caring for and comforting children. Not a day goes by when I don't get loving pats and kisses from children and families passing by. They whisper messages of hope, prayers of thanks and blessings for the future.

Who are the Friends of the Yale-New Haven Children's Hospital?

Dr. Babar: The Friends is an enthusiastic group of people in the community, concerned about the health and safety of children, that first came together in 1989. Their mission is to improve the health and well-being of children through advocacy, outreach, education, research and clinical care. Today, there are close to 3,000 members of the Friends. They are nurses, bankers, lawyers, doctors, teachers, artists, chefs, entertainers, business people, homemakers, students, retirees—all dedicated volunteers.

How do the Friends address child health issues?

Dr. Babar: The Friends have created a medley of programs, projects and events centered on children's health issues. They formed a group called Child Health Advocacy People (CHAP), a public health/social action organization that enables the Friends to serve as child advocates. In its early days, CHAP was concerned with lead poisoning—education, early detection, screening, treatment, advocacy and legislative initiatives. CHAP played a key role in helping to develop a Lead Safe Home and resource center near the hospital.

What else is on CHAP's agenda?

Dr. Babar: They've thrust their tusks into many projects. Their work now encompasses a broad spectrum of activities which improve the health, safety and well-being of children, ranging from promoting literacy to violence prevention to improving childhood immunization rates. Members of CHAP have been advocates for bicycle helmet laws, gun control, welfare reform, parental and children's rights and registering uninsured Connecticut children for health insurance.

What is the Sibling Program?

Dr. Babar: Started in 1995, the Sibling Program, called "We're Special Too," provides peer support for brothers and sisters of children who have chronic or terminal illnesses, physical or mental handicaps or other special needs. The program offers weekly "sibshops" for participants to enjoy recreational activities, make new friends and share and express their feelings. There are also bi-annual meetings and programs to meet the needs of the parent elephants.

What is the Friends' Literacy Project?

Dr. Babar: The Friends' literacy project is called Read to Grow, a continuum of literacy programs which promotes a love of books and language development in children from birth. It includes Books for Babies, which gives a new book to every child born at the Children's Hospital, and Reach Out and Read, a literacy program in the Primary Care Center which presents books to children during their health care visits and offers a volunteer-based "read-aloud" program in the waiting areas.

How do you like living at the Yale-New Haven Children's Hospital?

Dr. Babar: The Children's Hospital is more than just a home for me. It provides an umbrella of comfort for children and parents throughout the hospital and in the community. It has become a security blanket, an open door to find hope and allay fears. It is a place where children are watched, cared for, valued and cherished—a place where the wonders of medicine work their magic day and night. I am happy that children who are sick or injured have a special group of friends looking after them.
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What is Bright Beginnings?

Dr. Babar: Bright Beginnings is a mentoring program which pairs young pregnant women who receive prenatal care at the Yale-New Haven Hospital's Women's Center with trained community volunteers until their baby's first birthday. The goal is to encourage mothers to develop strong parenting skills, seek healthy lifestyles for themselves and their babies and foster a lifelong secure home environment.

What kind of events do the Friends sponsor?

Dr. Babar: The Friends like to do a lot of what they call "fun-raising." They love creative activities—some are fund-raisers, most are awareness-raisers, and all are good for kids. For example, their annual Children's Hospital Golf and Tennis Open is a sell-out every year and has raised over $500,000 during the last decade. Other annual events include the Spring Spritz, a road race and fitness walk and family health fair for adults and children; a gala at Long Wharf Theatre; a family-oriented "Touch-a-Truck"; and Go Topless Invitational which features vintage convertible cars. This year they held a Telethon on News Channel 8-WTNH.

Do the Friends have other interests besides special events?

Dr. Babar: They have supported an asthma study in the New Haven public schools, training for an adolescent violence prevention program, a pilot study on infant mortality rates in New Haven and literacy efforts. They've helped support the Child Health Research Center, diabetes and cancer programs, as well as many pediatric programs at the Children's Hospital, including two of my favorites— Bright Beginnings and the Sibling Program.

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Have you ever put your index finger to your lips and said "SHHHH" to quiet a child? Have you ever painted, clapped or coughed to get a child's attention? For one 12-year-old boy named Tommy Moriarty, these simple, commonplace actions were sending him into a tailspin with increasing frequency.

Depressed when he was in kindergarten with an ill-defined "neurologic impairment," Tommy was getting professional help and for a time had been on Ritalin, a medication that was supposed to help him focus but had actually exacerbated his symptoms. Doctors prescribed other medications but his reactions to "SHHHH," painting and clapping were growing more extreme.

"In summer, we went on a Caribbean cruise with lots of family, friends and lots of cousins," said Tom Moriarty. Tommy's father. "Because Tommy had also been diagnosed as "mildly autistic," a condition in which sound can be extremely frightening and disorienting for autistic, a condition in which sound can be extremely frightening and disorienting for autistic, his cries for help were becoming more urgent and frequent." He was beginning to miss school, was isolated by his peers, and was having more irritable and aggressive outbursts.

With Tommy's condition deteriorating, his doctor recommended the Children's Psychiatric Inpatient Services (CPS) at Yale-New Haven Children's Hospital to the Moraitys. One of the last hospitals in the state to maintain an inpatient children's psychiatric service, Yale-New Haven's 15-bed CPS usually has a waiting list, but luck was with the Moraitys and Tommy was admitted the night before Halloween.

"The CPIS is dedicated to caring for children with acute and serious psychiatric problems," said Andrew Martin, M.D., M.P.H., medical director of CPS. "Our program is unique because we approach care as an orchestrated, multidisciplinary team to understand and intervene on behalf of each child. We use the entire clinical keyboard available to us as opposed to repeatedly playing the same key on a piano. Despite their great promise and ordfinency, psychiatric medications too often have become the main, if not only, intervention in many comparable hospitals."

From initial hospitalization, CPS staff worked collaboratively to prepare children toward their discharge and successful reintegrations into their home and school lives. Overlapping circles of care include an active and highly organized therapeutic milieu, where intensive monitoring of how each child interacts with staff, family and other patients in group settings is translated into individually tailored interventions.

Another circle reflects a more traditional medical model that includes care from psychiatrists, psychologists and pediatric specialists who use a wide range of individual, family and group psychotherapies, as well as psychopharmacology. Finally, CPS social work and educational staff consult intensively and regularly with each child's family and school to prepare for the child's discharge.

Within Yale-New Haven, CPS is family-centered as "Winnie One" because it is located in the old Winchester Hospital, a ward that formerly held tuberculosis patients. In 1986, as the need for children's inpatient psychiatric care was growing, Yale-New Haven refurbished the unit and made it colorful and child-friendly. The unit is highly staffed, with some patients requiring 24-hour, one-on-one nursing.

"The nurses here are the most acutely psychiatrically ill patients they will see in their careers," observed Thomas Black, patient service manager for Winnie One. "They are the most competent psychiatric nurses, giving the best care available to children with mental illness."
Black quotes the surgeon general’s recent sobering report that the incidence of serious mental illness in children has doubled in a decade. He notes that Yale-NHCH already serves that trend with pediatric emergency department mental health evaluations dating here in the past five years.

"There is a stigma for psychiatric illness in general and the stigma is magnified for kids with mental illness. People don’t like to think about pediatric mental illness, and yet it is estimated that 20 percent of kids from all socio-economic strata suffer from serious mental illness," said Black, a psychiatric nurse for over 20 years, who also noted how expensive it is to maintain and staff a facility like Winnie One.

"Yale–New Haven continues its community mission by keeping this unit open and investing in it," said Black, who is proud that at YNHCH, it is the child’s illness, not ability to pay, that is the standard for admission. The minimum stay on Winnie One is typically two weeks and the average is 30 days. The average Medicaid reimbursement is six days, with many children receiving no reimbursement for their care.

One of the things Tommy Moriarty disliked most about his admission to Winnie One was that he missed trick-or-treating on Halloween with his two younger sisters, Rose and Erin, and his dog, a boxer puppy named Charles. "They had a Halloween party there but I wanted to be home," recalled Tommy, who spent three weeks as an inpatient on Winnie One and the next three weeks as an outpatient there but I wanted to be home," recalled Tommy, who spent three weeks as an inpatient on Winnie One and the next three weeks as a patient in the nearby Yale Child Study Center.

"We were desperate to get him better but leaving him at CPIS that night was awful. I was sad and scared for Tommy," recalled Tommy, who spent three weeks as an inpatient at Winnie One and the next three weeks as a patient in the nearby Yale Child Study Center.

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three years ago, Cynthia Hyman was an overwhelmed single mother, renting an apartment in an old house in New Haven. She was juggling a low-paying job in a bank teller making care, she had baby-sitting covered and driving a car that was almost 10 years old. It was in the middle of all this that the problem began. Her 2-year-old daughter, Diamond, had a rash, frequent coughing and vomiting. According to the 1990 census report, about 35 percent of homes in the state were built before 1950, when lead was added to nearly all house paints. Lead in household paint was outlawed in 1980, but it still remains in soil and dust.

When Ricks will talk to Daley about anything: stress, weight properly, and Alison Moriarty Daley, an advanced practice registered nurse, helped her get back on track by keeping a diet diary. Now Ricks will talk to Daley about anything: stress, weight properly, and Alison Moriarty Daley, an advanced practice registered nurse, helped her get back on track by keeping a diet diary. Now Ricks will talk to Daley about anything: stress, weight properly, and Alison Moriarty Daley, an advanced practice registered nurse, helped her get back on track by keeping a diet diary. Now Ricks will talk to Daley about anything: stress, weight properly, and Alison Moriarty Daley, an advanced practice registered nurse, helped her get back on track by keeping a diet diary. Now Ricks will talk to Daley about anything: stress, weight properly, and Alison Moriarty Daley, an advanced practice registered nurse, helped her get back on track by keeping a diet diary. 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The clinic at Hill Regional Career High School in New Haven. "Alison DeWitt. The clinics are well received by the students. In fact, a seventh-grader at Sheridan School described her school-based health center as "a place where we can be ourselves." There is no typical day in the Hill Regional Career High School-based health clinics. Three hundred of the 700 students there make 900 visits a year for physicals, treatment of minor illnesses and injuries, nutritional education, reproductive information, contraception counseling, pregnancy tests and other concerns. "We teach kids to be active participants in their own health care," said Daley.

Mark Sanchez’s parents were planning a huge party with cake, presents and more than 20 people for his first birthday. But when his father pulled the little boy out of his crib that morning, his body was too warm, he had a horrible cough and his stomach was becoming a health epidemic affecting 4.8 million American children who land in the emergency room once or twice a month. Sanchez’s parents were planning a huge party with cake, presents and more than 20 people for his first birthday. But when his father pulled the little boy out of his crib that morning, his body was too warm, he had a horrible cough and his stomach was becoming a health epidemic affecting 4.8 million American children who land in the emergency room once or twice a month. Sanchez’s parents were planning a huge party with cake, presents and more than 20 people for his first birthday. 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Fifty years after her four-year-old son Tommy died, Marion Mozdzierz vividly remembers the last words he spoke. Moments after the nurse left the room to procure some cherry Jell-O, Tommy had a seizure and went into a coma. He died two days later, on January 12, 1953, just two weeks before his fifth birthday. "It's like it happened yesterday," said Marion. "I think that's how it is with any parent who has lost a child."

"I didn't think Tommy knew how sick he was, until at Christmas, we were in church and my son Jimmy couldn't sit still or stop talking until Tommy turned to him and said, 'Shhhh. We're asking God to help me get better.' That was the first time I knew he knew."

Tommy went back into the hospital right after Christmas and went downhill quickly.

"Tommy died at about 10 or 11 o'clock at night. My husband and I woke both with him. I had been with him for two days straight, two days and almost 20 gallons of coffee. But he died."

"On our way home from the hospital that night, all the radio stations stopped the music they were playing and let people know Tommy had died. So the news even before we got to the house, my mother and I knew. They said it had come over the radio and television."

For the four months between his diagnosis of acute leukemia in September of 1952 and his death in January of 1953, Tommy had been a media darling and a household name to people throughout the state of Connecticut and beyond.

In December, New Britain's Fire Chief George W. Suelpietro and Fireman Joseph F. Kennedy, along with other members of Hardware City Fire Fighters Local 992, started the Tommy Fund to help defray the costs of Tommy's medical bills. They prepared the family with almost $1,000, and after the boy's death, the fund was renamed the Tommy Memorial Fund and went nationwide to raise money for leukemia research in Tommy's name. In December of 1953, they presented almost $8,000 to Yale University for statewide leukemias research.

The years went by, the media forgot about Tommy. Marion went on with her life. Three years after Tommy's death, she had another baby, a girl named Joyce. Tommy's older sister and brother, Joan and Jimmy, grew up as did Joyce. Marion married her second husband, Walter Yedynak, in 1973. Walter died four years ago. Marion now has seven grandchildren and two great-grandchildren.

Unbeknownst to Marion, in 1996, the Tommy Fund was about to be brought back to life at Yale-New Haven Hospital. "The Tommy Fund still existed on paper, receiving occasional donations for pediatric oncology, but for the most part, it was dormant," said Dr. Peter Beardsley, a pediatric oncologist at Yale. "No one knew where the name came from, but we had heard that the original fund had been started by firemen."
Acute lymphoblastic leukemia. He said there was a 50/50 chance that she can beat this thing." It was earth-shattering to us.

During the course of Francesca's treatment, Dr. Beardsley and Linda Boyers, the pediatric oncology social worker, approached other members of the staff and administration at the Hospital, as well as parents whose children had cancer. Two of those parents were David DeRosa of Fairfield and Tom Brunnock of Westport, whose daughters had both been diagnosed with cancer.

DeRosa's four-year-old daughter, Francesca, was undergoing treatment at Yale-New Haven. Much like Tommy, 34 years earlier, Francesca's first indication of a health problem had been listlessness and tiredness. Her pediatrician did blood work and called the treatment at Yale-New Haven. Much like Tommy, 34 years earlier, Francesca's first indication of a health problem had been listlessness and tiredness. Her pediatrician did blood work and called the doctors, the parents, nor the staff knew much about the origin.

DeRosa, who has owned and managed DeRosa's restaurant in Westport since 1990, also organized the first of 15 annual successful golf tournament fundraising, beginning in 1996. Said DeRosa, "I would always tell people in the Tommy Fund golf tournaments, 'What you give here today will be helping children and families who you might never meet and lives you might never know.'

Francesca DeRosa went on to 'beat this thing' and graduated from Loyola University in May of 2003.

With the goal of reviving the Tommy Fund to help increase awareness and raise funds for children's cancer, Dr. Beardsley and Linda Boyers, the pediatric oncology social worker, approached other members of the staff and administration at the Hospital, as well as parents whose children had cancer. Two of those parents were David DeRosa of Fairfield and Tom Brunnock of Westport, whose daughters had both been diagnosed with cancer.

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While neither firefighters. In keeping with that tradition, they invited New Haven firefighters to get involved. "I remember getting the phone call from Dr. Beardsley," said Marty O'Connor, now retired from the department and a professor at the University of New Haven. O'Connor and another firefighter, Pat Andrews, now a battalion chief, helped the Tommy Fund with its earliest fundraising and awareness raising activities, including golf tournaments and charity softball games. Once Andrews even had a fire truck park on Howard Avenue in front of the Yale Physioclinic Building for some of the pediatric oncology patients to climb aboard.

"Yale-New Haven was so good to us," he said. "It's my way of giving back. When we were there, people made us feel at home," he explained. "And there are a lot of people out there whose kids have yet to be diagnosed. Chances are, wherever they live in Connecticut, they're going to be treated at Yale-New Haven Children's Hospital. So we will be reaching kids and parents who don't even know they are going to need help yet."

Since the beginning, Brunnock, like DeRosa, has been key to the growth and maturation of the organization, which now raises $250,000 a year. "Our mission is simple: to provide emotional, medical and recreational support to children with cancer and their families, and to improve the cure rate of childhood cancer through Yale-New Haven Children's Hospital and the Yale University School of Medicine," said Brunnock. Money from the Tommy Fund has supported both a pediatric social worker at the hospital and a physician fellowship in pediatric oncology at the Yale School of Medicine. In other ways, large and small, the Tommy Fund has been able to make a real difference in the lives of families at Yale-New Haven Children's Hospital. The Tommy Fund has paid for the construction of the adolescent day room in the Children's Hospital, and the creation of a "Quiet Room" in the Pediatric Specialty Center where parents can talk to other parents or just be quiet. It has enabled donations of toys, video and audiotapes, games, books and arts and crafts supplies for the kids.

The organization has established support groups for patients, parents and siblings and created the "Making Clinic Bearable" campaign that awards a teddy bear each month to a child undergoing outpatient treatment. They also developed the "Kids Helping Kids Fight Cancer" program in which area schools help raise money to purchase toys and balls for pediatric cancer patients.

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Tommy's last Christmas, 1952, with older brother and sister, Jimmy and Joan; at home with visiting firefighters and his many get well cards; and with his beloved fire engine.

"The great thing about Yale-New Haven is that it pays attention to the whole range of needs - medical, surgical, social work - to help the parents, and child life to help the kids," said Brunnock.

"And so the money the Tommy Fund raises also reaches that whole range of needs - from treatment, to research, to simply helping families pay for parking or cope with their daily lives."

Over the years, people at the Yale-New Haven Children's Hospital continued to wonder about Tommy. Who was he? Did he still have family in the area? Dr. Beardsley asked Dr. Howard Pearson, then chief of pediatrics at Yale-New Haven, what he knew about Tommy or the Tommy Fund. Dr. Pearson didn't know any more than a vague connection with firemen, but suggested he talk with a former chief of hematology, Dr. David Clement.

But Dr. Clement, too, had no information.

But several weeks later," said Dr. Beardsley, "I got a message on my machine from Dr. Clement, who said, 'Give me a call. I may have some information for you about the Tommy Fund.'

But Dr. Clement died that night, so Peter Beardsley never got the news.

Then, late in 2000, the Tommy Fund board of directors had an Internet search conducted and sent out letters to every fire station they could find to see if any were related to Tommy. There was no response.

Marion, of course, had remarried and was no longer named Mozdzierz. She had had no contact with her ex-husband for over 30 years. But last year, Walter Mozdzierz, Tommy's father, died. When surviving son Jimmy sorted through his father's belongings, he came across the letter the Tommy Fund had sent. First thing called his mother. Then he called the Tommy Fund and told them that Tommy's mother was still alive, well and living in Connecticut.

Marion was shocked when she heard from the Tommy Fund. She was amazed to learn that the group raised about $250,000 for children with cancer each year and that more than $3 million has been raised in Tommy's name. She has subsequently visited the Children's Hospital and seen some of its legacy.

"If I had only known," she said recently. "After Tommy died, the publicity and fundraising died down right away. For the longest time I felt like I was waiting for somebody. Someone I could talk to. And there was nobody to talk to."

"Maybe this is what I was waiting for."
 According to ancient Japanese tradition, the crane is a symbol of health, hope and peace.

Sadako, a 12-year-old girl who was irradiated by the bombing of Hiroshima, was given an origami crane as a gift. She thought if she made a thousand paper cranes, she would be well again.

Paper cranes can come in many forms. Other ways of giving bring hope and healing, too. If you would like to make a gift to Yale-New Haven or its Children's Hospital, please call or write to:

Yale-New Haven Hospital
Office of Development
P.O. Box 1849
New Haven, CT 06508-1849
203-588-8644
www.ynhh.org/develop/develop.html