UNDER THE Rainbow
BATSON CHILDREN'S HOSPITAL

HE'S A SURVIVOR

Jacob Partlow looks ahead to a healthy life

The University of Mississippi Medical Center
Fall 2014

Dear Friends-

Welcome again to our latest edition of Under the Rainbow magazine.

As the state's only children's hospital, we take our mission to improve the health of all children in Mississippi very seriously. Informing you of what is happening at Children's is just one way we work towards that mission, because you are a partner with us in improving the health of children.

In this issue, you will read about patients and programs and doctors that have all relied on the citizens of our great state for support. From children with leukemia, to premature infants, to physicians who have dedicated their entire careers to the children of Mississippi, they all draw strength from you and the hopes, prayers and support that you lend.

As you read these stories, please remember that we rely on you and that Batson Children's Hospital is your children's hospital.

With gratitude,

Dr. Frederick "Rick" Barr,
Suzan B. Thames Professor
and Chair of Pediatrics

Guy Giesecke,
Chief Executive Officer,
Children's of Mississippi

Dr. Rick Barr

Guy Giesecke

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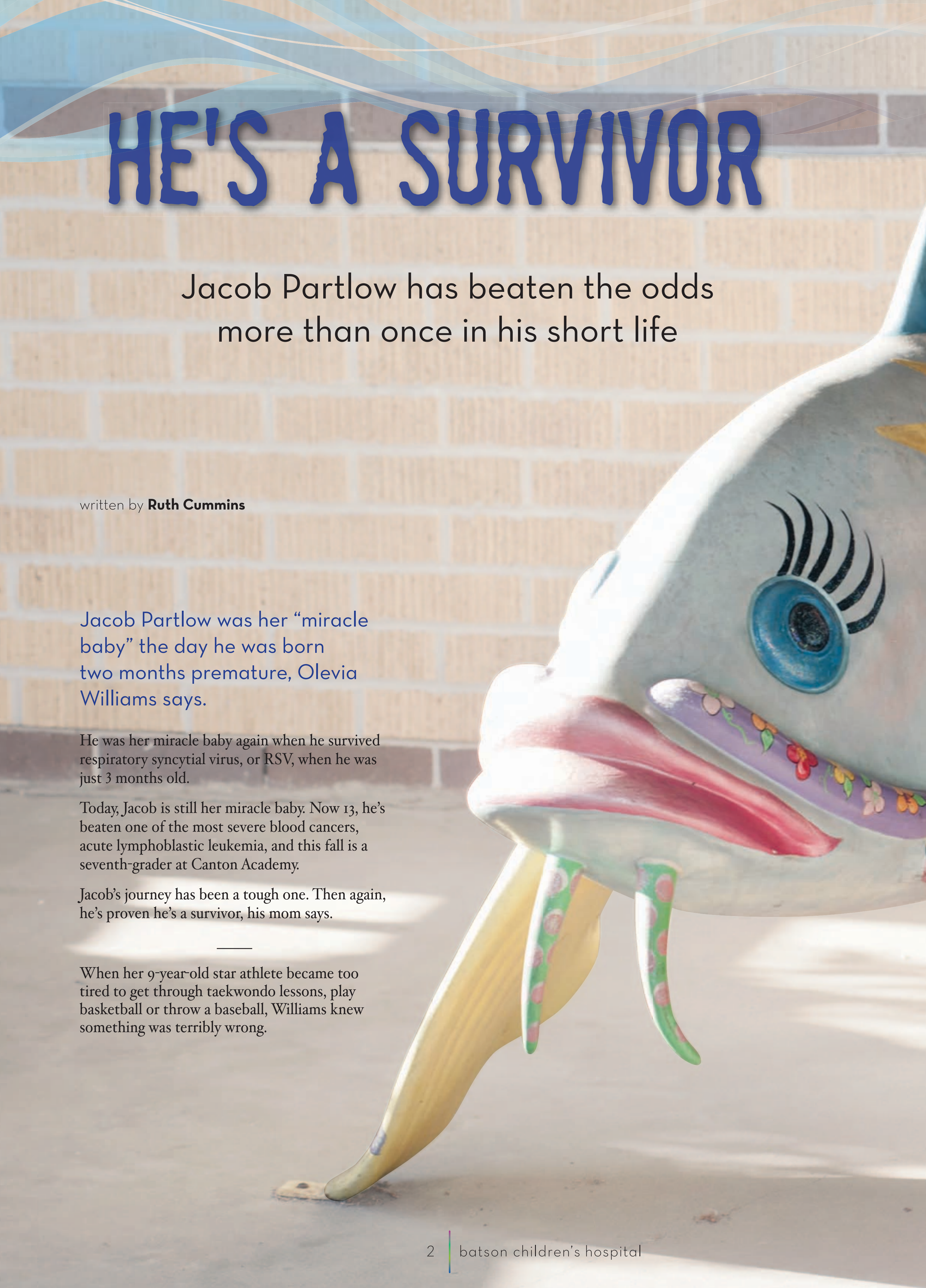
On the cover: Jacob Partlow, 2014 Children's Miracle Network Champion for Mississippi

HE'S A SURVIVOR

Jacob Partlow has beaten the odds more than once in his short life

written by **Ruth Cummins**



Jacob Partlow was her "miracle baby" the day he was born two months premature, Olevia Williams says.

He was her miracle baby again when he survived respiratory syncytial virus, or RSV, when he was just 3 months old.

Today, Jacob is still her miracle baby. Now 13, he's beaten one of the most severe blood cancers, acute lymphoblastic leukemia, and this fall is a seventh-grader at Canton Academy.

Jacob's journey has been a tough one. Then again, he's proven he's a survivor, his mom says.

When her 9-year-old star athlete became too tired to get through taekwondo lessons, play basketball or throw a baseball, Williams knew something was terribly wrong.

They were living in Hattiesburg in 2009; Williams was pursuing a college degree. That June, Jacob "wasn't himself," Williams said.

"He was a very active little boy, but he'd gotten to the point where he couldn't do anything but lie down. He would perk up, but then he would go back down."

When she tried to get a doctor's appointment, Williams said, she was told Jacob would have to wait because he wasn't an established patient. She took him to a walk-in clinic, where a physician said Jacob might be anemic and gave him medications.

But soon after, Williams said, Jacob developed a nosebleed at taekwondo practice.

"We cleaned him up," his mom said.

When Jacob went to the bathroom just minutes later, Williams said, his instructor called out to her. Jacob had a huge blood clot in his mouth. She rushed him to a local hospital emergency room. There, she said, "the doctor did not touch him. He just sat on his stool and asked me what was going on. He told Jacob to stop picking his nose," something Jacob doesn't do, Williams said.

That was on a Tuesday. On Thursday, Williams said, she loaded Jacob in the car, drove to Jackson and stopped at a local hospital's emergency room.

"We waited for hours and hours and hours," she said.

When they saw a physician, Williams said, he said he'd try to get to the bottom of Jacob's problems.

"He reached out to grab Jacob's stomach, and Jacob screamed in pain," she said.

The doctor quickly ordered blood work, Williams said, then gave her the news: leukemia.

"He said he was sending Jacob to UMMC, and that they had good doctors there, and that he was going to get the ambulance to take him there," she said.

Staff at Batson Children's Hospital rushed him inside. Dr. Rathi Iyer, professor emeritus of pediatrics, confirmed the earlier doctor's diagnosis, placing Jacob in intensive care.

"She told me how sick he was, and that 87 percent of his blood was leukemia cells," Williams said.

It wasn't just the leukemia that made Jacob so ill. He lost his gall bladder. He had complications

2000 Champion

Jonathan Albright

Diagnosed with infantile ulcerative enteritis soon after his birth, Jonathan Albright wasn't supposed to make it.

Doctors at Batson said "to enjoy every moment that we had," Jonathan's mom, Lorrie Whitfield, remembers. "He was in the hospital for a year."

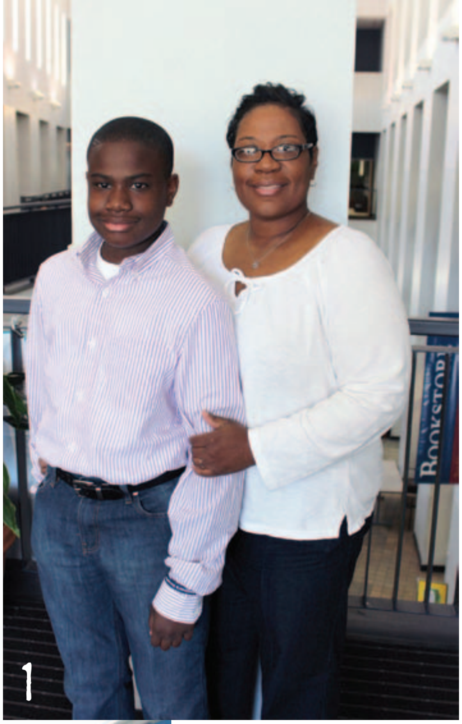
But 16 surgeries later, Jonathan today is a busy 16-year-old who lives for "either doing something with basketball, or being with his girlfriend," said Whitfield.

Jonathan was honored as the 2000 Champion and still makes regular visits to his pediatrician, Dr. Will Sorey, professor of pediatrics. He's a junior at Central Hinds Academy in Raymond.

1 **Jacob** and his mom, **Olevia**

2 **Jacob** stands at midfield during a 2013 Ole Miss football game as a "kid co-captain."

3 **Jacob** trains as a "Pilot for a Day" with the 14 Flying Training Wing at Columbus Air Force Base.



> "I kept my head up. I knew it would be over with in the long run, so I went with it."
>
> - Jacob Partlow

Video available at youtube.com/batsonhospital, search channel for "leukemia"

2004 Champion

Amy Kuhn is planning her wedding and wants all her doctors from Batson to be there, because, she says, they're the reason why she gets to walk down the aisle.

When Kuhn was 15, doctors at Batson diagnosed her with Burkett's lymphoma, a cancer that spread throughout her abdomen.

"I had major surgery and started chemo on Easter Sunday," Kuhn said. "I lost my hair, 61 pounds and my ability to walk."

As the 2004 Champion, Kuhn said, she got some great medicine, including lots of time on a trip to Washington, D.C., with fellow Champions coping with similar life-threatening conditions.

Amy Kuhn

due to his chemotherapy, suffering seizures, neuropathy and short-term memory loss, his mom said.

“He went through a period of depression, because he wasn’t the little boy he used to be,” she said.

But never did Jacob complain of pain, she said.

“Jacob said that he knew from the beginning that he’d be all right,” Williams said. “He felt like he’d already made me deal with so much. He felt guilty about so many things that shouldn’t have mattered to a 9-year-old at that time.”

Said Jacob: “I kept my head up. I knew it would be over with in the long run, so I went with it.”

Under the care of Iyer and Dr. Gail Megason, also a professor of pediatrics, Jacob reached true remission in 2012, Williams said. “He told me, ‘Don’t worry, mama. It’s over.’

“He’s been doing extremely well since he got off his medications. He’s growing. He’s gaining weight,” Williams said.

“Jacob is a wonderful young man,” Megason said. “He has endured several years of chemotherapy and complications from his diagnosis, but remains cooperative and optimistic. He loves to mentor to younger patients, especially at Camp Rainbow.”

This year, Jacob has the honor of serving as Mississippi’s Children’s Miracle Network Hospitals Champion. He’ll be the ambassador for Batson Children’s Hospital and all of Mississippi’s sick and injured children.

Each year, the Champions program identifies a child in each state with a remarkable medical story. Champions and their families travel to Orlando, Florida and Washington, D.C. in the fall to highlight the vital work taking place at children’s hospitals.

“I really enjoy being champion. I like the honor, and I never thought it would have happened to me,” Jacob said.

His summer before school started was full: a Caribbean cruise with family. A week-long basketball camp. And soon his first trip to Disney World as part of his Champion duties.

“I’m helping my mom around the house, too,” he said.

Jacob sees Megason for checkups as he continues the busy life 13-year-olds should enjoy.

“They were always asking how I was doing,” Jacob said of his two doctors. “They always took care of me.”

2006 Champion

Lindsay Smith

Lindsay Smith has always been a history buff, but during her sophomore year in high school, her own history changed.

"We’d been working on our band routine and I had typical anemia symptoms: out of breath, very pale, just wanting to lie on the couch,” said Smith, 25, now a graduate student at the University of Alabama.

Her pediatrician sent her to Batson and staff stayed late to run lab work so she and her family could get a fast diagnosis of leukemia.

She began chemotherapy, and was hospitalized almost continuously for almost 8 months. They got the all-clear signal in May, and Smith was honored to serve as the 2006 Champion.

Jacob celebrates being named the 2014 Children's Miracle Network Champion with his classmates at Canton Academy.

Video available at youtube.com/batsonhospital, search channel for “Partlow”

2011 Champion

When her 14-month-old baby’s urine wasn’t quite the right color, UMMC nurse Vikki Gholar picked up on it immediately.

Gholar, manager of talent acquisition in the Human Resources Department, said of Sydney, “She had several tests with her pediatrician, and he sent us to Batson.”

She was diagnosed with Wilm’s tumor, a cancerous growth that wraps around kidneys. Sydney started chemotherapy and radiation to shrink the tumor so that it could be removed.

Sydney served as Champion in 2011 and was delighted to attend a celebration in her honor at the Sam’s Club in Jackson. Today, she’s an active 10-year-old in fifth grade at Jackson Academy.

Sydney Gholar

Dr. Paul H. Parker, professor emeritus of pediatric gastroenterology

A Well-Deserved HONOR

Friends and family honor Dr. Paul Parker with an endowed chair

written by **Jennifer Hospodor**

Dr. Paul Parker didn't realize what was going on, even when his wife suggested he wear his new shirt and long pants to what he thought was a cookout with friends.

He didn't realize, even when he arrived at the "cookout" and spotted Dr. Jimmy Keeton, University of Mississippi Medical Center vice-chancellor for health affairs or Dr. Rick Barr, chair of pediatrics and a bevy of co-workers past and present.

Being less than a month away from retiring, Parker thought it must be a retirement party. This man, who had carried UMMC's pediatric gastroenterology program on his shoulders for the better part of 18 years, never presumed that his hard work was worth the honor that awaited him there.

It wasn't until he saw the list of donors that he realized what was going on: An academic chair was being named in his honor.

"I was in shock. I never dreamed. And when I say I never dreamed, I mean honestly, never even considered that," said Parker, professor emeritus of pediatric gastroenterology.

"Unfortunately there just aren't that many chairs. It wasn't something that was even a possibility as far as I was concerned. It was pretty special."

Indeed it *is* special. The Paul H. Parker Chair of Pediatric Gastroenterology, a position meant to enhance research and clinical care in pediatric

Parker and his wife, **Kerry**, arrive at what he thought was a cookout with friends. It was actually a celebration to surprise Parker with an endowed chair in his name.

Parker reacts to **Dr. James E. Keeton's** remarks during the celebration to announce an endowed chair in his name.

Dr. Paul Parker and his wife, **Kerry**, relax at their home in Jackson.

gastroenterology, is only the third funded chair in the Department of Pediatrics, following the Suzan B. Thames Professor and Chair of Pediatrics and the D. Jeanette Pullen Professor and Chair of Pediatric Hematology-Oncology.

Parker, a University of Mississippi School of Medicine graduate, began the pediatric gastroenterology program in 1981 after a fellowship at Vanderbilt University in Nashville.

He was the only pediatric gastroenterologist in the state for many years.

"I had a full clinic schedule from the first day and I was on-call for 17 1/2 years," he said.

But when he says this, he's not complaining. Parker is part of a generation of pediatricians who simply did what had to be done. Often that meant surrendering the better part of one's personal life to help the state's sick children.

"It was never that big of an imposition," he said. "And I think that's true of a lot of physicians at the children's hospital at the time and physicians everywhere. You sort of just did what you had to do. Very few people ever complained about it. Everybody else was working just as hard."

Dr. Owen "Bev" Evans, chair emeritus of pediatrics, who arrived at the Medical Center a year after Parker, said at that time all of the subspecialty divisions had a single faculty member. The exceptions were cardiology, hematology/oncology and neonatology.

"No one felt put upon because we were all working equally," Evans said.

Evans also noted that Dr. Blair Batson, the first chair of the department and hospital namesake, created a culture in the pediatric department with three key components: work hard, be polite and treat every child as if he or she were your own.

"Paul Parker did this better than most," Evans declared.

It also helped that Parker's wife, Kerry, took it all in stride.

Both natives of Meridian, they wed in 1975 and spent the first eight years of their marriage without children. After returning from his fellowship in Nashville in 1981, their first child was born in 1982, and Kerry says that's when she quit seeing him.

"He started his life in medicine and we knew it was the way it was. There had not been a pediatric gastroenterologist for a several-state area, so his practice extended into Alabama and Louisiana."

She recalls there were things he missed over the years – birthday parties and school programs – but she was never annoyed by it.

"We wished he were there, but his heart was too much in what he did. He was building our lives together."

To make up for some lost time, the Parkers' sons would often accompany him to "the office."

"He wanted his children to be involved as much as possible," Kerry said. "He would take them to the ER, they made rounds... and those were the times he could spend with them."

But Parker had other reasons for wanting the boys with him at work.

"I wanted them to see what I did and I wanted them to also see that there were unfortunate people in the world and life was not always playing outside and having a great time," he said. "There were kids their age who were ill. Both of my boys are very sensitive to that."

Another reason Parker felt it was extremely important to bring his children to work was to demonstrate to them that everybody is equal across the board.

"For many years I would see outpatients in my own office downstairs," he said. "It didn't matter if they were Medicaid patients or the governor's children, they all sat in the same seat and they were all treated exactly the same."

And finally, going to work with Dad was something of a family tradition for Parker, who also went to work with his father until his untimely death when Parker was just 10 years old. A Harvard-trained eye, ear, nose and throat physician, his father returned to Meridian after World War II when the town needed a general practitioner more than an EENT.

Parker spent a lot of time in his father's clinic and making house calls with him.

He credits him as his biggest influence. After his father's death, a handful of his father's friends stepped up to make sure Paul was raised with the proper male influence.

"They made sure he got to Boy Scout meetings, taught him how to hunt and fish and act around grown-ups. They took care of him," Kerry said.

Once Parker made it to medical school, it was Batson himself who influenced him most. Parker had planned on going into internal medicine, but in his pediatric rotation at the end of his third year, he was so impressed with Batson – who also encouraged Parker to go into pediatrics – that he changed his mind.

He went on to complete an internship, residency and chief residency in pediatrics at UMMC. It was during his residency that his interest in pediatric GI was born.

"As a resident, I probably had to read more about GI than anything else because we had no division here, and the more I read the more interested I became," Parker said.

In returning to his native state, he filled a huge void in clinical services available to children. Before he began the division, GI problems were handled either by the adult GI service or by general pediatrics.

Parker ran the division alone for 17 years and his commitment to his patients was evident.

Long-time friend and Parker Chair Advisory Committee member Charles Porter said Parker was "always available and helpful to everyone."

"He was very dedicated to his practice and I recall when he did not have anyone working with him, the number of hours he would work, including going in very early on Saturday to see patients and provide care."

Until the advent of cell phones, he also had a practice of giving his home phone number to patients with serious illnesses because pagers weren't that reliable.

"When I was by myself, I needed to know if a patient got sick," Parker said. "It was much easier for me to deal with the problem with, say, a patient who has Crohn's disease who is on steroids who has a 104 degree temperature at 3 o'clock in the morning. They don't need to wait."

And they rarely did.

Even on family vacations, he would work.

"When I woke up in the morning, I would call the hospital and make rounds over the telephone. Then I would call back later in the day to find out what messages from out-of-state physicians I needed to return and then I would call back in the evening to talk with the residents about what was going on with the patients in the hospital. I always felt like I was there," he said.

Said Porter: "I have never seen a man or woman so good with sick children and so compassionate to anyone who needed his help."

It should come as no surprise that Parker marks the arrival of his colleagues, Dr. Phyllis Bishop and Dr. Mike Nowicki, in 1998 as the most important time in his career.

This was not only due to the decrease in his call schedule, but as Parker said, "I gained two extremely bright, hard-working physicians who felt the same way I did, that the patient always comes first."

A decade later in 2008, Kerry got a call about honoring Parker with an endowed chair in his name.

Not versed in fundraising, she formed a committee of five friends – Bryan Jones, Harry Walker, Richard Puckett, Holmes Adams and Porter. People she calls "pillars of the community" who knew a thing or two about how to raise money.

Parker and nurse **Suzanne Deaton** perform an endoscopy in 2008 at the gastroenterology lab at Batson Children's Hospital.

"The committee was so generous," Kerry said. "They really stood up to the plate and batted it out of the park."

The committee decided not to tell Parker until the first half of the $2 million endowment was in-hand. They met in secret at the then-Office of Development in the old nursing dormitory on UMMC's campus.

"We always wondered, when we left, 'what if we see him, what will happen?'" Kerry said.

The committee was off to a good start, until the economy tanked.

It would take another four years to gain momentum again. In June 2012, they had raised the first million dollars and it was time to let Parker in on the secret. Kerry and the committee planned the announcement party disguised as dinner with friends.

Around this same time, Parker had made an announcement of his own, deciding after 31 years on the UMMC faculty to finally hang up his stethoscope.

A little tongue-in-cheek, he cites electronic health records (EHR) and "keyboard dyslexia" as his reason for retiring.

"I loved practicing medicine, but I wouldn't have been able to practice medicine the way I thought it ought to be practiced," he said. "Practicing pediatric gastroenterology and, I think, pediatrics in general, you've got to have a relationship with the family and the child. You've got to make the child, even if it's an infant, relax. You can't do that by not touching them, not picking them up, not playing with them."

As EHRs made their way into UMMC, Parker made his way out.

His last day at the Medical Center was the last day of June 2012, just 30 days after the switch to EHRs and a few weeks after that announcement party – the one Parker initially believed was to celebrate his retirement and astounded him by revealing the academic chair bearing his name.

The occasion was emotional for everyone in the room, according to committee member Bryan Jones, Parker's college roommate and long-time friend.

"He knows the importance of the chair and what it does and he was so very pleased that people had done that in honor of him," Jones said. "He has loved and really cared about all of his patients all our lives. He's been a very generous person. It's a well-deserved honor for him."

It's an honor Parker "never dreamed" of receiving, but one that those who know him best dreamed into reality for him.

Parker is surrounded by family at a recent event celebrating completed funding of his endowed chair. Clockwise from top left are his brother-in-law, **Mel Rhodes**, nephew **John Rhodes** and wife **Lisa**, nephew **John Parker** and wife **Kelly**, niece **Suzy Parker Johnson**, son **Lee Parker** and wife **Maggie**, **Kerry Parker**, son **Ben Parker** and girlfriend **Sterling Cato**, and Mel's wife **Karen**.

CONTINUING THE MISSION

New pediatric gastroenterology chair makes plans to move department forward

In April, Dr. Neelesh Tipnis, division chief and associate professor of pediatric gastroenterology, was announced as the first holder of the Paul H. Parker Chair of Pediatric Gastroenterology.

At an event to announce completed funding of the Paul H. Parker Chair of Pediatric Gastroenterology, **Dr. Jimmy Keeton**, left, vice chancellor for health affairs, presents medals to **Dr. Paul Parker**, right, and **Dr. Neelesh Tipnis**.

Funding for the chair was completed in the fall of 2013.

"The endowed chair recognizes the importance of Dr. Parker's commitment to improve the lives of children in Mississippi," said Tipnis. "I am honored to continue this mission in Dr. Parker's name."

Dr. Rick Barr, the Suzan B. Thames Professor and Chair of Pediatrics, said having endowed chairs helps raise the profile of the entire organization.

"It signals a real commitment to excellence from the institution," he said.

Tipnis plans to expand research within the department by developing the region's only center for adult and pediatric gastrointestinal motility and functional bowel disorders to study severe forms of reflux, abdominal pain, feeding difficulties and constipation.

Parker believes Tipnis will be able to take the division to another level with research.

"I was 100-percent clinical. There was no way I could have done any research. I was just trying to keep people alive," he said. "The plans he has for research and education are really what the division needs."

Before joining the Medical Center, Tipnis was associate professor of pediatrics in the Division of Pediatric Gastroenterology and Nutrition at the University of California in San Diego, practicing in UC San Diego's affiliated hospital, Rady Children's Hospital.

Tipnis received the B.S. in natural sciences (bacteriology) from the University of Wisconsin-Madison and earned the M.D. at the Medical College of Wisconsin in Milwaukee. After a general surgery internship at the University of Texas-Houston Medical School, Tipnis completed a pediatric residency and a fellowship in pediatric gastroenterology and nutrition at the University of California-San Diego Medical Center.

Tipnis served as an assistant professor of pediatrics at the Medical College of Wisconsin from 2004-11 and as an associate professor of pediatrics at the University of California-San Diego from 2012-13.

A four-time selection on the Best Doctors in America list, Tipnis is an active member of the American Neurogastroenterology and Motility Society, the American Gastroenterology Association and the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition, among others.

An internationally invited speaker, Tipnis has authored or coauthored more than a dozen articles in peer-reviewed professional publications, nine book chapters and more than 30 abstracts. He has reviewed articles for several journals, including the Journal of Pediatrics, Pediatrics, the American Journal of Gastroenterology and the Journal of Pediatric Gastroenterology and Nutrition.

If you would like more information about creating or giving to an endowed chair, contact Travis Bradburn at (601) 984-2107 or tbradburn@umc.edu.

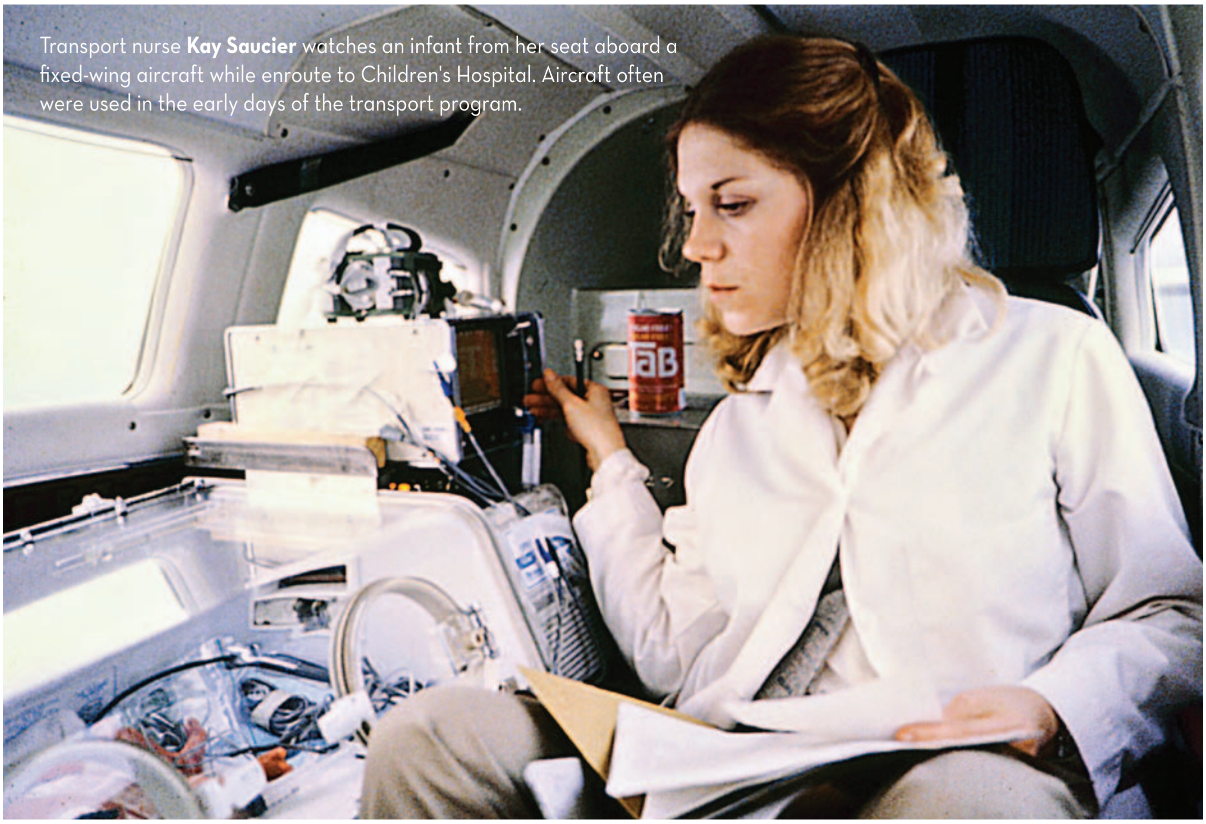
We've Come a Long Way, Baby

The neonatal transport team looks back on an emotional history

written by **Gary Pettus**

Transport nurses **April Davidson,** left, and **Kathy Hamilton**, move an isolette from the ambulance to the neonatal intensive care unit.


Batson
Children's
Hospital
Transport
Services



Transport nurse **Kay Saucier** watches an infant from her seat aboard a fixed-wing aircraft while enroute to Children's Hospital. Aircraft often were used in the early days of the transport program.

The Medical Center's original helicopter, Lifestar, was in service from 1983-1990.

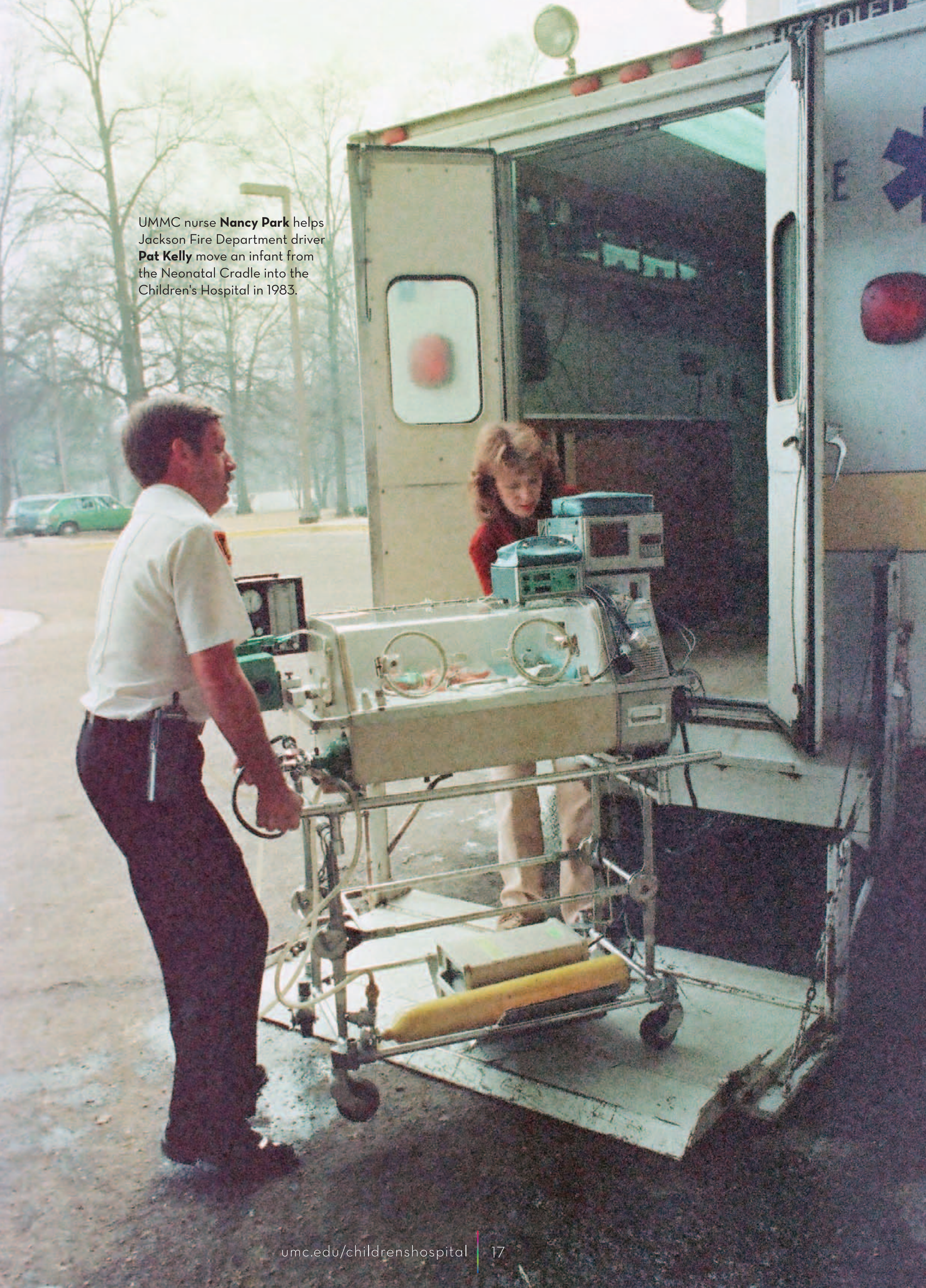
You remember the searches in the sky, hunting from the helicopter for the hospital until the landmarks loomed below: the old silos and the big hamburger joint across the street.

You remember stalking many more on the ground in other towns, the ambulance plowing over slippery back roads when the interstates were iced shut; or driving toward black skies cradling infant storms.

You remember hauling the incubator with the child inside, slogging some 300 feet across a yard of soupy mud where the ambulance couldn't go and where the parents waited to get their baby back.

This is your personal history, but it's also part of a larger story – the story of neonatal transport at UMMC, the struggles and risks, but also the things that kept you and your colleagues going: the Christmas cards from parents, the intimate expressions of gratitude from people who did not know how to thank you enough.

"There was a grandfather of a child we transported, and I told him I love blueberries," said Jamie Miller, who retired in May after almost three decades as a neonatal transport nurse.



UMMC nurse **Nancy Park** helps Jackson Fire Department driver **Pat Kelly** move an infant from the Neonatal Cradle into the Children's Hospital in 1983.

Dr. Phil Rhodes, left, professor emeritus of pediatrics and former division chief of newborn medicine, lifts an infant into a fixed-wing airplane with help from a Jackson Fire Department driver.

"Well, he grew blueberries; so one day he showed up with a five-gallon can. I shared."

Jamie Miller

It's been that way since the neonatal transport service's beginnings. The technology may have changed, but the rewards haven't. The biggest are the lives of the children.

"You remember them forever," said April Davidson, a flight/transport nurse.

"There's no better feeling than to run into a mom in the hallway here and have her give you a hug and thank you, and it could be a year after you took care of her baby."

Saving the life of a baby born too soon, or too sick, often depends on being able to move it to a place that can best take care of it. In Mississippi, that frequently means moving the baby to UMMC – by ground ambulance or helicopters fortified with equipment to help it survive.

The neonatal transport team here works at Batson Children's Hospital and the Winfred L. Wiser Hospital for Women & Infants, a team that includes a neonatal nurse practitioner and nurses with special training in transport and neonatal intensive care. They are the only ones available 24/7 in a state that has the highest rate of premature births in the country: 17.1 percent, as reported by the March of Dimes last year.

This team counts on support from respiratory therapists, registered nurses and paramedics, along with UMMC physicians with training in neonatal and pediatric intensive care who handle referrals and stay in touch with the team on its journeys.

Transport teams at UMMC and elsewhere are "delivering state-of-the-art care," reported Pediatrics, the official journal of the American Academy of Pediatrics, in July 2013. "Evidence shows such teams improve patient outcomes."

Using the oldest records she could find, Miller counted the babies – many of them preemies – her unit cared for and transported. The number is well more than 10,000 – enough babies to rival the populations of, say, Indianola, Petal and Picayune.

Miller, who began working in the Neonatal Intensive Care Unit in 1983 before becoming a member of the transport team a couple of years later, helped move 4,000 of them – almost three times the population of Sharkey County in the Delta, the region where many of them came from and were returned whole.

"We never turned away anybody," she said. "Ever."

> **YOU REMEMBER THEM FOREVER.**
>
> - April Davidson

A MOVING DELIVERY

It's hard to overestimate neonatal transport's impact on the health of newborns, not to mention on the emotions of their parents.

One particular dad may have summed it up when he took Beth Mullins aside and said, "You made us feel safe on the worst day of our life"

Beth Mullins

"You make a huge impression on them," said Mullins, nurse practitioner and neonatal transport coordinator, "because their baby is in your hands."

Until four decades ago, there really wasn't anyone the parents of these babies could turn to, especially in rural areas. That's when the concept of neonatal transports at UMMC began.

But, before that could happen, there had to be a reason to move a premature baby – that is, some hope that it would do any good. The truth is, until relatively recently, premature, or early-term, babies often didn't live long.

To be considered full-term today, babies must be born between 39 weeks and 40 weeks plus six days after conception, a guideline endorsed in 2013 by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. Formerly, the span was thought to be between 37 and 42 weeks.

Even at 37 weeks, newborns have a higher risk of complications, particularly difficulty in breathing, reported a 2010 study conducted at the University of Illinois in conjunction with the Consortium on Safe Labor. These babies also have trouble staying warm.

At the turn of the 20th century, a baby born only a week or so early rarely made it. It wasn't until the 1920s that a hospital in Chicago created a station to care for premature infants; in this country, that marked the start of hospital-based intensive care for preemies and low-birth-weight babies.

The standards of care advanced at a crawl. Administering oxygen to the babies helped, as did early incubators, although they were notoriously fickle.

It wasn't until the 1960s that the country became mobilized, touched by the tragedy of one certain child: the son of President John F. Kennedy and his wife, Jackie. The boy was born 5 $^{1}/_{2}$ weeks early, at 4 pounds, 10 $^{1}/_{2}$ ounces. His premature birth, and death, in 1963 hit home with many Americans.

In 1960, a 1-kilogram (slightly more than 2 pounds) newborn had a 95 percent chance of dying, reports Stanford University's Department of Pediatrics

For the next 40 years or so, one innovation after another saved lives – although, Mullins said, "a 4-pound baby was a miracle, even 20 years ago."

Now, almost any baby who lives through birth has a chance, if given the proper care.

By 2000, a 1-kilogram baby had a 95 percent chance of survival, Stanford University reports.

Today, some surviving babies weigh in at around 1 pound, about as much as a loaf of bread. Some are born about four months too early, but must stay about that long, or longer, in intensive care. They are chronically ill and have birth defects.

A row of oxygen tanks waits to be placed on one of the transport vehicles.

The Neonatal Cradle, one of the earlier ambulances in the transport fleet, was donated in 1979 by the Junior League of Jackson.

"We've had babies who have been here more than a year," Mullins said. "We have birthday cakes sometimes."

"The staff gets attached to them," Davidson said.

Miller certainly did. "The ones I remember are the ones I stayed in touch with," she said.

"There was a baby I picked up who had a heart defect. I got Christmas cards from the family a long time afterwards. Unfortunately, he died when he was 4. I still have a picture of him in my bedroom."

Still, the longer she worked, Miller, along with her co-workers, saw more and more of these babies go home and grow up. Even the ones whose problems had nothing to do with being born too soon.

BREATHING EASIER

Cathy Delaney

It was Christmas Eve, said nurse Cathy Delaney.

A full-term baby was in shock from an infection, said Delaney, one of four neonatal transport nurses at Wiser. It was a one-hour and 15-minute drive back to Jackson and Delaney had to resuscitate the baby over and over the entire way.

"I got down on my hands and knees and prayed the baby wouldn't die on Christmas Eve," Delaney said.

The baby lived through Christmas Eve.

"And then it was, 'Please don't take this child on Christmas Day,'" she said. The prayer grew longer and longer, and so did the child's life.

"After two weeks," Delaney said, "the baby went home."

All newborn babies' chances grew, particularly preemies', with the use of oxygen and the development and improvement of breathing machines and ventilators that take over for their almost powerless lungs.

Then, there was artificial surfactant – a real godsend, Mullins said. Administered to the baby through a breathing tube that enters the windpipe, it mimics a natural substance that helps keep the lungs inflated.

In December 2013, the journal Pediatrics reaffirmed that surfactant "reduces mortality … and lowers the risk of chronic lung disease or death at 28 days of age."

It began making a "radical difference" in survival rates by the early 1990s, Mullins said.

But long before that, near the beginning of the renaissance in neonatal care, the Junior League of Jackson donated a special $45,000 ambulance to the City of Jackson. Dedicated to moving babies, the "Neonatal Cradle" could hold an incubator, nurses with specialized training, IVs, a breathing apparatus and more.

It was 1979, the year that neonatal transport at UMMC really got moving.

The donated ambulance transported premature and high-risk newborns from all over the state to the Medical Center and other Jackson-area hospitals that could deliver specialized care.

Over the years, members of UMMC's transport team have also traveled to just-over-the-border spots in Louisiana, Tennessee, Arkansas and Alabama.

By the 1990s, many of their patients, almost as soon as they were born, were taking their first helicopter rides. Today, UMMC's flight program, AirCare, shuttles approximately 40 percent of these babies to Jackson – when the distance (more than 50 miles one way), the weather and the urgency permit.

"We fly and we drive," Davidson said.

Inside the copter and the two ground ambulances that are now available at all times are incubators, medicine, heart monitors, breathing machines, IVs and CPR equipment.

“Each one is a mobile intensive care unit,” Delaney said. “We take intensive care to the patient.

“In the transport, it may be simple things: keeping the babies warm, giving them oxygen and fluids. But some community hospitals aren’t equipped for that.”

A lot of hospitals in this state don’t handle deliveries, Mullins said.

“They are good people doing the best they can, but they don’t have babies.”

So, in such cases, even mothers of some full-term babies come to UMMC, or try to, Mullins said. Some don’t make it here in time; they’re born in a community hospital’s emergency room or at home in a distant town.

The number of neonates (babies who have been under hospital care since birth) transferred each year from other hospitals to Wiser ranges from 250 to 450.

When neonatal transport started, UMMC was the only place in the state with specialized care for preemies. Now, other medical centers offer it as well, Mullins said. But this is still the place for infants who need such care as heart surgery: UMMC has the only pediatric cardiac surgeon in the state.

“And when there are certain complications of the intestines, and certain infections, it’s a matter of hours before they die,” Mullins said. “They need immediate surgery.”

And they need the transport team to take them to the surgeon.

PATIENTS ARE A VIRTUE

As for the 4,000 babies Miller saw in her career, not all of them were sick for long, she said.

“Some we transported back to community hospitals to complete their stay and be closer to their families.”

That’s what she was doing years ago on the day she helped bring those waiting parents their baby, after that 100-yard slog through the mud.

But the marathons through muck, over ice and under darkening clouds didn’t bother her, she said.

“That was our job. You never got tired of traveling. You want to do what the babies need. That’s what drives you.

One of the newer ambulances to transport babies and children around the state awaits the next call at the hospital.

AirCare I, one of two emergency helicopters, is essentially a flying intensive care unit.

“We had a good arrangement, where if you felt you got too tired to be safe and effective, you could call a co-worker and say, ‘I’ve got to pass the torch on this one.’

“Of course, on the way there, there was no patient, so I napped in the ambulance quite a bit.

“But my husband could never figure out why I would never enjoy a Sunday drive.”

Dr. Hans-Georg Bock, professor emeritus of genetics, with patient Emmalyn Hudson of Columbus, at one of their last visits together.

A Series of Doors

Dr. Hans-Georg Bock walks through the door to retirement after 31 years on UMMC's faculty

written by **Jennifer Hospodor**

Dr. Hans-Georg Bock retired in July after 31 years at the University of Mississippi Medical Center, but he didn't dance out the door. In fact, just 10 days before his final day at work – his office strewn with creaking chairs and files and books – he still hadn't packed a single thing.

"It's with a hurting heart that I leave, because every time I see my patients and tell them, it's like ripping my heart out," said Bock, professor of genetics, who, during the last three decades, has diagnosed and treated thousands of children with genetic abnormalities. "It's just time for a new chapter."

Bock's next chapter sees his return to Texas, a place he and his wife left 31 years ago to come to Mississippi with much the same reluctance he feels now about leaving the state he's called home all that time.

In a strange mishmash of wistfulness and rationality, he recalls that all the chapters of his life – all the metamorphic moments – unfolded in much the same way.

"I never was in a position where I made a decision; doors just opened. That's how God works," Bock said. "It's kind of been the story of my life. Doors just kept opening and the best door was coming here to Mississippi."

The earlier chapters in Bock's life include a childhood in Tullahoma, Tennessee, a little town due southeast of Nashville where his father worked for Arnold Engineering. Later, Bock earned his bachelor's degree in molecular biology at Vanderbilt University in Nashville.

He remembers not knowing what he wanted to do during his senior year at Vandy, so when a door opened there in the form of a scholarship to its combined M.D./ Ph.D. program, he walked through. He completed his joint degree in 1977.

The chapter in which Mississippi became the setting began in 1983, after he completed a pediatric residency and a pediatric genetics fellowship at the Baylor College of Medicine in Houston.

It was then that another door opened for him – a position in UMMC's Department of Preventive Medicine. Knowing very little about Mississippi, he accepted, mostly, he says, because of the friendly people.

Bock early in his service at UMMC

"It was hard not to fall in love with Mississippi," he said. "You can't say that about every place.

"Mississippi and the Medical Center welcomed me with open arms and I've never forgotten that. I've always been very appreciative of that. You don't get that very often in the world today."

Bock's arrival at UMMC came at a time when the Division of Medical Genetics saw just a couple of patients a week. That number has risen sharply in recent years to upwards of 40 patients a week, thanks to increased coverage of genetic anomalies by the media and on Internet-based sources.

Emmalyn Hudson was just 6 days old when she arrived at Batson under Bock's watchful eye.

"People often will see that and say, 'That sort of looks like my child,' and then they come in and they want counseling, evaluation, testing for something because they saw it on a program."

Bock says the knowledge base has mushroomed, leading to a tremendous increase in the number of self-diagnoses.

But there are still cases like that of Emmalyn Hudson of Columbus. She came to be Bock's patient at just 6 days old, accompanied by terrified parents with more questions than answers.

Emmalyn was five weeks premature, but her parents, Shannah and John, still believed they took home a healthy, happy baby. That changed on their second night home when they received a call at 10:30 at night from the local hospital where she was born.

Emmalyn's routine heel stick screening test had come back positive for "something," and although hospital staff wouldn't tell the Hudsons what it was, they insisted Emmalyn be brought back to the hospital immediately.

Shocked and confused, the Hudsons were told to pack a bag because Emmalyn would be transferred to Batson Children's Hospital in Jackson the next morning.

"That call totally shook our world and turned everything upside down," Shannah Hudson said.

The next call was around midnight from Bock, who explained the heel stick revealed a rare genetic metabolic disorder called Glutaric Aciduria Type 1. He called again when they were en route to Jackson the next morning.

Then he literally met them at the door.

"We finally got there, pulled up to the ER and saw a man striding across the lobby and he just grabbed her up and said, 'Mom, come with me.' I don't know many doctors that will call when you're on the way to the hospital and literally meet you at the doors. He's one in a million."

Emmalyn's disorder is characterized by her body's inability to break down certain proteins properly. If left untreated, GA1 could cause brain defects or even death. Thankfully, Emmalyn, who turns 4 in September, has a good prognosis.

Shannah believes "Doc Bock," as Emmalyn calls him, helped get them this far and says the whole family was devastated to learn of his retirement.

"He's like an extended part of our family," Shannah said. "We will miss the personal connection and contact that we have with him."

"It's the family who's living it. I'm not taking any of the credit for this," Bock said. "They get all the credit. Our job in this process is to strengthen them so they can rise to the occasion."

> *"It's all about people. It's not about books you wrote or awards. It's about the people you serve.*
> **I'm going to miss the people."**
> *- Dr. Hans-Georg Bock*

This sense of humbleness and consideration has permeated Bock's time at UMMC.

Dr. Omar Abdulrahman first met Bock as a second-year medical student taking Bock's genetics course. Abdulrahman says that while he learned a great deal about genetics that semester, the concept that Bock embodied was the idea that physicians can have great compassion for their patients.

"He always talked about genetic disorders from the perspective of the patients and their suffering, and how we as healers could always impact their lives even if we couldn't cure them," Abdulrahman said.

He recalls witnessing Bock reach into his own pocket and hand over a five dollar bill to a patient's family to help pay for their return to a critical follow-up visit.

"I'd never seen that before," Abdulrahman said. "Even though the five dollar gift was only a small amount, the family saw this gesture as an act of human kindness by their child's doctor who really cared for their child as if they were his own."

For his part, Bock says he has benefited more than his patients and that these relationships – with his patients and with his coworkers – are what he will miss most.

"It's all about people," he said. "It's not about books you wrote or awards. It's about the people you serve. I'm going to miss the people."

Bock enjoys a laugh while reminiscing with **Dr. Charles H. Gaymes**, professor of pediatric cardiology, at Bock's retirement party.

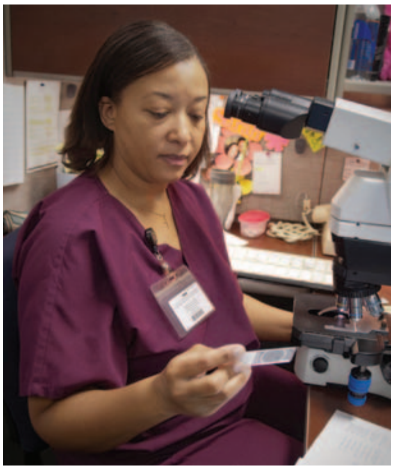
IN the NEWS

A kaleidoscope of significant news from Batson

Preteen immunization is best bet against cancer later

Experts at UMMC say parents should get children vaccinated against a sexually transmitted disease that can cause cancer in adulthood.

And although girls were the initial focus of the vaccine for human papillomavirus, or HPV, it's just as important that boys are protected.



Sarah Short, cytotechnologist in the Department of Pathology, prepares to examine a patient's Pap smear.

"Girls are getting their HPV from someone. They're usually getting it from the boys," said Dr. Rana El Feghaly, an infectious diseases specialist and assistant professor of pediatric infectious diseases.

"If you can prevent it in boys, then you can prevent it from being transmitted to girls."

The HPV infection, the most common STD in the nation, is spread through genital skin-to-skin contact and sexual intercourse. And because the vaccine provides best immunity when given early – before sexual activity begins – the Atlanta-based Centers for Disease Control recommends children as young as 9 receive the immunization, given in three doses over a six-month period. The CDC recommends it for all children ages 11-12, boys through age 21, and girls through age 26.

The statistics in Mississippi are alarming. Just 12 percent of girls ages 13-17 complete the vaccine, the lowest rate in the nation, the CDC reports. The rate is 50 percent or higher in some other states.

Mississippi has a high rate of HPV infection, with an incidence of 8-10 new HPV-related cervical cancer cases per 100,000 population.

"It is critical for Mississippi physicians to understand and embrace the concept that the vaccine is useful in children who are not yet sexually active because of its effects years into the future, when the children grow into young adults who usually will become sexually active," said Dr. Gailen Marshall, professor and division chief of allergy and immunology in the School of Medicine.

It's sad, pediatrician Dr. Will Sorey said, that anyone would decline to protect their child against a disease that affects one in five Mississippians.

"This is like seat belts," said Sorey, professor of pediatrics. "It's just something you must do to protect yourself."

Occupational therapist earns leadership kudos

When a coworker told Candice Barber about a dog left unattended for days in a car in the stadium parking lot adjacent to UMMC, the animal lover sprang into action.

Barber, an occupational therapist at Batson Children's Hospital, found out the dog's owners had a family member in the ICU at UMMC. Candice provided food, gift cards and gas cards for the family and helped with sleeping arrangements. She also made sure the dog was attended to during their stay.

She was recognized for her thoughtfulness and hard work by Children's CEO Guy Giesecke during the UHHS Leadership Meeting.

Candice Barber is recognized for her thoughtfulness and hard work by Guy Giesecke.

Ronald McDonald House celebrates 25 years

The Ronald McDonald House turned 25 this May, marking the occasion with a birthday celebration at the Cedars in Fondren where the man himself, Ronald McDonald, showed up.

Built on the UMMC campus with the help of four years of fundraising in 1989, the house is a "home away from home" for many families who have children requiring specialized medical care. Home-cooked meals, private bedrooms and playrooms for children are provided through the generosity of volunteers and donors.

Many UMMC staff and student groups regularly prepare and serve meals to the families, including Batson Children's Hospital nurses, occupational therapy students and members of the American Medical Student Association.

The RMH is the cornerstone program for Ronald McDonald House Charities of Mississippi (RMHC MS). In 2000, RMHC MS began awarding grants to other non-profits that enhance the health and/or education of Mississippi children. To date, more than $165,000 has been given to Batson projects.

The Fugate family takes one of their first photos together. Mom Kimberly holds Kayleigh Pearl, left, and Kenleigh Rosa, big sister Katelyn sits at center, while dad Craig holds Kristen Sue, left, and Kelsey Roxanne.

Fugate quads go home

The Fugate quadruplets are finally all home.

The babies, all girls, were born Feb. 8, just shy of 13 weeks premature, to Kimberly Fugate, who was surprised at the announcement of the fourth baby.

"There are more feet."

Those words, spoken by Fugate's physician during delivery, first alerted her she was having quadruplets.

She and her husband, Craig, as well as the entire health-care team working on her case, believed she was having triplets.

Dr. James Bofill, professor of maternal fetal medicine, said the odds of quadruplets occurring without the use of fertility treatments are 1 in 729,000. But in the Fugates' case, the odds are even smaller because their girls split from a single egg, meaning the siblings are identical.

"Those odds are incalculable," Bofill said.

Kristen Sue and Kelsey Roxanne went home in early May, while Kenleigh Rosa and Kayleigh Pearl went home in late June.

Will Rogers, Variety charity award $25,000 to NICU

The Will Rogers Institute and Variety, the Children's Charity of the United States, awarded a $25,000 grant to the state's only Level IV neonatal intensive care unit Aug. 22.

Todd Vradenburg, executive director of WRI, and Ron Krueger II, Variety board member and president and chief operating officer of New Orleans-based Southern Theatres, presented the check to Dr. Rick Barr, Suzan B. Thames Professor and Chair of Pediatrics, Dr. Sajani Tipnis, associate professor of neonatology and medical director of the NICU, and Billy Needham, Newborn Center nurse educator, who applied for the grant.

"We're so happy to have been able to work with Variety and bring this grant together," Vradenburg said.

The funds purchased two Sentec Transcutaneous CO2 monitors along with several months' worth of supplies. The monitor reports CO2 levels and other respiratory trends on a minute-to-minute basis via a probe placed on the baby's chest, avoiding the need for repeated blood tests.

"We have many small patients where vascular access is an issue," Tipnis said. "We have outstanding staff that does a very good job, but sometimes you just can't get that line. In those cases, these machines are going to help us non-invasively monitor these babies."

UMMC is among 14 recipients of grant money from the Will Rogers Institute this year. Last year, WRI committed $400,000 in grants for neonatal intensive care units to purchase much-needed equipment.

Todd Vradenburg, left, and Ron Krueger II, right, present a $25,000 grant to, from left, Dr. Sajani Tipnis, Tara Goddard, clinical director of the Newborn Center and Center for Maternal & Fetal Care, Billy Needham and Dr. Rick Barr.

Procedure repairs hearts without opening children's chests

Moms and dads of babies born with what's known as a "hole" in their heart usually brace themselves for open-heart surgery, the accepted route to fixing the life-threatening defect.

But a significantly less invasive procedure that a University of Mississippi Medical Center pediatric cardiologist carries out in a catheterization lab is giving children and parents a new option: A simple overnight hospital stay and a regular Band-Aid on the children's leg in lieu of a line of chest stitches.

Sixteen children have successfully undergone Dr. Makram Ebeid's procedure to plug a perimembranous ventricular septal defect in their heart's lower half by transporting the plug on a catheter that is advanced through the child's leg. It's a transformational development borne of clinical trials that could, in time, replace the decades-old standard of surgery requiring at least a three- to five-day stay and post-op care in the pediatric cardiac care unit, Ebeid said.

"It makes so much sense that this is the right thing to do," said Ebeid, professor of pediatric cardiology and director of the Pediatric Catheterization Lab.

If more parents only knew they could avoid open-heart surgery on their babies or toddlers, many would jump at the chance, said Dr. Jorge Salazar, professor of pediatric heart surgery and co-director of the Children's Heart Center.

A ventricular septal defect is an opening in the septum wall that separates the heart's left and right ventricles. That congenital flaw is almost always repaired during open-heart surgery.

Ebeid, however, has developed a trans-catheter approach. Guided by X-ray imaging, Ebeid threads a wire through a tiny hole in the patient's leg and into a blood vessel or artery. The wire is guided to the patient's heart, and the cardiologist passes instruments over the wire that are used to make repairs, such as a plug to seal an opening in the heart or replacement valves to relieve those that no longer work.


Dr. Makram Ebeid holds patient Wyatt Stout, 2, of Pass Christian during a visit following Wyatt's heart-repair procedure done via catheter.

Ceremony honors leaders in children's nursing


Dr. Janet Harris, left, associate dean for practice and community engagement in the School of Nursing, presents the 2014 Nurse of the Year Award to Denise Adams, a nurse in the pediatric emergency department.

Batson's leading nurses took home many of the top honors at the 2014 Excellence in Nursing Award ceremony in May.

Awardees include: James Polson, D.N.P., director of clinical operations for the Division of Cardiothoracic Surgery, Advanced Practice Nurse of the Year; Dennis Demesa, R.N., Clinical Practice Nurse of the Year; Adyn Dancy, R.N., Nurse Rookie of the Year; Denise Adams, B.S.N., R.N., Nurse of the Year; Pam Farris, R.N., Nurse Manager of the Year; and Terri Gillespie, chief nursing executive officer and former chief nursing officer for Children's of Mississippi, Nurse Administrator of the Year.

IN the NEWS

Emergency teams aid in tornadoes' aftermath

Damaged interior of Winston County Medical Center in Louisville

Tornadoes that ripped through the state in late April put UMMC into action to help fellow Mississippians in need.

The team of medical and emergency professionals is part of a statewide network coordinated from the Medical Center.

Knowing traumatic injuries were likely, leaders activated UMMC's Emergency Operations Plan, which clears and readies adult and pediatric trauma rooms, emergency department capacity and operating rooms.

Two 16-member teams, including one pediatric transport team, deployed from UMMC to support search-and-rescue efforts in Tupelo. They traveled with an eight-bed mobile field hospital contained in an 18-wheeler truck. The unit is essentially an emergency room on wheels, part of a joint asset of the State Department of Health and UMMC.

Aubrey Pepper, perioperative nurse educator at Batson Children's Hospital, noted the tenderness operating room staff showed toward storm victims.

Staff members bought lunch for the families of victims, purchased hair brushes and washed the children's mud and debris-filled hair, Pepper wrote in an email. Staff took extra care to bathe the children while they were asleep so the children would wake up from their surgeries clean, comfortable and at lower risk for infections.

"I have seen this type of extra effort time and time again from the Batson surgery team, but rarely are they recognized for their efforts," Pepper wrote. "Due to the nature of perioperative services, these staff are unseen by families, but their exceptional work has long-lasting effects."

New pediatric specialists added to Children's faculty

To meet the growing needs of its patients, Children's of Mississippi added the following specialists to its staff recently. For more information about Children's of Mississippi services or to make an appointment, visit www.ummchealth.com/children.

Marcus Lee, M.D.	Neurology
Melissa Rhodes, M.D.	Hematology-Oncology
Eric Dec, M.D.	Genetics
Uwe Blecker, M.D., Ph.D.	Gastroenterology
Zach Cannon, M.D.	Ambulatory-Grenada Lakes
Holly Dawson, M.D.	General Pediatrics
Austin Harrison, M.D.	General Pediatrics
Salwa Gendi, M.D.	Cardiology-Tupelo
Christian Paine, M.D.	Palliative Medicine
Atul Poudel, M.D.	Nephrology
Anza Stanley, M.D.	Ambulatory
Spencer Sullivan, M.D.	Hematology-Oncology
Kathryn Thomas, M.D.	Ambulatory-Grenada
Lamar Davis, M.D.	Neurology
Michael Foster, M.D.	Emergency Medicine
Dustin Sarver, Ph.D.	Child Development
Nina Sarver, Ph.D.	Child Development
Divya Shakti, M.D.	Cardiology
Christopher Bean, M.D.	Surgery-Urology
Damon A. Darsey, M.D.	Emergency Medicine
Sabahat Afshan, M.D.	Nephrology
Sophie Lanciers, M.D.	Gastroenterology-Endocrinology

New law advances cannabis-derived epilepsy treatment

The Mississippi Legislature passed legislation in April approving the University of Mississippi Medical Center to dispense cannabidiol (CBD) oil, a non-psychoactive constituent of the cannabis plant that may have anti-seizure activity, for the treatment of epileptic seizures in children.

The Harper Grace's Law is named for Harper Grace Durval, a 2-year-old Batson patient who suffers from a rare form of epilepsy called Dravet Syndrome.

Unlike "medical marijuana" that is legal in some states, the oil that is the subject of Harper Grace's Law is extracted from cannabis and is orally administered, not smoked. In addition, the specially processed oil contains a very low amount of tetrahydrocannabinol, or THC, the principal psychoactive constituent of the cannabis plant.

Rigorous and formal research studies in humans need to be conducted to establish the oil's effectiveness and safety.

Before patients can receive the potential treatment in a carefully controlled clinical trial in Mississippi, major regulatory requirements still exist and meeting them could take a year or more.

The requirements include securing federal regulatory approval to grow, process and transport the variant of low-THC, high-CBD marijuana from which the oil is extracted. The National Center for Natural Products Research at the University of Mississippi School of Pharmacy in Oxford has recently gained approval from two federal agencies to grow a certain quota of the particular strain.

Any such clinical trial established at UMMC would initially involve children with refractory or more serious types of epilepsy. There are no current plans to study the effectiveness of CBD oil or smoked marijuana on seizure activity in adults. Nor do UMMC neurologists feel that smoked marijuana – whether medical or recreational – currently has a place in treating epilepsy.

Dr. Brad Ingram, assistant professor of pediatric neurology, examines epilepsy patient Olivia Edwards.

Dedication of Wall of Heroes honors pediatric organ donors

The "Wall of Heroes" honoring pediatric organ donors at the University of Mississippi Medical Center was dedicated on a June morning at Batson Children's Hospital.

The wall is a joint effort of the Mississippi Organ Recovery Agency, the Mississippi Lions Eye Bank and the state's only children's hospital to commemorate the lives of children who gave the gift of life to others.

Video available at youtube.com/batsonhospital, search channel for "MORA"

Jackie McInnis of Mount Olive has her photo taken next to the newly dedicated Wall of Heroes at Batson Children's Hospital, which honors pediatric organ donors including her son, Gary Lenzie McInnis.

Children's Hospital patient wins Orlando Dream Giveaway

Rob Armour, left, presents Grant Wilcher with a $1,000 Friends of Children's Hospital CheckCard. Other members of the Wilcher family are, from left, sister Alex, dad Jimmy and mom Lori. Older brother Bo is not pictured.

Twelve-year-old Batson patient Grant Wilcher of Union and his family were announced as the winner of the BankPlus Orlando Dream Giveaway in July.

"We're going to Disney World!" Grant said after the announcement.

Wilcher and his family were presented a vacation package worth more than $10,000 that includes round-trip airfare, ground transportation, five days'/four nights' accommodation at Walt Disney World's Polynesian Resort, tickets to Walt Disney World parks and a $1,000 BankPlus Visa gift card. They plan to take the trip during the Thanksgiving holiday.

The Wilchers qualified for the contest because of Grant's stay at Batson Children's Hospital for a neurological condition that causes headaches and other symptoms.

The Orlando Dream Giveaway contest was open to any family that had a child stay at Batson Children's Hospital for at least one night between March 15, 2013 and June 30, 2014. Eligible families participated through Facebook and mail.

In addition to the Batson patient family, any holder of the BankPlus Friends of Children's Hospital Visa CheckCard who used the card between March 15, 2014 and June 30, 2014 was automatically entered into the contest for a second, identical grand prize. DeDe Franciskato of Madison won that prize.

First issued in 2011, BankPlus has issued more than 8,400 Friends of Children's Hospital Visa CheckCards. This year alone, these cards will be swiped more than one million times. With each swipe, BankPlus donates money to Friends.

"What this means is that in less than three years, this checkcard program will raise over half a million dollars for Friends to help Batson Children's Hospital," said Rob Armour, BankPlus chief marketing and business development officer, who also serves as president of the Friends of Children's Hospital board.

Pediatric nurse garners recognition for going above and beyond

The UMMC Awards Team recognized Hailey Moore, registered nurse in the pediatric surgery suite, during a July leadership meeting.

Moore spent two hours of her own time consoling and assisting a visibly upset father in the waiting room of the surgical floor so that he "wouldn't have to be alone." Moore stayed with him until another family member joined him in the waiting room.

Hailey Moore

Video available at youtube.com/batsonhospital, search channel for "palliative"

Pediatric palliative care establishes accredited fellowship


Dr. Christian Paine, assistant professor of pediatrics, examines Tisheanna Phinizee, 8, of Columbus.

The Division of Pediatric Palliative Care recently became one of only 10 programs nationwide to offer an accredited pediatric-dedicated fellowship in hospice and palliative medicine. It graduated its first fellow in July.

After completing his fellowship, Dr. Christian Paine became eligible for certification by the American Board of Pediatrics in hospice and palliative medicine.

Because completing a fellowship is the only pathway to board certification in this discipline, Dr. Rick Boyte, professor and chief of pediatric palliative care, believes getting the accreditation lends the pediatric palliative care program credibility.

"There are many children's hospitals out there with palliative care services doing a great job taking care of patients, but I think having a fellowship shows an additional commitment and level of expertise," Boyte said. "I'm very proud of the fact that we're one of the few because I think it shows a commitment to expanding, to growing, but especially to maintaining the level of expertise."

Paine is one of only 14 potential graduates to enter the medical work force with this level of training and expertise.

Boyte is hopeful the one-year fellowship will help grow the pediatric palliative care program by encouraging pediatric residents to come to UMMC for the one-year fellowship and then stay and join the staff, much like Paine, who became an attending physician with the program in July.

The fellowship is one of only four offered in pediatrics at UMMC, with others in pediatric intensive care, neonatal intensive care and hematology-oncology. The Accreditation Council for Graduate Medical Education offers the certification and is the only organization of its kind that evaluates residency and fellowship programs throughout the United States.

Children's Safety Program: new report underscores importance of buckling up


Liz Foster

A new report on possible reasons why more teens die in motor vehicle crashes than from any other cause of death is sounding alarm bells for Children's of Mississippi's safety and community outreach staff.

Published in June by Safe Kids Worldwide, "Teens in Cars" is an effort to find ways to reduce the number of teens killed in cars, currently approximately 2,500 per year. In half of the fatal crashes the teen was not wearing a seat belt.

"We need to encourage everyone to buckle up on every ride, every time," said Elizabeth Foster, manager of the Safety and Community Outreach Program at Children's of Mississippi, the health system anchored by Batson Children's Hospital and the lead agency for Safe Kids Mississippi.

The report is based on answers gathered in a national survey of 1,000 teen passengers and drivers ages 13 to 19 and looks at why they aren't buckling up, what their distracted driving habits are and how they behave when they feel unsafe in a car.

Foster and her staff, along with community partners, have been tackling the problem in Mississippi through a monthly Drivers IMPACT (Improving Motor Vehicle Practices Among Community Teens) class designed to educate teens on the skills needed to be safe drivers and the realities of driving dangerously. Nearly 300 teenagers have participated in this program since 2011.

"It only takes one time to forget to buckle up for a life to be changed forever," Foster said.

IN the NEWS

Researchers find detectable HIV in “Mississippi Baby”

In early July 2014, the child known as the “Mississippi baby” who had been in remission from an HIV infection was discovered to have detectable levels of HIV after more than two years of not taking antiretroviral therapy and without evidence of virus.

“I have been involved with the child’s care since birth and I am deeply saddened by this turn of events,” said Dr. Hannah Gay, professor of pediatric infectious diseases. “It was a punch in the gut to see these test results last week. I know intellectually the child is going to be fine, but with a lifetime of medicines ahead, it’s more than just a little disappointing.”

The child was born to an HIV-infected mother who was not diagnosed with HIV infection until the time of delivery. Because of the high risk of HIV exposure, Gay started the infant at 30 hours of age on a triple-drug antiretroviral treatment traditionally used for prophylaxis. Testing confirmed that the baby had been infected with HIV.

The baby continued on antiretroviral treatment until 18 months of age, when the child was lost to follow-up care and no longer received treatment. Five months later, blood samples revealed undetectable HIV levels and no HIV-specific antibodies. The child continued to do well in the absence of antiretroviral medicines and was free of detectable HIV for more than two years.

Dr. Hannah Gay

The child has now been placed on standard doses of medication for HIV infection.

“I am confident the child will live a long and healthy life and while, as a clinician, I am more than disappointed for the child, I am hopeful for all researchers still looking for a cure,” Gay said. “The search for a cure is like a giant puzzle being put together and the things that have been learned from this case have contributed many pieces to the puzzle. Unfortunately, it wasn’t the final piece.”

Friends of Children’s Hospital begins MiracleHome

Cutting the first board for framing the 2014 MiracleHome are, from left, Mark Petro, Ridgeland Chamber of Commerce president, Gene McGee, Ridgeland mayor, Leigh Reeves, Friends president, George Gunn, Trustmark executive vice president and Scott Shoemaker, builder.

After a three-year hiatus, the MiracleHome project is back.

Friends of Children’s Hospital broke ground in July on the 2014 Batson MiracleHome, presented by Trustmark National Bank.

Co-created in 2003 by Friends of Children’s Hospital and the Home Builders Association of Jackson (HBAJ), the Batson MiracleHome quickly became one of Friends’ largest fundraisers. Friends and the HBAJ work with a volunteer builder to construct the home. This year’s builder is Scott Shoemaker of Shoemaker Homes.

The home is located in the Enclave subdivision in Ridgeland. Only 6,000 tickets are being sold at $100 each for the Dec. 6 giveaway date.

For more information or to purchase a ticket, call 1-877-AHOME-2U.

Partnership transforms Children's behavioral and mental health

The Children's Collaborative, a transformative partnership announced in the spring between UMMC and Mississippi Children's Home Services (MCHS), envisions a state-wide, integrated behavioral and mental health-care system that will ultimately reduce costs and improve quality of care.

Supported by a $5 million grant awarded by the Center for Medicare and Medicaid Services and the Mississippi Division of Medicaid, this unique public/private partnership is the first of its kind in the nation.

According to Dr. Susan Buttross, professor of pediatrics and chief of the Division of Child Development and Behavioral Pediatrics, one in five children suffers from a mental or behavioral health problem, and less than 20 percent receive treatment.

During the next 18 months, the Children's Collaborative will be working to ease the burden placed on the caregiver by partnering with the child's pediatrician, often the first point of contact for the family when seeking behavioral health services.

UMMC's Center for the Advancement of Youth will serve as a gateway for families to enter the Children's Collaborative's system of coordinated care.

Following a comprehensive assessment at the Center for the Advancement of Youth, children served through the Children's Collaborative are then seamlessly directed to various UMMC pediatric specialists and/or to community-based behavioral health services provided by MCHS.

MCHS will offer this behavioral health care in the home and community of the child in one of the 11 outpatient offices located around the state.

Over the course of the project, the Children's Collaborative also plans to develop a telehealth network within these 11 offices to help these children and families access other UMMC pediatric sub-specialty services, such as endocrinology and pulmonology.

Gov. Phil Bryant addresses a crowd at an announcement of the Children's Collaborative, a partnership between UMMC and Mississippi Children's Home Services. Joining him are Dr. Susan Buttross, front row left, Dr. John Damon, front row right, CEO of MCHS, and employees of MCHS and Medicaid.

a little Sunshine

Snapshots of visitors and events that brightened the lives of our patients

1 Less than 24 hours after being named 2014 Miss Mississippi, **Jasmine Murray**, center, and Miss Mississippi's Outstanding Teen **Grace Munro** stop in to visit with patients, including **Hunter Edwards**, 5 months, of Vicksburg.

2 Who needs a treat? **Campbell Dale**, 5, of Madison, enjoys his M&M Blizzard treat with twin sister Avery during Dairy Queen's ninth annual Miracle Treat Day.

3 Callaway High School football player **Aaron Odom** challenges **Hunter Rogers**, 4, of Louisville, on the Xbox in an activity room during the football team's August visit to Batson.

4 Smokey the Bear convinces 14-year-old **Oliver Spann** of Jackson to take the pledge to prevent wildfires during a recent visit to Batson.

5 **Tammie Young**, 14, of Greenville and friend **Makayla Malone** enjoy a surprise visit from Mississippi State mascot Bully and head football coach **Dan Mullen**, along with players **Jamaal Clayborn**, left, and **Justin Malone**.

6 **Hannah Dunaway**, 13, of Vicksburg receives her "Wings of Gold" after being guided through the Naval Aviator for a Day program by Lieutenant Commander **Clint Watt** at Meridian's Naval Air Station.

7 Mississippi Braves third baseman **Kyle Kubitza**, left, and catcher **Braeden Schlehuber** spend a little downtime with **Jamison Westbrook**, 5, of Roxie, in a Batson activity room.

8 Darth Vader and his Storm Troopers (a.k.a. members of the Mississippi Rancor Raiders) imbue **Tuluni Moore**, 14, of Meridian, with "the Force."

9 **Lily Elliott**, 14, of Oxford threw the first pitch with Kappa Sig president **Alex Brown**, left, and philanthropy chair **Robert Kirby** during the Diamond Day baseball game. Each spring, the Delta Xi chapter of Kappa Sigma hosts a week-long fundraiser ending with a baseball game at Swayze Field.

Video available at youtube.com/batsonhospital

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Inspiring HOPE *Saving* LIVES

> Support from our community is instrumental to our success. These connections with you, our supporters, inspire hope in our hearts and those of our patients and, in turn, save lives.

Seven-year-old Ellie Moncrief of Madison wanted to help Batson patients, so for her birthday she asked her friends to bring books instead of presents for her. She brought those books and a few other goodies to the hospital for the Reach Out and Read Program, which provides a new book to a child at every well-child checkup.

Flowood Elementary students Adysen Walton, center left, and Emma Rose raised more than $300 during the school year through various fundraisers and were able to purchase two Cozy Coupe cars and dozens of restaurant gift cards and iTunes gift cards for Batson patients and families. With a little help from Principal Lacey Kuyrkendall, left, the girls present the donations to Child Life assistant Michelle Chambers.

The Pearl Police Department hosted a “Dunk-A-Cop” dunking booth during the Pearl Day festival at Trustmark Park. Captain Timothy Sarrett, left, Mayor Brad Rogers, center, and Chief of Police Ben Schuler present the $558 raised to Batson Hospital.

Local artist Kate Freeman, second from right, showcases an original painting created during the Jackson Metro Tri Delta alumnae summer social to, from left, fellow artists Donna McVey and Tay Cossar Morgan, along with Dr. Gail Megason, director of the Division of Pediatric Hematology-Oncology. Funds raised from art sales during the event were donated to the Children's Cancer Center.

As part of their SFBLI Cares Program, Southern Farm Bureau Life Insurance Company employees participate in a payroll deduction plan and have donated more than $141,000 to Batson since 2010. Dr. Rick Barr, second from right, Suzan B. Thames Professor and Chair of Pediatrics, accepts a check for the 2013 donation totaling more than $33,000 from SFBLI employees, from left, Erin Williams, Stephanie Hopkins and Matt Ginn.

Inspiring HOPE Saving LIVES

Students from The Columns Society at the University of Mississippi delivered more than 85 Team Luke Rhythm Pax to the children at Batson Children's Hospital. Rhythm Pax – a form of music therapy – contain lap drums, a finger piano, a rainstick, DVDs and more. Pictured from left are Ruben Ruiz, Emily Wikle and Chad Bowman; right side, back row from left, Jennybeth Hendrick, Murray Miller, Quadray Kohlheim and Cedric Garron; front row, from left, Sam Kapoor and Madison Coburn.

Summer Nation, a member of the Green Ladies marching group in Mal's St. Paddy's Parade and Festival, presented funds and toys for Children's Heart Center patients to James Polson, director of clinical operations for the Division of Cardiothoracic Surgery.

Bringing a little more sunshine to Batson, local artist Kimberly McCarty Gartrell, center, donated a mosaic piece in honor of her daughter, Lily, second from left, and niece, Daye McCarty, second from right, both former patients. Accepting the art is, from left, nurse Tommie Bays, Dr. Mark Reed, Dr. Rana El Feghaly and Dr. Jeanette Pullen.

The Mississippi branches of 1st Franklin Financial Corporation recently presented Friends of Children's Hospital with a $50,000 donation. Attending the presentation are, from left, Friends board member Bruce Leach, 1st Franklin Financial representatives Chad Frederick, Marty Miskelly and Carla Eldridge, Dr. Rick Barr, 1st Franklin Financial representative Pat Smith, Friends president Leigh Reeves and board members Melanie Morgan and John Scarbrough.

Inspiring HOPE *Saving* LIVES

The Mississippi State University Panhellenic Council asked pledges to donate during its recruitment drive. The group collected toys and raised more than $4,500 for Mississippi's only Children's Hospital. Delivering the donation are, from left, Lauren Camp, Greer Mangum, Brooke Goldman, Susie Witkiewicz, Madii Sowell, Anna Barker, Hannah Oliver and Anna Langford.

Rainbows for Bray had an online auction and donated the proceeds in memory of Brayden Kye Hearns, a former patient. The auction raised more than $2,000 for Batson, which was presented to Dr. Rick Barr, fifth from left. Presenting the check are, from left, Sandra Acker, mom Alicia Hearns, sister Mary Adalyn Hearns, brother Landon Hearns, father Willis Hearns, Allison Dufour, and Hannah Kaye.

Q&A: RICK BOYTE

Dr. Rick Boyte, professor of pediatrics, is the division chief of pediatric palliative medicine at Batson Children's Hospital, where he has worked for 20 years. Boyte's first 16 years at Batson were spent in the Pediatric Intensive Care Unit. During that time, he discovered and delivered palliative care within the PICU. Boyte equates palliative medicine with a second warm blanket on a cold night, saying it is an option overlaying and enhancing traditional care for children with life-limiting illnesses. By focusing on a child's total pain – whether physical, spiritual or psychosocial – palliative care enhances the quality of life for a child and family by minimizing suffering and offering support in whatever capacity it is needed.

1. Why did you choose pediatrics?

People told me from the beginning of medical school that my personality would fit pediatrics. I think because of that, I actually rejected it for three years. Pediatrics was the last rotation I did and I felt very much at home with it. I liked engaging with children. I liked the idea that we were being helpful, not just to the patient, but to the family as a whole. All of it kind of just fell together for me. So people were right, I just didn't see it.

2. You started in pediatric intensive care; what made you change to palliative medicine?

I think it's something you have to find or be led to. There's no doubt that I would not have chosen palliative care without first having had the critical care experience. It's similar in the sense that we're still dealing with medically complex patients. There's an incredible need to support the family, but the crisis is totally different. It's not an acute crisis. It's more of a chronic state of need for the family. I actually credit the families that I saw in the PICU, too. That kind of helped push me in this direction because it was watching them go through their experiences that I started to realize that they needed more help. I would always find that helping them through their journey was very meaningful.

3. What do you tell your children about what you do?

It's a struggle because I went from critical care, where it's easy to tell children especially that I treat some of the sickest kids that come to the hospital. But you know, I have the same answer now as I did then. They're older now, so it's easier to explain, but I do tell them that I treat some of the sickest kids that come to the hospital, kids nearing the end of life, kids often without the possibility of a cure.

4. Is it true that some people equate palliative medicine with giving up?

Doctors more than parents.

5. Is that changing?

It's a constant fight. It's a matter of showing people, not telling them. The key is coming in and demonstrating that we're there until whatever outcome there is. We do have to try and explain ourselves to some families.

6. What's the most important part of your job?

The child is always the most important part. Trying to find ways to enhance their quality of life, I'd say that's the most important part. Even as we go through struggles and difficult situations as a team, we always try to refocus and say, 'Okay, what's the most important thing here?' and it goes back to making sure the patient is taken care of.

For more information about the Division of Pediatric Palliative Care, please call (601) 984-2940 or visit us online at http://www.ummchealth.com/palliative/

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CALENDAR OF EVENTS

Batson Christmas Tree Lighting
December 2

MiracleHome Giveaway
December 6

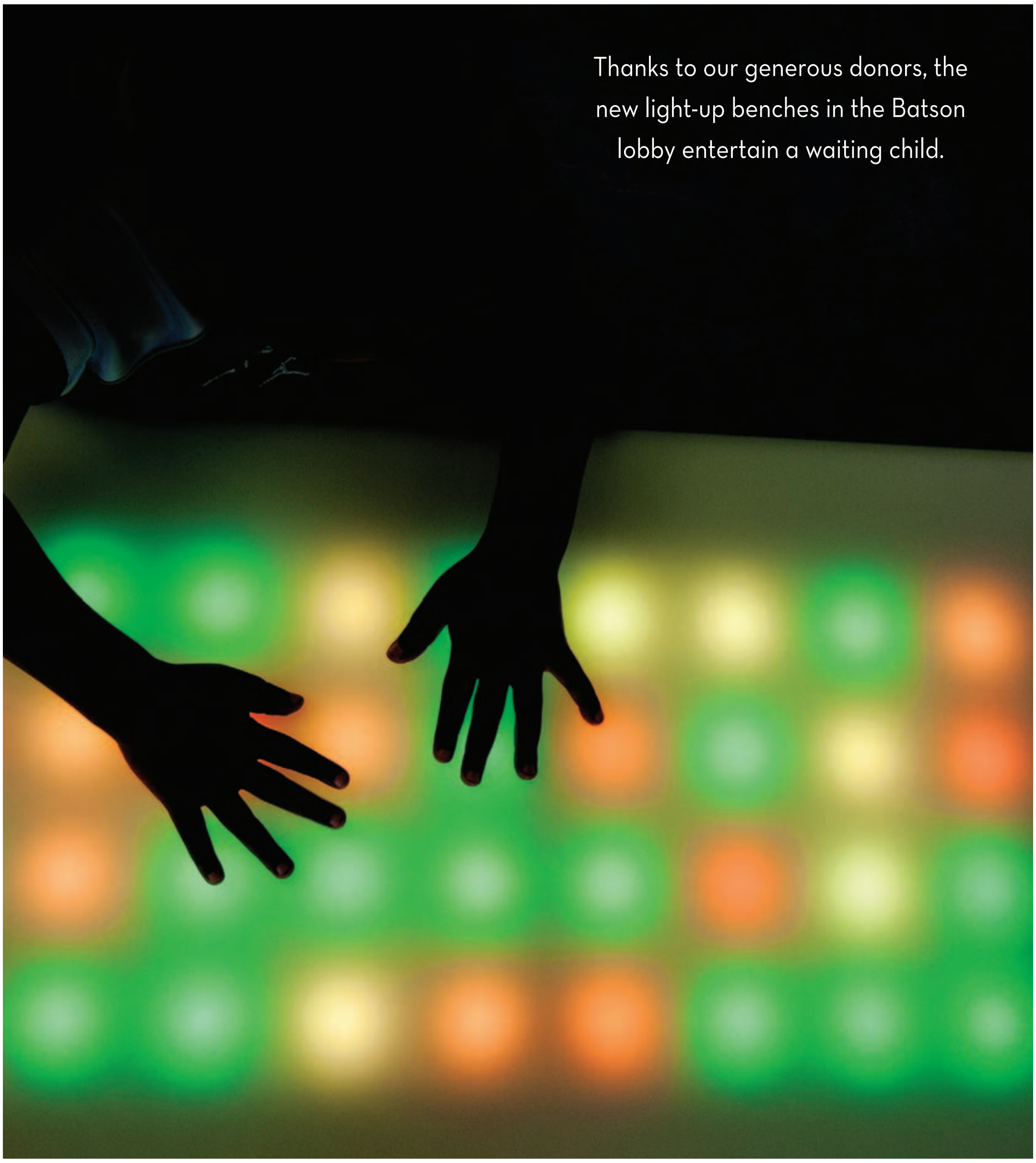
Southern AgCredit's Fit for Agriculture and Jingle Bell Jog
December 6

Mississippi Miracles Radiothon
March 4-6

Mal's St. Paddy's Parade & Festival
March 20-21

Mississippi Charity Horse Show
March 26-28

Zippity Doo Dah Parade & Festival
March 27-28



Thanks to our generous donors, the new light-up benches in the Batson lobby entertain a waiting child.