

UNDER THE



# Rainbow

BATSON CHILDREN'S HOSPITAL



FINDING THE RAINBOW

## after THE rain

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## Dear Friends,

At Batson Children's Hospital, we are often the beneficiaries of generosity we can never repay. We were recently reminded of this at our annual Mississippi Miracles Radiothon. For three days we heard and witnessed stories about families helped by our staff. And each year, when the total amount raised during the event is revealed, we are amazed and humbled by the outpouring of support for these families and the work that goes on here. 'Thank you' seems insufficient.

And so, aside from merely saying 'thanks,' we want to bring you the stories that make this place and this organization unique. In this edition of Under the Rainbow, you'll meet some of our physicians, patients and supporters and read about the ways we are expanding to better serve the needs of the children in our state and the region.

As you go through this issue, we hope you recognize that you, our donors and friends, are an intrinsic part of what goes on here each day. We are all in this together. All of us at Batson and Children's Healthcare of Mississippi are **grateful for your support**.

Enjoy,



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



**Guy Giesecke,**  
Chief Executive Officer,  
Batson Children's Hospital





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**On the cover:**  
Childhood cancer survivors  
Justin and Paige Scruggs



**Paige Sandifer** is about 2 years old in this portrait taken soon after she was diagnosed with cancer.



**Justin Scruggs**, then 6, enjoys Christmas shortly after his family learned that he had cancer.







# FINDING THE RAINBOW

## after the rain

How two former patients survived cancer and found each other

written by **Gary Pettus**

It would be a nice, romantic touch to the story if the two children had struck up a friendship when they were first struck by cancer; but, the fact is, toddlers and first-graders have different agendas.

Years later, at Camp Rainbow, it would be different; Justin Scruggs and Paige Sandifer would find a lot to talk about there, at the retreat in the woods where they shared stories and s'mores and watched the fireworks, especially the ones they made together.

Separated in age by more than four years and in distance by more than 70 hometown miles, they were brought to the same place at the same time, shadowed by the same illness.

Between the two of them, they would be hammered by acute lymphocytic leukemia (ALL), a disease of the blood and bone marrow, three times.

"People who know us and have cancer say, 'Well, if Justin can make it through this twice, maybe I can do it,'" she said.

"That's why we like to tell our story."

The story begins before her memories do. Now 22, she became sick before her second birthday, and was only 5 or so when her treatments ended, as did the cancer.

She knows that chemotherapy and "long needles" were involved, details that come from her parents, Scott and Pam Sandifer, "but they don't like to talk about it," she said.

"My mother told me, 'I don't want you to remember any of this.'"

Her father is still haunted by it, too. "There were things she went through - I couldn't even stay in the room with her," Scott Sandifer said. "It's more than I would ever want her to go through again.

*Paige & Justin*





1 **Eli Manning**, New York Giants quarterback, autographs the bare head of **Justin**, then 18 and still undergoing the chemotherapy that caused his hair loss.

2 **Archie Manning**, former NFL great and father of **Eli Manning**, signs a poster for **Justin**.

3 By Camp Rainbow's 2009 session, the friendship between cancer survivors **Justin** and **Paige** had developed into a romance.



Courtesy of the Clarion Ledger

As a teenager undergoing chemotherapy, Justin Scruggs lost his hair, but he also gained an unusual autograph, at least until it finally faded or washed away. This was when the Mannings came to town.

"When I was in the hospital, they said Archie and Eli were coming up to meet everybody," Scruggs said. It was true: the NFL greats, father and son, strolled in, and someone scared up a pen, but no paper.

So Scruggs did what any bald, 18-year-old might have done in that situation. "I really didn't have anything else in the room for Eli to sign," he said.

"He's a pretty cool guy. He said that was the first time he ever signed anybody's head."

"It's stuff you wouldn't ever imagine a kid that age would have to go through. She was 18 months old. When they start strapping them down on a table, you know it's going to be bad."

For Justin Scruggs, the story begins when he was about 6 with the onset of ALL's warning signs; bone and joint pain, fever and loss of energy are some of them.

Chemotherapy weakened him further and made his hair fall out.

"But I'd always bounce back," he said. "It didn't faze me that much. There were other kids in the hospital with me, so we played together and aggravated the nurses."

His parents, David and Denine Scruggs, drove him to Mississippi Children's Cancer Clinic, now part of Batson Children's Hospital in Jackson, about 85 miles from their home in Ellisville.

Batson opened a few years after he learned he had cancer, and the place has altered and expanded over time, said Scruggs, now 27. But his memory isn't fooled.

"All I have to do is pass by it on the highway today," he said, "and I remember spending Christmas there."

In Jackson, their parents got to know each other pretty well, bringing their kids there for treatment at the same time, the Sandifers driving from Florence in Rankin County, knowing it had to be done, but dreading every passing mile that brought their daughter closer to the needle.





4



5

SPRING 2013

“Most of the children handle it better than you would think they would,” said Dr. Jeannette Pullen, professor emeritus in UMMC’s Department of Pediatrics, one of the physicians who treated Justin and Paige. “Children just want to be children.”

Young Justin certainly did.

“He was always encouraging other patients and joking with them,” Pullen said.

“They’ve both been through a lot. And they understand a lot.”

It would be years before they would hit it off, in spite of that connection. It would happen in the place whose name rings with promise – just one more thing to sweeten the deal they would make with each other there.

He was 7 the first time he saw Camp Rainbow. Over the years, its location would change several times – it’s now on the grounds of the URJ Henry S. Jacobs Camp in Utica; but, for him, its meaning has been constant.

“This was the place where we could get away from everything,” Scruggs said. No kids there asked him why his hair was missing; many of them were bald, too, and for the same reason.

The camp was for them; even some of the counselors were cancer survivors. The counselors, among other things, kept him coming back each year.

“They took care of me,” he said. “I figured when I got older I’d return the favor.”

And he did.

“He became one of those counselors the kids just love,” said Dr. Gail Megason, head of the

Children’s Cancer Center who also helps staff the camp’s infirmary. “He will take time to stop and play with them.

“He is just a down-to-earth, country boy. Always polite,” said Megason, who also treated him.

“Justin was a heart-throb; all the girls wanted him to be their date at the camp dance.”

One in particular: a girl named Paige, who, by the way, also became a camp counselor. Her hopes went far beyond dating, though.

How soon did she know he was the one?

“When we first met,” she said. “I just had to hang in there with him.”

As a staff physician at Camp Rainbow, Pullen has seen other romances bloom there beneath the pines and between the hysterical shaving-cream fights.

“They do crop up,” she said. “But this is the first one that amounted to something.”

Here’s the irony, of course: They would have never hung out, probably would have never met, if they hadn’t had one terrible thing in common.

That cancer connection only deepened when he became sick again.

By then, his guard was down. And why not?

He had played football, baseball and other sports, and had just graduated from South Jones High School. It had been a dozen years since doctors had given his parents the news that nearly stopped their hearts. He had been in remission for years.

4 Paige and Justin celebrate their release from required checkups at the Children’s Cancer Clinic – Justin’s final day was Jan. 13, 2012, while Paige’s was about two weeks earlier; behind them are some of the physicians who treated them: from left, Dr. Gail Megason, Dr. Betty Herrington and Dr. Mary Gail Smith.

5 The wedding party witnesses the ceremonial kiss between bride and groom; clockwise, from bottom left, are flower girl Cadence Davis, Justin’s niece; ring bearer Brody Thomas, Paige’s nephew; bridesmaids and Paige’s sisters Morgan Sandifer, Brooke Thomas and Brandi Lawson; groomsmen David Scruggs, Justin’s dad, Justin’s brother Billy Welch and his cousin Waylon Scruggs.



“I didn’t even think about it anymore,” he said.

It started with sores on his tongue. “Little red dots,” he said. “I started spitting out blood. I was at work, and my mom came and got me and we finally went to the doctor.”

Tests in Jackson confirmed what he feared. “This stopped my life,” he said. “My 18-year-old’s life. I may have asked the doctor if we could go ahead and get the treatment started as quick as we could.

“I wanted to get it over with.”

He knew what could happen without it – even with it.

He had a friend, a guy he hung out with on cologne-soaked outings in search of girls. “We sprayed that stuff all over us,” Scruggs said. “We thought that would help.”

When his friend got cancer, he came to Camp Rainbow, too. By that time he was in a wheelchair.

“He really didn’t know who the heck I was anymore,” Scruggs said. “But the girls we hung out with got him up and danced with him; he was just smiling.

“About a year later, he passed away.”

This was the disease Scruggs would try to beat again. It was worse the second time. The treatments were more aggressive and lasted a year or more. He dropped 30 pounds and, once again, his hair.

But he gained an autograph, at least until it finally faded or washed away, sometime after the Mannings came to town.

“When I was in the hospital, they said Archie and Eli were coming up to meet everybody,” Scruggs said. It was true: the NFL greats, father and son, strolled in, and someone found him a pen, but no paper.

So Scruggs did what any bald, 18-year-old might have done in that situation. “I really didn’t have anything else in the room for Eli to sign,” he said.

“He’s a pretty cool guy. He said that was the first time he ever signed anybody’s head.”

Around the time his treatments ended and his second remission began, the friendship that would swell into a courtship emerged in earnest.

**Justin and Paige grew up in camp. It was just a natural thing for them to fall in love.**

-Dr. Gail Megason

“Justin and Paige grew up in camp,” Megason said. “It was just a natural thing for them to fall in love.”

Later, their work as counselors brought them closer still – to the children, and to each other.

“I’ve seen Justin talking to boys about going through the same things they were,” said LeAnne Howard, a pediatric oncology social worker at the Children’s Cancer Clinic who also works at the camp.

“I think that’s why Paige keeps coming back, too, to show the kids, ‘I was in your place; look at me now.’ ”

## HELP CAMP RAINBOW

It costs about \$100,000 to stage one Camp Rainbow session for about 70 to 100 kids each June, said Dr. Gail Megason, pediatrician and head of the Children’s Cancer Center at Batson Children’s Hospital.

Lately, contributions have fallen off.

For the children’s sake, it’s important that the camp survives, Megason said.

“To see other kids or counselors who have beaten cancer, to see life without cancer, is a phenomenal thing.”

Donations can be made to **Camp Rainbow** and can be sent to: Children’s Cancer Center, Attn: LeAnne Howard, 2500 N. State St, Jackson, MS 39216. For details, call LeAnne Howard, (601) 815-6157.

Of course, she kept coming back for someone else, too, and vice versa. And it seems that he needed a bit of counseling of his own – from her.

“I could talk to her about everything,” he said.

One thing in particular weighed on his mind, he told her.

“He’s always wondered why he survived cancer twice, when some children don’t survive the first time,” she said.

“I told him that he’s helping these children get through their treatments; if they want to talk to him about it they can. And they know that.”

For her part, she could talk to him about, among other things, her grandmother’s illness, how she had a stroke and was paralyzed, but can talk again now because of the “miracle” of speech therapy, and how this inspired her, Paige, to want a piece of that action, and she’ll get it one day when she finishes her master’s in speech pathology.

It didn’t matter that, outside camp, they seemed to be going in different directions: She as a student at the University of Southern Mississippi; he as an oilfield worker. Camp Rainbow kept pointing them to each other.

For him, the meaning of these talks with her, this “hanging out” with someone who was like no one else he knew, finally sank in.

And those who know them both probably wouldn’t say it, but probably would think it: It was about time.

He went to her dad first, driving an hour one day in May to shake Scott Sandifer’s hand and ask for his blessing.

Still, he waited one month more, until the big dance at Camp Rainbow.

She was one of the few people, it seems, who didn’t know what was in store for her that day.

“Justin was acting funny,” Megason said. “Finally, I said, ‘Justin, is there a ring?’ But all he would say was, ‘Just wait ’til the dance.’ He was just delighted with himself.”

Howard, the social worker, also knew something was afoot. “Justin came into the infirmary and spoke, in that slow, country way of his: ‘Miss LeAnne, are you going to be at the dance tonight?’

“When I told him I was, he asked me if I was bringing my camera. I said, ‘Yes, do I need it?’



Justin proposes to Paige during the Camp Rainbow dance in 2011.

“He said, ‘Yes, ma’am.’

“He and I were both very nervous at the dance.”

The small velvet box he had sneaked into camp bulged suspiciously in his pocket, so he grabbed a young camper with a backpack and stowed the case inside it.

“‘Whatever you do, don’t open it,’ he warned, and waited for the right moment.

It came during a slow dance – Jason Aldean’s Don’t You Wanna Stay. Still, Paige Sandifer suspected nothing – until her partner surprised her with some moves that brought tears to her eyes and to everyone else’s.

In front of about 100 people and Howard’s flashing camera, he dropped to his knee, pulled out a ring and asked the question everyone in the room could have answered for her: “‘Do you really love me?’”

Even the doctors were crying.

This was the moment she had thought about for a long time, an instant of joy made possible by a history of heartbreak.

As you might expect, she said yes.

“I figured she would,” he said.

That was in June of 2011. Last year, 11 months later, they became Justin and Paige Scruggs at a church in Florence.

“Two weeks later we were at camp,” he said. “That was our honeymoon.” 🌈



Video available at [youtube.com/batsonhospital](https://youtube.com/batsonhospital)



Paige & Justin



Noah Moudy  
Ernest "Tony" Fields  
Jayvin Thornburg



# A PLACE 2 PLAY

## Cancer patients find haven in the woods



Garrett Patterson



Kenda Jordan and Dr. Jeanette Pullen



Serenity Lane

He looked forward to it as much as Christmas, maybe - the five or so days out of 365 when he didn't have to explain to other kids why he had fever blisters around his mouth and no hair on his head.

At Camp Rainbow, he didn't have to explain anything, when so many others were like him.

"The people who meet at Camp Rainbow always stay friends," said Justin Scruggs. "It's a bond."

That bond has endured since 1984, the year the American Cancer Society began sponsoring the free retreat for Mississippi children who have beaten, or are still trying to beat, cancer.

"These children are exposed to so much," said LeAnne Howard, pediatric oncology social worker for the Children's Cancer Center.

"In some ways, it makes them wise and mature beyond their years."

Chronologically, at least, they are 6 to 17.

Some of those in the inaugural Camp Rainbow class are well into their forties now. Through the efforts of UMMC oncologist

Dr. Ralph Vance, Sr. and others, the children made their first home at the Strong River Camp & Farm in Pinola at the invitation of Tay Gillespie, Strong River's founder.

Camp was a hit from the beginning, said Dr. Jeanette Pullen, UMMC professor emeritus in the Department of Pediatrics who has helped staff the camp.

"The children can't wait to get back the next year, even the ones who get homesick and have to go home early.

"It's like any other camp in that respect. The difference is in what brought them all there."

Some have lost their hair, even a limb - the result of cancer or treatments for it.

"A lot of these children wouldn't have an experience like camp otherwise," said Dr. Gail Megason, pediatrician and head of the Children's Cancer Center at Batson Children's Hospital.

"A lot them can't pay. But if they want to get to camp, we get them to camp."

Donations cover the cost - about \$100,000 to stage one camp for about 70 to 100 kids each June, Megason said. Lately, contributions have fallen off.

For the children's sake, it's important that the

camp survives, Megason said.

"To see other kids or counselors who have beaten cancer, to see life without cancer, is a phenomenal thing."

About 35 to 40 percent of the campers are in treatment, said Jessi Nutt of Brandon, camp director.

All are invited to take a shot at fishing, hiking, archery, swimming, arts and crafts, shaving-cream fights, water-slide sprees and more.

"It's a beautiful thing to watch, the way they take care of each other, love each other," Nutt said. "They go through something most people don't understand."

Dan Kitchens of Crystal Springs went through it at age 3, when he was diagnosed with a tumor on his kidney.

He attended the first two camp getaways as a child.

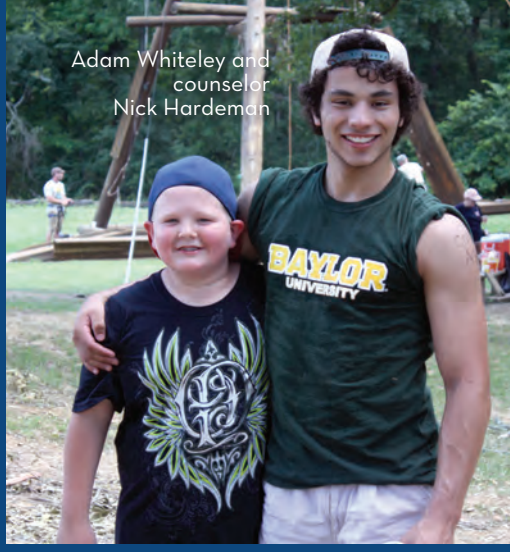
"We did everything you would expect at normal summer camp," said Kitchens, who serves on its steering committee today. "It's not a sad place.

"We do our best to not make camp about cancer; it's about fun."





Michael Taylor  
Christopher Curry  
Nicholas Watkins  
Colby Barrett



Adam Whiteley and  
counselor  
Nick Hardeman

**CAMP RAINBOW**  
*More Information*

**URJ HENRY S. JACOBS CAMP**  
[www.jacobs.urjcamps.org](http://www.jacobs.urjcamps.org)

**DONATIONS:**  
Camp Rainbow,  
Children's Cancer Center,  
Attn: LeAnne Howard,  
2500 N. State St. Jackson, MS 39216;  
Phone: (601) 815-6157



Alexis Cole



Nurse Dana  
Cole and  
Kelley Skipper

It has been that way at all of its locations, from Strong River to Twin Lakes campsite in Florence to the Girl Scout's Camp Wahi near Brandon to Roosevelt State Park in Morton to its current site on the grounds of the URJ Henry S. Jacobs Camp in Utica.

It may move again one day, to northwest Copiah County, near Crystal Springs, on 326 acres purchased by Mississippi's Toughest Kids Foundation.

"We hope to have full-time camps within a few years," said Kitchens, whose family helped establish the foundation to build a fully-accessible retreat for children and adults with a variety of serious illnesses and challenges, not just cancer.

Now 38 and in remission for decades, Kitchens has attended every Camp Rainbow session, consecutively, since he was about 19, when he first volunteered as a counselor.

Over the years, many Camp Rainbow alumni have filled that same role.

Counselors at Camp Rainbow don't have to be former cancer patients, but their own struggles with the disease can help them connect with the kids they see there every summer, Megason said.

**"We do our best to not make camp about cancer; it's about FUN."**

*-Dan Kitchens*

At Camp Rainbow, their illness doesn't define them, Scruggs said. "Their moms and dads probably talk about it all the time. This is a place they can get away from that. They just want a place to play."

That kind of empathy goes a long way, especially for the few children who are very sick and may not have long to live, Nutt said.

"The kids are young and they know they're dying and they're angry about it, and you can't blame them."

Some have died within weeks of attending Camp Rainbow. They're among the children who are honored there every summer with a tree-planting ceremony, Howard said.

"We remember the ones who were with us last year and aren't now." 🌈



Ashleigh Christ  
Allison Shaw  
Brooke Meadows





**Dr. Mary Taylor**, outside the Croft Cardiac Intensive Care Unit





# commitment required

Taylor balances a demanding career, healthy family life and makes it look easy

written by **Jennifer Hospodor**

To say that Dr. Mary Taylor is a busy woman would be an understatement.

A devoted wife, daughter and mom of three, she packs a great deal into her precious free time, attending most of her children's extracurricular activities and baking homemade cookies with insanely intricate icing for their birthdays.

She also plays the piano, makes her own pasta, and plants and tends a half-acre vegetable garden each season.

She does all of this and more when she's not at her 60-plus-hours-a-week job at Batson Children's Hospital.

Her success in cultivating a pediatric cardiac intensive care unit and its highly-specialized team has fueled the success of the growing congenital heart surgery program, which completed its 1,000th operation in April 2013, a mere three years after the program began in earnest.

"Dr. Taylor's contribution was essential in making the Children's Heart Center a regional leader with exceptional results," said Dr. Jorge Salazar, chief of congenital heart surgery and co-director of the Children's Heart Center.

Two years ago, when Taylor, professor of pediatrics, chief of the Division of Pediatric Critical Care and co-director of the Children's Heart Center, arrived at Batson, her job required much more than 60 hours. And while others may have been overwhelmed, this was not Taylor's first rodeo.

A graduate of the University of Mississippi Medical Center and inspired by Dr. Blair E. Batson to go into pediatrics, Taylor completed her residency training in pediatrics and fellowships in pediatric cardiology and in pediatric critical care at Monroe Carell Jr. Children's Hospital at Vanderbilt in Nashville.



It was at the end of her cardiology fellowship that she discovered a new and growing group of pediatricians that subspecialized in cardiac critical care for children.

“At the time, babies were actually being taken care of right next to adults with cardiac surgery,” she said.

After a visiting fellowship at Boston Children’s Hospital to train in a full-fledged pediatric CICU, she was one of only 18 people in the country board-certified in both pediatric cardiology and pediatric critical care. She returned to Vanderbilt and embarked on her first foray into creating a pediatric cardiac critical care unit, turning a few beds within a PICU dedicated to cardiac critical care into a separate service with a 15-bed separate wing.

Her ability to take on and successfully accomplish such a task and do it with ease is what led Salazar to Taylor’s doorstep.

“We recruited Dr. Taylor because of her world-class training, very successful track record and strong commitment to Mississippi,” Salazar said.

At Salazar’s suggestion, Taylor visited Batson several times to take a look at what was happening with the children’s heart program.

“When I came to visit, I was really just checking it out,” she said. “I knew about the program and how it never got a foothold.”

UMMC’s congenital heart surgery program struggled for many years due to lack of resources. Then in 2008, Dr. Richard Jonas, chief of cardiac surgery at Children’s National Medical Center in Washington, D.C., began



**Taylor** makes the most of her free time with her family. Top photo: **Taylor** and her husband, **Michael**, during one of her medical mission trips to Africa. Middle photo: Taylor’s children, **Cille**, **Aubrey**, and **Jackson** at a recent family event. Bottom photo: **Taylor** and her family vacationing in the Alps.

traveling to Jackson to perform operations on Batson patients. This laid the groundwork for the program to get on its feet and when Taylor visited, Salazar had just completed his 100th successful operation.

What she saw impressed her.

“The thing that was instantly visible and palpable was the quality of people who were here and involved in all these various aspects of these teams and how intent they are on providing the very best care possible and their passion about developing this program. You could see that they were very passionate about matching the very best programs anywhere in the country.”

A Natchez native, Taylor was also excited about the possibility to help children in her home state. With their eldest child in college, Taylor and her husband packed up their lives and their two youngest children and moved to Jackson.

“There are few opportunities left in medicine to impact the care of a whole population of people at one time,” she said. “It’s a pretty unique mission and opportunity to help the health care of an entire state of children. My home state. For this to be the only children’s hospital in the state, we should be able to take care of children right here

just as they should be taken care of,” Taylor said. “We had everything that we need; we just needed the systems in place to do that.”





Getting the systems in place required working pretty much around the clock. When she wasn't at a patient's bedside or on-call, she was organizing the people and processes that would become the CICU.

Her first priority was to educate anyone involved with these patients on congenital heart defects, surgery and post-operative care. Within the Medical Center, she coordinated a three-day seminar for pediatric nursing staff. For pediatricians across the state who care for these children, she conducted extensive educational outreach.

Taylor's next step was refining the coordination and transitions between the CICU and other areas in the hospital such as the NICU and OR.

"It's hard for people to imagine the complexity of care for someone with a congenital heart lesion," Taylor says. "It has to be a seamless transition from the time they're diagnosed, hopefully by a neonatologist, through to follow-up care after surgery."

She also revamped work schedules to allow for attending-level physician coverage around the

clock and spent a lot of time developing the various teams directly involved in patient care.

Because the CICU is a subspecialized area within the pediatric intensive care unit, Taylor developed two teams – one for cardiac and one for medical-surgical care – each with a resident, attending physician and nurse practitioner that round simultaneously.

"As the CICU became more and more defined from an educational standpoint and a teamwork standpoint, it became challenging to do it and still be one ICU team," Taylor said.

Taylor likens the task to putting together a puzzle.

"The more you sit and think about it, the more pieces there are to it, millions of details that have to happen at once," she says. "We now have a strong group of people. All the pieces are here."

Pieces in place, Taylor says her job now is to help keep the program organized and moving forward, which for many would be time to let the dust settle a little. Not so for Taylor.

Above: Checking on PICU patient **Gabriel Everett** during rounds are **Dr. Carrie Morgan**, assistant professor of pediatric critical care and **Taylor**.





18

Taylor and 5-week-old Makenzie Taylor.





You can do **anything** if you just decide to do it.

It just takes a **commitment.**

– Dr. Mary Taylor



Her version of moving forward involves enlarging the hospital's transport systems in order to expand children's heart services to all parts of the state and ramping up clinical research opportunities, including examining why Mississippi has a high rate of more complex heart defects.

She also begins an educational component to the program when a new three-year fellowship program in pediatric critical care begins this summer. And to top it off, she's looking forward to plans for a new building that will house a new lobby for the entire children's hospital and all the components of the Children's Heart Center, chief among them, a larger cardiac intensive care unit.

"That expansion into that space takes it to the next level. That is the culmination," she said.

Again, she is not overwhelmed, but excited.

Dr. Rick Barr, Suzan B. Thames Professor and Chair of Pediatrics, has worked with Taylor for nearly 20 years, first at Vanderbilt and now

Batson. He knows her family well; their kids are the same ages and attend summer camp together. He says she has long been a genius at balancing her work and home life.

"I don't know how she does it and makes it look so easy," Barr said. "During her fellowship at Vandy, when I was the attending on call, my kids learned pretty quickly when Dr. Taylor was at work, because I would come home well-rested, knowing she could take care of things."

Taylor says she and her husband are both organized people, which helps her balance a demanding workload and a healthy family life.

"Our calendar at home is like an intricate business plan," she says.

She also believes a conscious decision to focus on being in the moment is key to making the most of her precious time with her family.

"You can do anything if you just decide to do it," said Taylor. "It just takes a commitment." 🌈

commitment required

## Out To Africa

Although Taylor tries to always be available to her team in the CICU, she manages to take three weeks each fall to travel to Kenya for a medical mission trip. While there, Taylor and physicians from medical centers across the country perform a week of valve replacement surgeries on teenagers and adults with rheumatic heart problems and then another week of operations on people with congenital heart defects.



Taylor and two of her patients in Africa.

"It's a pretty eye-opening experience," Taylor said. "We had hundreds of people lined up to be screened and this last time we did 26 operations in two weeks."

They also train the local medical staff on post-operative care and have established a system to keep patients returning for check-ups.



Batson patients, Laney  
Chance, top, and Avery Bell

# Breathing new life

INTO AN

OLD SPACE





**“Children are not miniature adults.”**

**It’s a phrase often uttered in the world of pediatric medicine, but its meaning reaches far beyond just curative treatment for sick and injured kids. Treating these children requires letting them still be kids, even though they are hospitalized, and incorporating family into the process as often and as much as possible. It was that belief that became the impetus for a \$240,000 renovation of Batson Children’s Hospital lobby, made possible by an anonymous donor.**

“We really wanted a setting that let our children and their parents know that they were in a place where they are our focus,” said Guy Giesecke, chief executive officer of Batson Children’s Hospital. “We wanted it to be a friendly and fun environment.”

The original lobby was built when the Children’s Cancer Clinic opened in 1991. Very few changes had been made to the lobby since that time, even though the number of patients flowing through the doors had more than doubled.

The way that the space was used had also changed. Initially just a pass-through from the original Children’s Hospital to the Cancer Clinic, the lobby would eventually contain patient registration desks and surgical and general waiting areas for families.

It is also the largest space available for many events including the annual Mississippi Miracles Radiothon fundraiser, news conferences and patient-centered activities hosted by the Child Life department.

“We use the lobby area weekly for pet therapy, monthly birthday parties, special events and donations collections,” said Dr. Tishawn Thames, child life coordinator.

Born out of strategic planning sessions aimed at enhancing patient and family services, the renovation was a collaborative process between administration, patient families and staff. Plans for the space incorporated suggestions from the legions of Facebook fans – many of them patient families – that the hospital has

acquired in the last couple of years, as well as staff members.

The suggestions ranged from “fewer plants” to “shorten the desk so kids can be more involved” and all of them were aimed at one main premise—to make the lobby more child-friendly.

The overhaul began in summer 2011 and included new flooring that makes it easier to direct patients and families to the various areas of the hospital.

“We are pleased that we were able to incorporate child-friendly way-finding into the lobby floor design,” said Ruth Willis, director of business operations for Batson Children’s Hospital. “It is so much easier and more fun to tell children and families to follow the turtles to the Children’s Cancer Clinic, the fish in the river to the Children’s Hospital elevators and the geckos on the path toward the Manning clinics.”

Child-friendly interactive artwork, shades for windows that receive morning sunlight and new furniture completed the new lobby.

A new play area for children was also installed and has been a big hit with children and families alike.

“It is definitely a lot cheerier than the old lobby, which is appreciated by parents when bringing nervous children in for visits and or treatments,” said Jennifer Chance, whose daughter, Laney, is a patient. “Additionally, it gives the children, both patients and siblings, something to occupy potential long waits.”

**“It is definitely a lot cheerier than the old lobby.”**

*Jennifer Chance,*  
patient mom







# the road to the cure

UMMC pediatrician's long journey of clinical care, research prepped the way for **HIV functional cure**

written by **Jack Mazurak**

In the middle of a hurricane of global media interest about Dr. Hannah Gay functionally curing a child of HIV infection, a text message she sent showed her priorities remained firm.

Responding to a conversation about offers to make two TV appearances at NBC's 30 Rockefeller Center in New York City, Gay said she preferred to schedule for Tuesday.

"On Wednesday nights I teach a class of children at my church and I would like to be home for that if possible," she wrote.

Home for Gay is Mississippi.

A married mother of four grown children, Gay devotes herself to treating some of Mississippi's most vulnerable children. And she volunteers to give others Bible lessons in her off time.

She's a product of south Jackson's Wingfield High School, an Ole Miss grad and a 1980 University of Mississippi School of Medicine alumna. She also completed her pediatrics residency at UMMC.

The storm of interview requests from local, national and international media ensued in early March after Gay and her two collaborators discussed their findings in the child's case during the 20th Conference on Retroviruses and Opportunistic Infections, a major infectious diseases conference, in Atlanta.

Under TV studio lights and in front of lens after lens, Gay answered questions pleasantly while reflecting no trace of the media's bounding enthusiasm. Rather, she spoke in smooth, matter-of-fact tones, giving answers that were as thorough as they were concise.

"We're extremely proud of Dr. Gay's work and for all she's done in her career to improve the lives of Mississippi's children," said Dr. James Keeton, UMMC vice chancellor for health affairs. "She's the kind of physician who takes a deep personal interest in her patients and in



**Hannah Gay, M.D.**  
**Pediatrics**

**Dr. Hannah Gay**, inside the neonatal intensive care unit



1



**Gay** discussing the case with reporters before presenting it at a conference.

moving forward HIV care in a careful, evidence-based way.”

The case began in summer 2010 when medics transferred a newborn baby to Batson Children’s Hospital from another Mississippi facility. The mother discovered she was infected with HIV during labor.

When the baby girl arrived, Gay, associate professor of pediatrics and HIV specialist, took over her care. Gay’s experience told her the child stood a high risk for infection.

She made the crucial decision to treat the infant, then just more than 30 hours old, with a three-drug antiretroviral therapeutic prescription.

Currently, high-risk newborns — those born to mothers with poorly controlled infections or whose mothers’ HIV status is discovered around the time of delivery — receive a one-or-two drug antiretroviral combination at prophylactic – or preventive – doses for six weeks. Only if infection is diagnosed do they begin therapeutic prescriptions.

“This baby’s risk of infection was significantly higher than we routinely see and I chose to add two additional medicines to the usual post-exposure regimen in hopes that it would increase the efficacy of our preventive effort,” Gay said.

Starting the therapeutic dose was well worth it, for Gay. Her own previous findings – and those of others in the field – pointed to better viral control with earlier intervention.

However, past research also indicated that aggressive treatment was not without significant risks. Powerful medications can cause anemia in infants and young children and there is always

a risk of developing drug resistance early in life for a child who may need a lifetime of HIV treatment.

Dr. Owen “Bev” Evans, professor and former chair of pediatrics at UMMC, said he’s not surprised Gay made the right call.

“Hannah’s always been one of the most intelligent physicians I’ve ever known,” he said.

“She used her experience and clinical intuition. She knew the child was likely infected and, with the clock running, the risk of not treating was greater than the risks of treatment. I think it was a smart decision and fortuitous that she was in the right place at the right time to apply this.”

Evans, a pediatric neurologist, arrived at UMMC in 1983, the year Gay finished her pediatrics residency.

“I was overwhelmed with cases. I hired Hannah to help with the clinical load and it was amazing how quickly she caught on to the aspects of neurology,” Evans said.

Later, Gay took a part-time position in the pediatric HIV clinic so she could both help children and have time to be a wife and mother. The position quickly turned full-time. As a specialty, HIV care is not always easy. A lot of patients face poverty, limited resources, no transportation and difficult social situations, Evans said. Getting them to follow-up care can be difficult.

“There’s a stigma and there are a lot of doctors who don’t want to be associated with treating HIV and AIDS. It’s not something that medical students get up every morning thinking they want to do,” Evans said. “The people she’s taking care of are those who started with the least and have the most to lose.”



# A TORNADO OF MEDIA COVERAGE

While Gay and her colleagues tried to attend the 20th Conference on Retroviruses and Opportunistic Infections in downtown Atlanta, global interest in their abstract on a functional cure of HIV in an infant swept them up.

Before leaving for the conference, Gay spoke with Jackson-area media at a hastily arranged news conference. By Saturday morning, Gay had spoken or e-mailed with reporters from the Associated Press, The Guardian, Nature, Bloomberg, CNN, ABC News, National Public Radio, The New York Times, The Wall Street Journal and USA Today.



Gay addresses media in Mississippi after returning from an infectious diseases conference in Atlanta.

Gay flew to Atlanta Sunday morning, met up with her collaborators, Drs. Deborah Persaud and Katherine Luzuriaga, and attended CROI's opening session. Monday morning Persaud presented the group's abstract. Throughout Monday the three physicians received interview requests from dozens of other media outlets. Those included the Voice of America, Daily Telegraph in London, Al Jazeera, Huffington Post, El Colombiano newspaper, FOX News, Reuters, Time Magazine, TV Globo in Brazil, Canadian Broadcasting Company, El Economista in Mexico, and numerous BBC shows.

The intense international coverage is in part because HIV/AIDS remains a major public health crisis in less-developed areas of the world. Billions of dollars spent on research over more than 30 years incrementally moved HIV infection from death sentence to clinically controllable affliction, especially for people in first-world countries.

Among U.S. states, Mississippi suffers one of the highest HIV infection rates. But its epidemic pales in comparison to poor and poorly-developed nations. By Gay's assertion, the Mississippi State Department of Health stands as one of the Magnolia State's backbones against widespread HIV infection.

"Without the various workers in the MSDH we would not have found this child when she was lost," she said, "nor would we be able to follow as we should the dozens of other exposed babies in our state," she said.

NAME

No.



Throughout the publicity frenzy, Gay remained mindful that the media – the writers of history’s first draft – were still at work. She endeavored quietly and adamantly to keep them straight on the history of a little girl who began life with so much against her.

Responding to an ABC News inquiry, Gay wrote that physicians often use the three-drug regimen for long-term treatment in infected children.

“This choice, in and of itself, was not completely unusual. Many pediatric HIV physicians treat high-risk exposures like this one with more than one medicine,” Gay wrote. “Even in current guidelines much latitude is given to the clinical judgment of the HIV specialist in cases of high risk.”

Tests returned six days following the baby girl’s birth confirmed she was infected with HIV. The baby remained on antiretroviral therapy and a series of blood tests showed progressively diminishing viral loads. At 29 days old, tests could no longer detect a viral presence, an expected outcome of the therapy.

Gay kept the infant on the therapy until 18 months old, at which time the child was lost to follow-up care and stopped taking the medications.

When the child returned to care five months later, Gay expected the viral loads to have spiked. Except they hadn’t. The standard clinical blood test for HIV came back clean.

“My first thought was ‘Oh no, I’ve been treating a child who wasn’t infected.’”

But looking back over the results from the baby’s first month of life, Gay saw no doubt, the child had been infected. Gay ordered tests for HIV-specific antibodies, the standard clinical indicator of HIV infection, and for HIV DNA, which detects the virus within infected cells. Both came back negative.

Curious to explore further, she contacted her friend and prior research collaborator Dr. Katherine Luzuriaga, an immunologist at the University of Massachusetts Medical

School. The two then called on Johns Hopkins Children’s Center virologist Dr. Deborah Persaud.

Using ultrasensitive laboratory tests, the researchers verified Gay’s clinical results and checked for other possibilities, such as a rare genetic ability to manage viral loads without medication.

Persaud, Luzuriaga and Gay wrote their case report, describing the world’s first case of a functional cure of an HIV infection in an infant.

**A functional cure is when a patient maintains long-term control of viral remission without lifelong treatment. As well, standard clinical tests don’t detect HIV replication in the blood. In contrast, a sterilizing cure is complete eradication of all viral traces from the body.**

They theorized Gay’s quick administration of therapy kept the virus from establishing itself in the child. Part of HIV’s deviousness is that it infects certain long-living cells in the body. The virus creates dormant reservoirs in those cells and reignites the infection within weeks of a person’s stopping therapy.

While prevention of mother-to-child transmission during pregnancy and birth remains the foremost clinical objective,

Gay, Persaud and Luzuriaga’s finding may give physicians another method of eliminating HIV infection in children.

Evans noted that Gay and employees in the pediatric HIV clinic were being characteristically thorough and patient-centered.

“What’s telling about this is that in the course of their normal activities – trying to coordinate care for this child – they discovered what they’d done. The last thing on Hannah’s mind was curing the child. They were worried about the child getting ill. It shows her dedication to children and to mothers infected with HIV,” Evans said.

Dr. John E. Hall, UMMC associate vice chancellor for research, said Gay’s breakthrough shows the synergy between research and clinical medicine.

“The long and arduous series of steps that led to the treatment that the child was given was possible through research that occurred over decades,” he said.



“The thing that is often difficult to communicate is that major advances such as this one do not occur in one giant leap. They occur through a series of small steps that ultimately build up a critical mass of knowledge so that an astute clinician or scientist can make a breakthrough. This is why we need continued investments in research and application to health care.”

During interviews, Gay continued stressing that prevention of mother-to-infant infection is key to solving the HIV public-health crisis.

“Prevention really is the best cure, and we already have proven strategies that can prevent 98 percent of newborn infections by identifying and treating HIV-positive pregnant women,” she said.

Gay said that’s apparent in the role of her colleague Dr. Ben Nash, assistant professor of pediatric infectious disease. Nash treats pregnant, HIV-infected women, keeping their viral loads low and helping protect the unborn children from infection.

“His work directly prevents this kind of case from coming up on a regular basis,” Gay said.

Thanks to physicians like Nash, the mother-to-child HIV transmission rate in the U.S. has sunk to about 2 percent of births by infected mothers. In view of where the HIV epidemic stood in the early 1980s, these advances have nearly erased a once major avenue for new infections. Without such strategies, the mother-to-child transmission rate is 25-30 percent, she said.

“I did not treat this case alone and credit needs to be given to the many other people involved. Without the nurse practitioner and RN case managers in my division there would be no hope of getting even a small percentage of the babies in Mississippi treated appropriately,” Gay said of nurse practitioner Amy Smith and nurses Nita Boudreaux, Daphne Sigler and Tommie Bays.

Luzuriaga said complete viral eradication is the big goal.

“But, for now, (that) remains out of reach, and our best chance may come from aggressive, timely and precisely targeted use of antiviral therapies in high-risk newborns as a way to achieve functional cure,” Luzuriaga said.

The physicians called for research into early therapeutic treatment in high-risk babies.

“Our next step is to find out if this is a highly unusual response to very early antiretroviral therapy or is something we can actually replicate



The Mississippi Legislature honored **Dr. Hannah Gay**, UMMC associate professor of pediatrics, on Tuesday, March 19 for functionally curing a child infected with HIV. At the Mississippi Capitol are from left, **Dr. James Keeton**, UMMC vice chancellor for health affairs, Gay and Mississippi House Speaker **Philip Gunn**. On the Senate floor that morning, Sen. Will Longwitz introduced a resolution to honor Gay that was signed by Gunn and Lt. Gov. Tate Reeves.

in other high-risk newborns,” Persaud said.

Gay said careful and thorough research would show whether that’s possible. She emphasized that not enough data exists to recommend changing the current practice.

“The design of scientifically rigorous studies along these lines is already under way,” she said, hopeful that the findings in her patient’s case could propel those studies forward.

The child remains under Gay’s care and off antiretroviral medication. The family has elected to remain anonymous.

Gay returned to UMMC a week after the initial media storm began. She gave one last press conference that afternoon, closing with a summary.

“I’m certainly overjoyed that this child is doing well. I’m very hopeful that it’s going to be generalizable knowledge eventually after the studies are done, and that it will help other babies around the world,” she said.

“But at this point in time I’m ready to get back to another day at the office.” 🌈

Video available at [youtube.com/batsonhospital](https://youtube.com/batsonhospital)



## Children’s Healthcare of Mississippi opens in Hattiesburg

Batson Children’s Hospital specialists in hematology-oncology, gastroenterology and neurology have begun seeing established patients and offering outpatient consultations in two separate Hattiesburg Clinic locations, The Children’s Clinic and The Pediatric Clinic.

“The pediatric specialists of Children’s Healthcare of Mississippi and Batson Children’s Hospital are proud to offer their services to the children of the Hattiesburg and southern Mississippi regions,” said Dr. Rick Barr, Suzan B. Thames Professor

and Chair of Pediatrics. “Our mission is improving the health of all children in the state and that includes making specialty care more accessible for children who cannot easily travel to Jackson.”

According to Dr. John Purvis, medical co-director of pediatric ambulatory services, who is overseeing the development of the outreach clinics, the clinics also offer a valuable chance for faculty members to foster relationships with Hattiesburg-area clinicians.

“Elbow to elbow contact with the primary care physicians and

pediatricians in their established offices and clinics is going to be very helpful in providing better health care because of an improved flow of information between us and our referring physicians,” Purvis said. “The goal is for them to be more comfortable picking up a phone and calling one of us directly and for us not to just be a name on paper.”

Prior to initial clinic visits, letters were sent to more than 300 physicians in a 10-county area near Hattiesburg informing them of the partnership.

“Our approach is to be cooperative, not competitive,” Purvis said.

The approach seems to be working. Dr. Owen B. Evans, professor of neurology and former chair of pediatrics, is one of the specialists seeing patients in the outreach clinics. He said the collaboration of the area providers has been exceptional.

“It is an experience into reaching out to our referring physicians. Hopefully we will develop procedures that will enable us to expand this program to other areas of the state,” Evans said.

Similar clinics are being planned for locations in other parts of the state.



Dr. Owen B. Evans performs an ocular motility exam on Jon Lucas of Petal during one of his visits to The Pediatric Clinic in Hattiesburg.



## Sanderson Farms is title sponsor for PGA Tournament



Governor Phil Bryant, left, visits with Sanderson Farms CEO Joe Sanderson, center, and Century Club Charities president, Johnny Lang.

Sanderson Farms based in Laurel, Miss., has agreed to title sponsor the PGA Tour's 2013 tournament at Annandale Golf Club in Madison. The former True South Classic has been renamed the Sanderson Farms Championship.

"This tournament has great economic impact on the state of Mississippi and the metro Jackson area, not to mention the tremendous good it does for charity," said Joe Sanderson, Sanderson Farms chief executive officer and chairman of the board, when asked why the company

stepped in as title sponsor. "We felt this was in line with our goals and mission at Sanderson Farms to be good citizens, support our communities and positively impact the tournament's charities."

The Sanderson Farms Championship, which debuted on the PGA Tour in 1968, has proven to have significant economic impact on the region. A study commissioned by the Mississippi Development Authority and conducted by Mississippi State University determined in 2010

that the tournament had a \$22 million impact. Additionally, the tournament generated approximately \$500,000 last year for local charities.

"We are thrilled to have Sanderson Farms involved this year, and ecstatic about the possibility of a long term relationship," said Century Club Charities President Johnny Lang. "Sanderson Farms is a great, multi-generational Mississippi success story and a wonderful corporate citizen. They share our commitment to the state of Mississippi, Friends of Children's Hospital and countless charities, our other sponsors, the volunteers and the PGA Tour to host a first-class event."

Century Club Charities, Inc. is a non-profit, tax-exempt 501(c)(3) organization whose mission is promoting the game of golf for the benefit of local charities. Century Club Charities has adopted the Friends of Children's Hospital as their primary charity. In the past few years, Century Club Charities has donated \$400,000 to the Friends of Children's Hospital.

Video available at [youtube.com/batsonhospital](http://youtube.com/batsonhospital)

## Pediatric Transport team reaches milestone

Just a month past its two-year anniversary, the Pediatric Transport program completed its 1,000th patient transport in December. The milestone includes patients transported in the specially-equipped pediatric ambulance between health-care facilities. There are also AirCare and neonatal components to the program, but those numbers were not included in this figure.

"We are overjoyed to have reached this milestone," said Suzie Bell, RNC, MSN. "We will continue to move forward with our vision of ensuring that we can meet the needs of our community. Having this service available to all of Mississippi's infants and children means that our specialized and critical care interventions start the minute we get to them."





## Children, Adolescents and Youth Center hopes to streamline care

The newly-formed Children, Adolescents and Youth Center will help children coping with behavioral and mental health issues by acting as a central entry point into the health-care system and quickly getting these kids to the right provider fast.

“There is not easy access, there is a huge waiting period and an incredible need,” said Dr. Susan Buttross, professor of pediatrics and chief of the Division of Child Development and Behavioral Pediatrics, who will serve as medical director of the center.

This sentiment, shared by Dr. David Elkin, professor of psychiatry and executive director of the center, served as the impetus for developing the CAY

Center. Behavioral and mental health issues encompass and often coexist with a multitude of conditions including autism, hearing or speech difficulties, genetic anomalies, psychiatric problems, neurological disorders and many others. As a result, these children need a wide variety of health-care services. Elkin and Buttross knew their first mission would be to create a clear point of access into the system.

“We have difficulty knowing when to call psychiatry or psychology or developmental pediatrics. Even something as simple as my child has attention-deficit hyperactivity disorder, does that go to psychiatry, does it go to developmental pediatrics? So what we wanted was something where

there is one track. You enter here,” Buttross said.

Once the child enters the CAY Center for the first time, Elkin and Buttross streamline the process of getting the child to the right provider by interviewing the child together and deciding what the first step is.

“It’s about getting to the heart of the matter and then getting them to the right place more quickly,” Buttross said. “Sometimes when they come in, we both know within 10 minutes what needs to be done.”

The “revved-up, sophisticated triage” as they call it, discards the traditional three-hour appointment block for new patients, allows more children to be helped in a single clinic day and ultimately, shortens the next available appointment timeframe.

“One of our biggest frustrations is the wait period is just too long for people,” Buttross said. “They say, ‘I’m having a terrible time, I need help’ and we have to give them an appointment in six months.

Elkin noted that while the streamlined process makes it easier to care for the multitude of children who need it, it also proves more cost-efficient over time. Something he believes is vital in light of the possible 400,000 new Medicaid enrollees in the next decade.

“We have to be prepared to deal with that number of patients and I think we are in a position to lead on that. We need to address some of those changes so care doesn’t fall off for these children,” he said.



Dr. David Elkin, professor of psychiatry and executive director of the center, and Dr. Susan Buttross, professor of pediatrics and chief of the Division of Child Development and Behavioral Pediatrics, interview a patient in the CAY Center.



## Walking for Kids charity founder visits Children's Hospital

In February, D. J. Gregory, founder of the Walking for Kids Charity, visited the patients and presented a \$25,000 check. Gregory, who suffers from cerebral palsy, partnered with PGA golfers to walk every hole in each round of the 2012 PGA tournament season and received a donation every time a golfer made a birdie. On hand for the presentation included, from left, patient Malia Wallace and her brother Michael, Guy Giesecke, CEO of Batson Children's Hospital, Gregory, Tom Sikes, Walking for Kids board member, and patient Lilah Reynolds.

## New pediatric fellowship announced

Batson Children's Hospital received approval to begin a fellowship program in pediatric critical care medicine beginning in July 2013 with up to three fellows for the three-year program. The approval came from the Residency Review Committee of the Accreditation Council for Graduate Medical Education. Dr. Mary Taylor and her colleagues spearheaded the effort. The fellowship is only the second one in pediatrics for the Medical Center, the first being in pediatric hematology-oncology.



Dr. Mary Taylor

## New pediatric specialists added to faculty

Batson Children's Hospital added the following specialists to the staff recently to meet the growing needs of our patients. For more information about our services or to make an appointment, please visit [www.ummhealth.com/children](http://www.ummhealth.com/children)

Ray Rodriguez, M.D.	Allergy and Immunology	Jaimin Patel, M.D.	Neonatology
Jarrod Knudson, M.D.	Cardiology	Michael Dallman, M.D.	Critical Care
Jennifer Hong, M.D.	Critical Care	Catherine Zimmerman, M.D.	Orthopedics
Carrie Morgan, M.D.	Critical Care	Aimee Parnell, M.D.	Cardiology
David Josey, M.D.	Pulmonary	Simeen R. Pasha, M.D.	Endocrinology
Kimberly Stringer, M.D.	Child Development	Carla Monico, M.D.	Nephrology
James Purvis, M.D.	Ambulatory		



# a little Sunshine

A spectrum of visitors and events who brightened our halls

1

**Deasia Scott** visits with **Mickey** and **Minnie Mouse** when they visited Batson during the Disney on Ice: Treasure Trove tour at the Mississippi Coliseum.

The **Oscar Mayer Wienermobile** joined patients and staff for the annual Fall Carnival.

2

**Anna Clair Chastain** of Ballet Mississippi performs an Arabian-style dance from the Nutcracker at the 23rd annual "Light-a-Light for Children" at Batson.

**Mary Ellis Cravey** of Brandon checks out her face paint at the annual Fall Carnival.

4

**Jaidyn Pittman** shows off her giant ring pop at the Valentine's Day party.

5

**Mr. and Mrs. Claus** and their elves visit with **Governor Phil Bryant** and **First Lady Deborah Bryant** while delivering presents to the patients on Christmas Eve.

6

**Michelle Chambers**, child life assistant, became part of the Songs for Kids concert tour that visited Batson patients as part of a mission to visit 200 children's hospitals in 180 US cities in 2013.

7

Ole Miss head football coach, **Hugh Freeze**, visits with **Tyler Jackson**.

8



Video available at [youtube.com/batsonhospital](https://www.youtube.com/batsonhospital)







# 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.



◀ Left: The Mississippi Loggers Association donated more than \$100,000 from their 2012 fundraising efforts, marking the \$1 million milestone for the group. Mississippi Loggers Association is part of the Log-A-Load-For-Kids program and a Children's Miracle Network Hospitals partner.  
 ▶ Video available at [youtube.com/batsonhospital](http://youtube.com/batsonhospital)

▶ Right: Employees of the Members Exchange Federal Credit Unions in Ridgeland, Clinton and Pearl presented Dr. Rick Barr, Suzan B. Thames Professor and Chair of Pediatrics, third from right, with a \$2,014 donation. Members Exchange Credit Unions fundraise under the Credit Unions for Kids brand, a Children's Miracle Network Hospitals program.



▶ Right: Dr. Ken Ball, second from left, assistant professor of medicine, sits with his family after enjoying breakfast during IHOP's National Pancake Day. This year's event raised more than \$5,200 for Batson Children's Hospital.







BankPlus presented \$148,785 to Friends of Children's Hospital, representing proceeds from the bank's Friends CheckCard program. After the check presentation, Children's Hospital patients were able to enjoy a visit with Nickelodeon star, SpongeBob SquarePants. Attending the event were from left, Drew Weiskopf, Friends board member; Guy Giesecke, CEO of Batson Children's Hospital; Terri Gillespie, Chief Nursing Officer of Batson Children's Hospital; Bill Ray, BankPlus president and CEO; Leigh Reeves, Friends president; Ellen Skremetti, Rob Armour and Kristin Allen, Friends board members.




Members of the Antique Vehicle Club of Mississippi presented a \$4,000 donation to John Herrington, fourth from right, director of finance for Batson Children's Hospital, from their 2012 car show.



Jim Dunn, second from left, troop leader of the Boy Scouts' Andrew Jackson Council, presented Tiffany Key, left, child life specialist, with more than 1,300 toys and \$3,900 in monetary donations in memory of one of their own, Cade Ainsworth, who was a Batson patient. Joining Dunn were Ainsworth's family, friends and fellow scouts.



# Inspiring HOPE Saving LIVES

- ▶ Corporal Otis Easterling, left, and Trooper First Class Kevin McGruder carry a box of toys into the hospital from their holiday toy drive.  Video available at [youtube.com/batsonhospital](https://youtube.com/batsonhospital)



- ▶ Volunteers carry the City Sweep banner in front of the annual Mal's St. Paddy's Parade. City Sweep volunteers walk the parade route taking donations, giving out beads and selling t-shirts to benefit Batson Children's Hospital.



Participants in the Color Me Rad 5K celebrate after the race. The event, part of the Zippity Doo Dah weekend, benefited Friends of Children's Hospital.





Employees from SouthGroup Insurance present \$23,000 to Friends of Children's Hospital's chairman of the board, Sara Ray, second from right and past president, Jackie Petrus, third from right. The funds were raised at the 5th Annual SouthGroup Insurance Make A Difference 5K Run/Walk.



To teach her grandchildren the importance of giving back to the community, Gloria Walker, center in purple, of the W.E. Walker Foundation, took them to visit several charitable organizations. After a visit to Batson and a tour of the helipad, the children collectively decided to donate \$500 to the hospital.



Inspiring  
**HOPE**  
Saving  
**LIVES**

The Radio People and community come together to make Mississippi Miracles Radiothon a success.



Charlie Faulk and dad, Al



Molly Schade



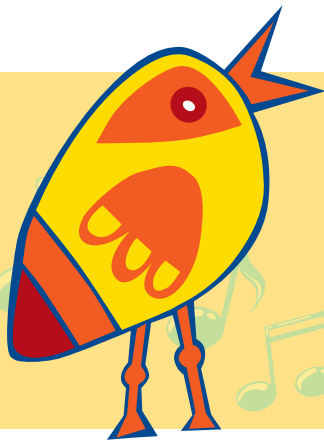
Christopher McRae



Freddie Green and child life specialist, Tiffany Key







The 12th annual Mississippi Miracles Radiothon raised a record \$400,754 for Batson Children's Hospital. Hosts interviewed current and former patients and their families and hospital staff who care for them, asking listeners to call in pledges to benefit the hospital. The money funds equipment, research and programs that ensure the hospital is able to provide the most advanced level of medical care for Mississippi's children. Joining Radiothon this year were Jackson's Jack FM station and Vicksburg stations KHits and River 101. These stations, along with Jackson radio stations Y 101.7, US 96.3 and Mix 98.7 broadcasted live from the Batson lobby. Meridian stations 97 OKK, Kiss 104.1, Q101 and 105.7 The Beat broadcasted from Meridian.

Video available at [youtube.com/batsonhospital](http://youtube.com/batsonhospital)



Maxine Rene



Mix 98.7 DJ John Anthony and John Matthew Davis



Maggie Brown



Kaylynn Stephens



Mom, Leah Price and her son McKade



Kingston Murrell





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Division of Public Affairs  
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## CALENDAR OF EVENTS

### Kristy's Trail Ride

May 24 - 27

### Sanderson Farms Championship

July 18 - 21

### Dairy Queen Miracle Treat Day

August 8

### Enchanted Evening Under the Stars Gala

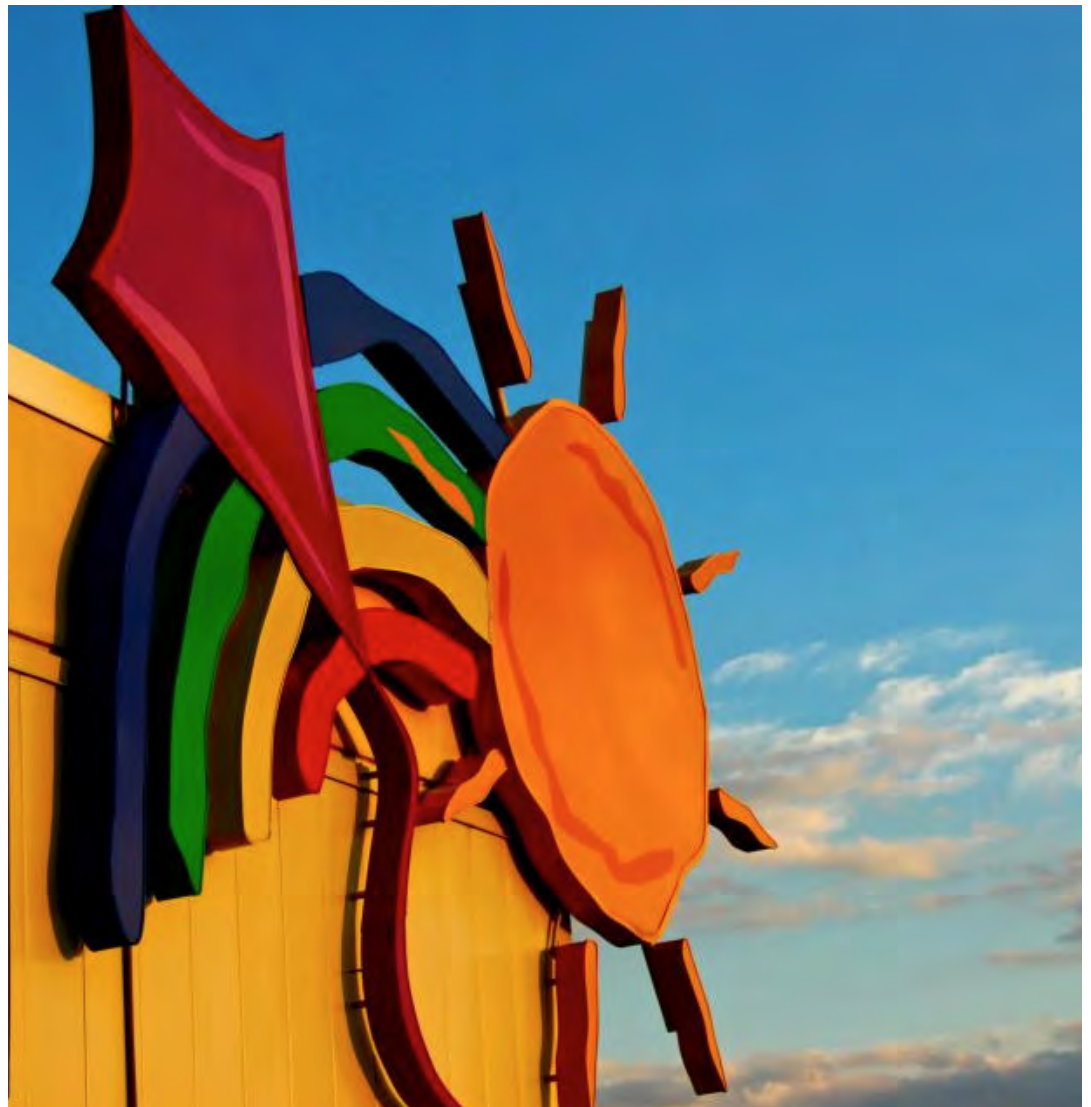
August 17

### Good Neighbor Day

September 4

### Miracle Jeans Day

September 18



The setting sun illuminates the sign atop Batson Children's Hospital.