Does your child seem to have behavior problems?

Developmental-Behavioral Pediatrician J. Lane Tanner, MD, addresses some parents’ concerns.

WHAT’S THE DEAL WITH KALE, ANYWAY?
Children’s scientists say it can help prevent bone fragility and heart disease. Our clinical nutritionists have found ways to eat it that kids will love.
UCSF Benioff Children’s Hospital Walnut Creek Campus is Contra Costa County’s only pediatric outpatient medical center just for kids.

Our Walnut Creek location houses the latest technology and services for pediatric care. All care is provided by physicians who are members of Children’s attending physician staff.

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www.childrenshospitaloakland.org
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UCSF Benioff Children’s Hospital Oakland

Previously printed in Oakland Magazine, Dec. 2013; written by Linda Childers

When the 1989 Loma Prieta earthquake hit, I was at Children’s Hospital. Hearing about the magnitude of the earthquake, we were surprised when we didn’t immediately see an influx of patients. Then we heard about the collapse of the Cypress Freeway, and how the 6.9 quake had caused a two-decker length of Interstate 880 to buckle and collapse on a lower tier during rush-hour traffic. We were told there were people trapped in cars on the lower deck, and a medical team from our hospital went to the site of the freeway collapse to offer our assistance. Early responders were able to extricate a young girl from one of the cars, but her 6-year-old brother was still trapped alongside the body of his mother and a family friend. The boy’s leg was pinned under a seat containing one of the adults’ bodies. The doctors who first arrived on the scene were able to stabilize the boy, but after about two hours of trying to free him with tools such as the Jaws of Life, it became apparent that the only way to extricate him from the wreckage was to amputate his right leg.

Crawling under the collapsed freeway, I found myself working in a space that was only about 4 feet high and extremely hot. We started some intravenous lines on the boy, who was unconscious. It took two to three hours to amputate his leg and to free him from the wreckage. The entire time we were there, we experienced hundreds of aftershocks. Caltrans wanted us to leave the structure, but none of us were leaving until we could take the boy with us.

The efforts that day were a true team effort between all the people who were there—law enforcement, first responders, people who just came to help out. We were able to take the boy to Children’s Hospital and to save his other leg. He was reunited with his sister and his father who had been frantically searching for his two children.

Three years before the earthquake, in 1986, Children’s Hospital was named the only Level 1 pediatric trauma center in Northern California. The 1989 earthquake showed us that we were prepared to handle any large-scale disasters that might occur in Northern California.
Dear Friend and Neighbor,

We are pleased to let you know that *U.S. News & World Report* has ranked UCSF Benioff Children’s Hospital as one of the best children’s hospitals in California and as the only children’s hospital in Northern California nationally ranked in every pediatric specialty.

We are proud of these honors, and we anticipate our rankings will rise even higher as our integration progresses. Our affiliation makes us the largest network of children’s medical providers in Northern California, and we will provide health care to more children than any other children’s hospital in the Bay Area, with an estimated half-million covered children—which means that families benefit from even greater pediatric expertise than ever.

We also will be among the top 10 largest children’s health care providers in the country when UCSF Benioff Children’s Hospital San Francisco opens at Mission Bay in February 2015. Children’s Oakland is currently undergoing a modernization process for the Outpatient Center. Rebuilding and modernizing our medical facilities is an absolute necessity to preserve our mission. The new Children’s Oakland includes the renovation and expansion of the hospital and the construction of a new six-story outpatient pavilion and a 334-space parking garage, along with increased capacity at the Family House, from 16 to 32 rooms.

- Outpatient services will be consolidated in the north area of the campus, with inpatient services in the south area.
- The Outpatient Pavilion features a second-floor outdoor courtyard for children’s physical rehabilitation.
- Large waiting room windows bring views to visitors and patients alike.
- The project is on track for U.S. Green Building Council’s LEED Silver Certification, contributing to Oakland’s commitment to environmental stewardship.

For more information on the UCSF Benioff Children’s Hospital Oakland Modernization Project, please visit www.CHOnext100.org.

Bertram Lubin, MD
UCSF Benioff Children’s Hospital Oakland
President & Chief Executive Officer
In August 1992, when he was 10 years old and living in Tracy, Christopher Cox started running a low-grade fever that left him lethargic and fatigued. After the symptoms persisted for a month and got worse, his dad took him to his local doctor.

“I had been playing soccer on a competitive team, so I was in pretty good shape, but by the time I went to see the doctor, running even 20 yards would wear me out,” he recalls. “I had never been that sick. I didn’t know what was wrong.”

The doctor ordered a blood test, which indicated that Cox was anemic and had a high white blood cell count. A high white blood cell count usually indicates an infection, but the doctor suspected something more serious and sent Cox to the local hospital. Within a few hours, they decided to transfer him to UCSF Benioff Children’s Hospital Oakland.

Cox says, “At Children’s, I was put in an isolation room with a closed-off area. I remember seeing my dad and stepmom in the hallway, crying. My mom also came that night. The next morning, Dad told me I had leukemia and needed chemotherapy.”

“I went through 12 rounds of chemo,” he explains. “During the first three rounds, I stayed at Children’s, and I was there for several months. I do remember there were lots of volunteers who came in to play music or perform magic tricks. I also remember really nice people there, including my nurse Marianne Ohlson and some other nurses.”

Cox came back to Children’s for each of the subsequent nine rounds of chemotherapy. He completed his treatments just a few days shy of two years.

During the summers between 5th, 6th, 7th, and 8th grades, Cox attended Camp Okizu in Berry Creek, California. Located near Lake Oroville, the camp provides recreational programs and support for children with cancer and their families.

“Once I started high school, I stopped going to camp,” he says. “I didn’t want to have anything to do with cancer. I wanted to be normal again, to be the most normal person on the planet. When I went to college, I decided to pursue a degree in business at Sacramento State. After college, I started a construction business with a former high school friend. The work was great—we were super busy—but I wasn’t very happy with what I was doing.”

Cox took some time off from work to consider what he wanted to do with the rest of his life.

“I realized my past—my illness—affected who I am,” he observes. “Once you’ve contemplated death, you really can’t be ‘normal’ because other people don’t think that way. Running a business with my buddy had given me a strong work ethic, so I believed I could do anything I wanted to do. But what did I want? So I went back to Camp Okizu as a counselor and talked with a lot of the kids’ parents. I realized my story could give them hope for their children.”

Cox decided he wanted to go to medical school. At first he was afraid he was too old to go back to school at age 24, but he returned to Sacramento State to study pre-med and fulfill the course requirements to get into medical school. He spent three years studying chemistry, biology, and other sciences.

During that time, Cox contacted his pediatric oncologist at Children’s, James Feusner, MD, to inquire about the summer research program at Children’s Hospital Oakland Research Institute (CHORI). Dr. Feusner put him in touch with Julie Saba, MD, PhD, who holds the John and Edna Beck Chair in Pediatric Cancer Research and is a Senior Scientist at CHORI. Soon he found himself back on the Children’s campus, this time as a researcher in Dr. Saba’s lab.

“I did that for two summers in a row,” he says. “Dr. Saba is an inspiring person to be around. It was a great opportunity.”

A year after completing his pre-med requirements, Cox was accepted into medical school at UC Davis. Students in their fourth year of medical school at UC Davis have the option to take courses for a month at another institution. Cox chose Children’s Hospital.

“I chose Children’s to bring it full circle and see it from a different perspective—as a healthy adult medical student doing a hematology/oncology rotation instead of as a sick child,” he explains. “I felt I could really connect with the patients. I casually would mention to the parents that I had cancer as a child, too, and that now I’m doing really well. It was an amazing experience going back to Children’s and feeling that I could make a positive difference for the kids and their parents. I’m really glad I did it.”

Cox finished his month-long rotation at Children’s in mid July. Now he’s getting ready to apply to various institutions for a three-year residency. “I am strongly considering specializing in hematology/oncology or general pediatrics,” he says. “And of course, Children’s is one of the places I intend to apply.”

“Wow! Look at What You’ve Done!”

That was the reaction from Marianne Ohlson, RN, a nurse in the Hematology/Oncology department at Children’s when Christopher Cox paid her a visit upon returning to Children’s this summer as a medical student on rotation.

“We love all our patients, but memories of some stick with you more than others.
and Chris was one of those,” she says. “He had this full head of bright red hair, and he was so very sick. I was so impressed to see him when he returned a few years ago to work at CHORI, and then again this summer when he started doing his medical student rotation at the hospital.”

Ohlson has worked as a nurse at Children’s since 1982, always in Hematology/Oncology—and now with bone marrow transplant patients as well.

“The children who are inpatients at Children’s are the sickest ones,” she comments, “so it’s always great to see them after they recover and are well. I love showing off former patients like Chris to the younger nurses, so they can see what is possible.”

Ohlson notes that kids with leukemia typically lose a lot of time out of school and may have a hard time catching up. “It is so awesome that he returned to Children’s as a medical student!” she says.

Julie Saba also remembers him fondly. “Chris was studying biologically active lipids that might be useful in treating different types of cancer,” she recalls. “Chris is very sincere and humble, striving to integrate the things he learned as a patient into his adult life. He wants to help other patients the way he was helped.”

“Chris’s experience in the lab was enlightening for him, and inspiring for the rest of us in the lab because none of us had the experience of being a cancer survivor,” Saba notes. “People in the lab work very hard, and it takes a long time to get results. His presence reinforced the value behind all of their hard work. His life shows that investment in cancer research makes a difference. It is a joy to see the man he has become.”

While static stretching before activity has been shown to decrease muscular strength and power, that does not mean that stretching is bad for you. Static stretching, if used properly, is a critical part of UCSF Benioff Children’s Hospital Oakland’s Sports Medicine flexibility programs. It helps to decrease soreness after a hard workout, and it helps to increase flexibility by relaxing into a good stretch.

**Implementing a static stretching program:**
Stretching should always be done on a muscle that has been properly warmed up. We use dynamic stretching to increase mobility and flexibility before athletic activity. Static stretching is usually performed after practice and games.

**Top 3 areas to static stretch after practice:**

- **Hamstrings:** Lie on your back with your legs straight. Lift both legs up and prop one up on a doorway. Slowly lower the other leg down toward the floor, feeling a gentle stretch in your hamstring. Hold for 30 seconds, and repeat on the other side.

- **Pec Major (lying on a foam roller):** Lie on your back on a foam roller and drop your arms straight out to your sides. Keep your palms up, and let gravity stretch your pecs.

- **Calf/gastroc stretching (standing against a wall):** Place both hands flat on a wall, step both feet back so your body is leaning forward. Step one foot toward the wall and stretch your back calf. Hold for 30 seconds, and repeat on the other side.

Remember, static stretching is your friend. If done correctly, it can really help you stay flexible throughout your season.

-Jamie Faison, PTA, ATC, CSCS,
Sports Medicine Center for Young Athletes

If you have a question you’d like to ask, email editor@mail.cho.org.
CALLING ALL GAMERS:  BE A HERO FOR KIDS!

Join tens of thousands of gamers for the biggest charity gaming event of the year! From Xbox to board games, the Extra Life gaming marathon gives people who love to play games a chance to give back.

The National Game Day is a virtual event that starts at 8 a.m. CST on Saturday, Oct. 25 and ends at 8 a.m. on Sunday, Oct. 26. If this time period doesn’t work for your schedule, you can choose a more convenient date and time before Dec. 31. You can also break up your gaming into shorter segments.

All funds raised by Extra Life participants who designate UCSF Benioff Children’s Hospital Oakland as their beneficiary will be donated to our hospital. For more information, contact Rebecca Wilson at r wilson@mail.cho.org or go to www.extra-life.org.

BRING SPIRIT TO HOSPITALIZED KIDS

Our child life specialists work directly with patients and their families to help them cope with the stressors of hospitalization and illness. While Spirit Halloween may only operate during the fall months, their fundraising efforts help support the Child Life Program at Children’s all year round.

Use this coupon to save on your Halloween goodies and support the Child Life Program at UCSF Benioff Children’s Hospital Oakland.

You Save 10% OFF YOUR ENTIRE PURCHASE

Spirit Gives 10% To Your Local Hospital

Offer valid 9/1/14 – 10/31/14 at Spirit Halloween and SpiritHalloween.com. Coupons that are forged or altered in any way will not be accepted. Not valid on prior purchases, online, contact lenses, associate discount or taxes. Coupon must be surrendered at time of purchase. If merchandise is returned, coupon discount will be deducted from items prior to refund/credit. Limit one coupon per transaction. Shipping offers cannot be combined with other discounts at store bricks or online. No cash value. Spirit Halloween may cancel promotion at any time. ©2014 Spirit Halloween Superstores, LLC.
PUZZLE #10: Jake weighs half as much as Joe, and John weighs three times as much as Jake. Together, they weigh 720 pounds. How much does each man weigh?

ANSWER: Jake weighs 120 pounds, so Joe weighs 240 pounds and John weighs 360 pounds.

PUZZLE #11:
If you have 6 people in a room and each person shakes hands with every person exactly once, how many total handshakes happen?

ANSWER: __________ TOTAL HANDSHAKES
This summer, Julie D. Saba, MD, PhD, was named one of several California 15th Assembly District “Women of the Year.” This year’s awards recognized women and women-led organizations making significant contributions in science, technology, engineering, and math (STEM).

Dr. Saba holds the John and Edna Beck Chair in Pediatric Cancer Research and is a Senior Scientist at Children’s Hospital Oakland Research Institute (CHORI). She is also an Associate Adjunct Professor in Pediatrics at the University of California, San Francisco (UCSF). Dr. Saba has conducted research in cancer biology and cell growth regulation for more than 25 years.

Assemblymember Nancy Skinner (D-Berkeley) presented the awards at a ceremony on June 26 in Emeryville, noting: “Today, we celebrate East Bay women pioneers in the fields of science, technology, engineering, and math. The women and organizations are fueling innovations, new technologies, and breakthrough research to benefit people and our economy. And they lead by example, inspiring other women and girls to excel in STEM fields.”

“I was honored to receive this award, which recognizes women who have excelled in STEM fields and encouraged or mentored girls and women to pursue STEM careers,” explains Dr. Saba, who was nominated for the award by Children’s President and CEO Bertram Lubin, MD.

“I initially wanted to go into medicine to join Doctors Without Borders or the Peace Corps,” she recalls. “It was only later while in medical school that I fell in love with the field of pediatric oncology. My inspiration came from the children themselves, who seemed joyful and unstoppable as soon as they were feeling better. Even later, I realized that I wanted to dedicate myself to cancer biology research because I was frustrated that I could not cure all the children for whom I provided care.”

“Today, there is an equal number of men and women entering college, and almost an equal number of men and women getting PhDs in science and engineering, but less than 25 percent of full, tenured professors are women,” she says.* “I think it is important to mentor women at those higher levels, because it takes a lot of encouragement to help women combine a high-level career with raising a family. I know that from my own experience.

“I’m not the perfect example of someone who just sailed through,” she continues. “But I’m a very motivated person, which helped me overcome various hurdles.”

To support her concern about the relatively low number of women in tenured professorships, Dr. Saba cites a scholarly article about the lack of women teacher-scholars in academic biochemistry written by one of her colleagues at CHORI, Senior Scientist Elizabeth Theil, PhD. The article was published by the American Society for Biochemistry and Molecular Biology.

“During my training, I was so busy trying to learn science and succeed in my projects that I really did not look at the ratio of males to females,” she says. “Now I have become more aware of the number of women who are speaking at each conference I attend and are training at any one time in my own laboratory. Pediatrics is a field with well over 50 percent women, and yet men outweigh women in leadership positions even in pediatrics.”

Dr. Saba has trained dozens of women in hematology/oncology in her 18 years at CHORI. She also trained numerous women with fellowships in hematology/oncology in her previous positions at Duke University, from 1990 to 1996.

“Women bring a different style and creative force to the fields of science and medicine.” —Julie Saba, MD, PhD

Julie Saba, MD, PhD, has trained dozens of women in hematology/oncology in her 18 years at CHORI. She also trained numerous women with fellowships in hematology/oncology in her previous positions at Duke University, from 1990 to 1996.
source of professional and moral support, according to Dr. Saba.

“When I first came to CHORI, there was only one other female principal investigator here, and she had joined CHORI that same year,” she reflects. “We became very good friends and have remained so over the years, which minimized the sense of isolation I might have otherwise experienced. Over time, the CHORI faculty has grown and simultaneously has become about 30 percent female, which is great on both accounts.”

Dr. Saba and several female colleagues recently started a quarterly luncheon group of women principal investigators at CHORI.

“I hope the luncheon group will become a forum for women to support one another, facilitating the sharing of ideas, solving problems together, and raising awareness about the obstacles that women face in achieving career advancement and success without sacrificing personal happiness,” she explains.

“The mentoring group doesn’t have an official name yet, but maybe we should call ourselves the Pipettes,” she jokes.

“Women bring a different style and creative force to the fields of science and medicine,” Dr. Saba adds. “Studies have shown that women have a tendency to be more collaborative in their work style, and that has an influence on everyone—men and women—in a scientific team. Collaboration is essential when addressing complex genetic problems, immune functions, and other biological issues involved in diseases such as cancer. No one research group or laboratory has the capability to solve all these problems. We are recognizing more and more the need for collaboration among research teams. I believe women can help lead the way.”

*In 2006, women were 28 percent of full-time full professors with relatively recent S&E (science and engineering) doctorates but were 19 percent of all full-time full professors with S&E doctorates. www.nsf.gov/statistics/infbrief/nsf08308/

**SWIM ACROSS AMERICA NAMES NEW CANCER RESEARCH LAB AT CHORI**

Since 2006, Swim Across America has rallied swimmers of all levels to plunge into the icy waters of the San Francisco Bay to raise funds for cancer research, prevention, and treatment at Children’s Hospital Oakland Research Institute (CHORI) and UCSF Benioff Children’s Hospital San Francisco. This year’s swim made yet another splash for cancer research, bringing the total amount raised by the organization’s Bay Area chapter to nearly $2 million. In recognition of this outstanding support, later this month UCSF Benioff Oakland will be establishing the Swim Across America Laboratory for Pediatric Cancer Research at CHORI, headed by Dr. Julie Saba.

Dr. Saba, a nationally known cancer researcher, is leading a team that is on a groundbreaking path towards development of new cancer therapies. The Swim Across America Lab at CHORI will directly support her research on the role of natural lipids called sphingolipids that control cell growth and immune functions in humans and other living organisms. Her lab is exploring strategies to modulate sphingolipids to prevent or reverse cancer development and progression.

“While there has been steady progress in basic and clinical cancer research over the past decades, Swim Across America recognizes that the genetic complexity of cancer and its ability to develop resistance requires us to strive for an even greater understanding of the problem,” says Dr. Saba. “Most standard chemotherapies are toxic and untargeted. What we’d really like to be able to do is to define the specific genes responsible for each child’s cancer so that we can then provide personalized therapy that will result in 100% cure rates with few side effects.”

“We are very enthusiastic about what we’re doing, very grateful to Swim Across America for their ongoing support in our fight against cancer, and honored to be recognized in this way,” says Dr. Saba.

Swim Across America is a national non-profit that raises funds through swimming events throughout the country to support cancer research at the best hospitals and institutions. To date, more than $50 million has been raised nationally.

For more information, go to www.swimacrossamerica.org/sanfrancisco.
Celebrating Five Years of Empowering Children

Camp Winning Hands Provides Education, Emotional Support for Children with Congenital Hand and Upper Limb Differences

For the past five years, children who were born with differently formed hands or arms, or with no hands at all, have gathered to participate in overnight camping experiences at Camp Winning Hands. The camp provides an opportunity for these young people and their families to play and to share their stories and experiences in a safe environment.

A special guest at this year’s camp was Nicole Kelly, Miss Iowa 2013, who was born with no arm below the elbow. Her attendance at camp served as an inspiration for children and adults alike.

Organized by UCSF Benioff Children’s Hospital Oakland in collaboration with Shriners Hospital for Children–Northern California, located in Sacramento, Camp Winning Hands offers two sessions: Family Camp serves children age 5 to 11 and up to three members of their family. Teen Camp serves youth from age 12 to 17, who attend camp with their peers. The Taylor Family Foundation hosts the camp at Camp Arroyo in the Livermore Valley.

The idea of creating Camp Winning Hands dates back to 2008, when Children’s Senior Occupational Therapist and Certified Hand Therapist Ginny Gibson attended a conference for the American Society of Hand Therapists. Joining her at the conference was John Griffin, MD, a plastic and reconstructive surgeon at Children’s with specialized training in hand surgery.

“At the conference, Dr. Griffin introduced me to an occupational therapist from Texas Scottish Rite Hospital for Children in Dallas, where he had trained in hand surgery,” Gibson recalls. “Her hospital had established a camp about an hour away from Dallas for children with congenital hand and upper limb differences. I was inspired, and Dr. Griffin told me it was time to get moving on creating a similar camp in Northern California.”

When she returned from the conference, Gibson approached the mother of one of her patients to see if she would be willing to help. “She and I worked with Dr. Griffin and numerous other supporters to raise funds and plan for the camp throughout 2009,” says Gibson. “She was a real go-getter, and she contacted The Taylor Family Foundation, which had provided land, facilities, food, and funding for children’s camps run by various organizations. That really helped get the ball rolling.”

The Taylor Family Foundation, established by Barry and Elaine Taylor, partnered with the East Bay Regional Park District to build Camp Arroyo. Originally intending the facility as a camp for Bay Area children with HIV/AIDS, The Taylor Family Foundation decided to open it up in 2000 to children with a variety of illnesses and disabilities, as well as at-risk youth. During the summer, Camp Arroyo is open to various children’s camps sponsored by The Taylor Family Foundation.

“The Taylor Family Foundation provides so much that otherwise would not be available to us,” Gibson says. “We also have had wonderful collaboration from Shriners in Sacramento. Dr. Michelle James at Shriners provides us with camper referrals and serves as a consultant. Janice Conroy, a nurse and Hand Team Case Manager at Shriners, has been the Assistant Director of camp since 2011. We also have numerous volunteers from Shriners who help run the camp along with our Children’s Hospital volunteers. It is truly a joint community effort, literally ‘joining hands’ to help support these kids.”

The first Winning Hands Camp was launched in 2010. “We had 18 families attend in 2010,” Gibson explains. “This year, we had 34 families at the Family Camp.”

Activities at Teen Camp included an...
archery program, with the equipment and instruction donated by David Chan and his wife Nancy Chee, who is an occupational and hand therapist at California Pacific Medical Center. Horseback riding was made possible by The Taylor Family Foundation. Arts and crafts instruction included making braided “paracord” bracelets using specially designed jigs provided by Breyer Conroy, son of Janice Conroy.

“Teen Camp also featured a group discussion one night, where the kids could talk about what it means to have a hand or upper limb difference,” Gibson notes. “We started holding the group discussion last year, and it was very successful. The facilitators for this year’s discussion were Sarah Tuberty, who has a hand difference and has served as a counselor since the first year, and our special guest, Nicole Kelly. We were so fortunate to have Nicole there. I had emailed her a few months back, and she replied immediately that she wanted to come. She stayed for Family Camp, as well as Teen Camp.”

Teen Camp was held just before Family Camp. Several of the teens stayed on as counselors for Family Camp. Activities for Family Camp were similar to those at Teen Camp, with additional activities geared toward younger children and gatherings for the parents.

During Family Camp there were opportunities for parents to meet while their children were taking part in other activities. One evening, 10 teens and young adults—including Nicole Kelly—served on a panel to answer questions posed by the parents.

“The parents asked questions such as how the panel members handled teasing as a kid, and what advice they would offer to younger children,” Gibson explains. “It was an opportunity for the parents to learn what the experience of having a hand or upper limb difference is like from a teen or young adult point of view.”

Camp Winning Hands is also a valuable experience for medical professionals who volunteer at camp, including Chau Tai, MD, Division Chief of Plastic, Reconstructive, and Hand Surgery at Children’s.

“Dr. Griffin encouraged me to get involved, and I have worked with Camp Winning Hands for several years,” Dr. Tai says. “When I’ve gone to camp, I don’t participate as a surgeon. I go to gain a greater understanding of these kids. It is humbling to witness their abilities and their emotional strength.”

Dr. Tai had worked with adult patients at a trauma center in Bakersfield before moving to the Bay Area and working at Children’s.

“I love working with kids, who are so very different from adults,” she notes. “These kids are so resilient. I am so proud of what they can do despite their hand differences. You really get to see their strong determination at camp, trying archery, and other activities. The key is, they want to learn to do things like tie shoes for themselves, even if they have to do things differently. Camp Winning Hands helps the kids gain insights from others who are like them, including older ones who have a broader range of experiences. We are very fortunate to have this camp for the kids.”

UCSF Benioff Children’s Hospital Oakland would like to recognize The Taylor Family Foundation for hosting our Camp Winning Hands, held at The Taylor Family Foundation at Camp Arroyo this year. The Taylor Family Foundation’s mission is to preserve the wellness and enhance the quality of life for children in Northern California with life-threatening and chronic illnesses and disabilities, and for youth at-risk through unique therapeutic experiences and support. For more information, go to www.ttff.org.

For more information on UCSF Benioff Children’s Hospitals Pediatric Rehabilitation programs, go to:
Oakland: bitly.com/chorehab
San Francisco: www.ucsfbenioffchildrens.org/rehab

For more information about Camp Winning Hands, contact Ginny Gibson, OTD, OTR/L, CHT, at campwinninghands@gmail.com.
Popeye Was Right!

CHORI Senior Scientist Bruce Ames, PhD: He’d like everyone to know Popeye was right... “I’m strong to the finish ‘cause I eats me spinach!”

Dr. Ames and Joyce McCann, PhD, have been looking closely at vitamin K. Vitamin K is concentrated in dark green plants such as spinach or kale, and it is either not present or present in only small amounts in most multivitamin pills.

Their new analysis of research suggests that optimal dietary intakes of vitamin K can help prevent age-related conditions such as bone fragility and heart disease.

Vitamin K is known as the “Koagulation” vitamin because about half of the 16 known proteins that depend on vitamin K are necessary for blood coagulation. The other vitamin K-dependent proteins are involved in a variety of different functions involving the skeletal, arterial, and immune systems. What this suggests is that optimal dietary intakes of vitamin K can help prevent age-related conditions such as bone fragility and heart disease—and let us all get to the finish a bit stronger.

MANGO KALE GREEN SMOOTHIE

Yields 4 servings. Nutrient analysis per serving: 85 calories, 2 g protein, 17 g carbohydrate, 2 g fat, 2.6 g fiber, 144 mg calcium, 50 IU vitamin D, 208 mcg vitamin K.

2 cups frozen mango
2 cups unsweetened almond milk
1 cup kale, tough ribs removed (about 1 large leaf or 2 small leaves)
1 cup spinach leaves

Optional additions:
1 teaspoon vanilla
1 banana
1 teaspoon chia seeds
1 tablespoon protein powder or almond butter or 1/4 cup Greek yogurt

The banana creates a creamier texture, and the vanilla adds a natural sweetness and depth without much extra effort. Green smoothies should be about half veggies and half fruit.

DIRECTIONS
1. Place all ingredients in the blender and blend until very smooth.
2. Depending on your blender, this could take anywhere from 20 seconds to a full minute.

BAKED KALE CHIPS: TWO WAYS

1 bunch kale
2 teaspoon olive oil
Option 1: Sea salt + lime juice
Option 2: Cayenne pepper + paprika + sea salt

DIRECTIONS
1. Preheat oven to 300°F.
2. Holding the bunch of kale by the stems with one hand, remove leaves by gently pushing them off the stems.
3. Rinse leaves and pat until dry.
4. Place leaves in a mixing bowl. Gently toss leaves with olive oil.
5. Place leaves on a parchment paper-lined baking sheet. Do not overlap. Bake for about 25 minutes, being careful not to burn.
6. Season chips to taste, using either option 1 or 2.
Q: When a child has trouble sitting still, paying attention, or regulating his or her body at school, how does a parent know if this is age-appropriate behavior or a sign of a developmental or behavioral problem?
A: The question of how much the child’s behavior reflects an underlying developmental difference and how much may be related to emotional stressors is essential to understand before determining how best to support the child. A common example in preschoolers might be the child who is having difficulty with tantrums and emotional outbursts that may be very disruptive at school or at home. On evaluation, we come to find that the root of the problem is a speech and language delay. This might be a child who is really not able to get his or her wants and needs across and so the behavior is rooted in frustration.

Or, on the environmental side, there are children referred to us whose development is normal but whose temperament, or behavioral style, may not be a good match for the school or preschool program. For example, a child might be temperamentally active or intense, or social and gregarious. One preschool might accommodate that behavioral style while another does not, and the best solution is a change in the school rather than an expectation that the child is going to easily adjust. Parents always do their best to feel this out beforehand, but a pediatrician can also help with this decision.

Q: Whom should parents consult?
A: Of course, parents should feel free to raise such questions regarding their child’s development or behavior with their child’s pediatrician. Screening and detection of developmental differences or delays, or significant behavioral problems, is a regular component of pediatric care and is especially useful when pediatricians are able to know their patients and families over time in regularly scheduled well-child visits (regular checkups).

Q: If there is some type of problem or disability that needs to be addressed, who are some of the doctors that might be able to help after first consulting with a pediatrician?
A: This is a particularly important role played by the primary care pediatrician or other clinician—that is, deciding on the most appropriate specialist to refer to. The array of professionals and specialists who might be involved can be quite confusing to families. Psychologists are especially well-suited to provide developmental or learning evaluations and to provide psychological child or family therapy for behavior problems. Speech and language pathologists provide evaluations and therapy for speech delays and other language-related problems. Occupational therapists can be very helpful with children who are struggling with motor delays and sensory problems. Educational therapists work closely with children with learning disabilities. Psychiatrists are typically consulted for children and adolescents who struggle with mental health disorders, and when more complex medication treatments may be needed. Developmental-behavioral pediatricians are well-suited to address concerns that involve a combination of medical, neurodevelopmental, and psychosocial factors.

Q: What if there is more than one area of concern?
A: Frequently, the children we see in the Division of Mental Health and Child Development here at Children’s do have more than one area of concern, and these concerns are often the result of more than one risk factor for healthy development. Our goal is thus to evaluate each child comprehensively enough to be able to determine the most important causative factors, and, from there, to decide what is most likely to be helpful. Decisions regarding the next best steps to take—whether involving specific therapies, or changes in school program, or medication treatments—are always made in partnership with the child’s parents. We routinely follow the child’s course beyond the initial evaluation to help monitor the child’s needs and progress.
On July 23, 2014, Former Secretary of State Hillary Clinton visited CHORI to launch a very special initiative aimed at better preparing Oakland’s children for success in school and beyond. A meeting that included representatives from business, government, education, community, and faith-based organizations met to discuss how we will work together. The campaign is in partnership with Too Small to Fail, a joint initiative of San Francisco-based Next Generation and the Bill, Hillary & Chelsea Clinton Foundation.

The campaign, titled “Talking Is Teaching: Talk Read Sing,” aims to close the “word gap”—a difference of about 30 million words that children in high-income families hear from parents and caregivers by their fourth birthday, as compared to those in low-income families. The fewer words children hear and learn, the more likely they are to experience an achievement gap, which persists through the preschool and kindergarten years and has a lifelong impact on health and well-being. Parents and children can close the word gap by talking, reading, and singing with their children from birth every day.

A targeted and intensive campaign at UCSF Benioff Children’s Hospital Oakland will run for the next three years, thanks to a generous gift from Marc and Lynne Benioff. The Benioffs donated $3.5 million to create a model program for how children’s hospitals can actively address the word gap as a health issue. This program will be evaluated by the UCSF Philip R. Lee Institute for Health Policy Studies, and lessons learned will be used to spread the program to San Francisco and to children’s hospitals around the country.

To learn more about “Talking Is Teaching: Talk Read Sing,” go to www.talkreadsing.org.

“Talking Is Teaching: Talk Read Sing” at UCSF Benioff Oakland

Through this campaign, when parents come to the hospital they will see messages in the lobby, waiting rooms, and exam rooms that will prompt them to talk, read, and sing with their children to build vocabulary. Parents will leave the hospital with materials to help them, including: a “Talking Is Teaching: Talk Read Sing” toolkit produced by Sesame Street; information on how to sign up for Text4Baby (www.text4baby.org), a free mobile health service for pregnant women and new mothers that will send them regular reminders and information about early brain development and the importance of talking, reading, and singing with their young children; and clothing materials. When needed, families will also be connected to the hospital’s family resource desk so that they can learn about critical services and supports.
**Talking Is Teaching**
Talking, reading, and singing with your baby are the easiest ways to help them grow up smarter, happier, and with a brighter future to look forward to. In fact, 80% of a child’s brain is developed by the age of 3, and your words are a very influential part of that development. Even before your child can talk back, your words help their brain grow.

**How Do I Talk With My Baby?**
Just about anything is worth talking with your child about. Even before they can talk, every word you say and every question you ask helps their brain develop.

From the day they’re born, you can talk, read, and sing with them about anything you like—it’s all new and exciting to them. Tell them about what you are cooking, make up a song about where you are going—even read them your junk mail. Their brain turns on with the sound of your loving voice. You’ll be amazed by how much they can learn from your words.

As your baby gets older and begins to babble, get their attention by repeating the sounds they make and by making eye contact. Eventually, as they learn their own words, converse with them, tell them about things, sing songs with them, and ask them questions. It may take a young child a while to answer questions, so wait to listen before responding.

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**Playtime Activity Ideas**
By Too Small to Fail

For curious young minds, playing is learning. Playtime is fundamental to your child’s early development, helping hone her cognitive, social, and emotional skills. Opportunities to play are everywhere! Here are a few ideas to integrate play into your daily routine with your toddler.

**While getting ready in the morning, let your child explore your closet (or theirs!)**
Playing dress up, or even exploring the different colors and textures of the fabrics in your closet, can be exciting.

**Involve your toddler in meal preparation**
Give your child kid-friendly pots, pans, and other kitchen props so he can play chef while you make dinner. Describe spices and vegetables to your child and encourage him to smell, touch, and even taste the ingredients you’re using.

**Sing a song about toes, fingers, and noses during bath time**
It can be repetitive and simple, like “wash your toes, wash your nose.” Couple singing with a game where your child pours water on the body parts mentioned in the song.

**Go on a scavenger hunt while out on a walk**
Help your child look for birds, benches, trees, bushes, and other common outdoor features. Encourage your child to explore the texture of leaves, rocks, and gravel. Describe the shapes and colors of the things you see.

**Turn reading time into playtime**
Have your child look at the pictures and tell the story. Act out the stories together as you read aloud, or have her retell the story using her favorite toys.

**Play a game of “I-Spy” while shopping together**
Choose a color and/or shape and challenge your child to point out as many objects that fall into that category as he can. Build your child’s vocabulary by describing any unfamiliar or new objects that he encounters.
June 18, 2011. Alma Reyes will never forget the date.

“It was about 8 o'clock in the evening,” she says, speaking via a Spanish interpreter. “We were at a party, and my 13-year-old daughter Fabiola was playing soccer with her cousin. The soccer ball hit Fabiola in the face. She came inside the house to tell me she felt like there was an explosion in her head, and that she had a severe headache. Then she said she felt dizzy, and she collapsed on the floor.”

Fabiola’s family called 911, and an ambulance took her to a hospital in San Pablo, where they performed a CT scan and discovered bleeding in the brain. The San Pablo hospital staff immediately sent Fabiola to UCSF Benioff Children’s Hospital Oakland by ambulance.

“About 15 to 20 minutes after I arrived in the emergency room at Children’s, they transferred her to the intensive care unit,” Alma recalls. “I think it was around 2 or 3 a.m. when I met the doctors after they had put a drain in her head. After the drain was in, she was able to see again, which was a relief.”

The drain in Fabiola’s head helped relieve her symptoms, but it didn’t address the cause of her problem.

“Fabiola had bled into a fluid-filled compartment of the brain,” says Kurtis Auguste, MD, a pediatric neurosurgeon at Children’s who also treats patients at the San Francisco campus. “The blood was impeding the flow of a fluid that provides nutrients to the brain, carries away waste matter, and acts as a ‘shock absorber’ for the brain and spinal cord. That’s why we placed a small external drain in that space to drain both blood and excess fluid.”

Fabiola seemed to be improving, but a few days later, Alma noticed that the teenager had developed a weakness on the left side.

“I mentioned the weakness to the doctors, and they performed an MRI to find out what could be the cause,” says Alma.

Fabiola’s left-side weakness was due to a minor stroke that was another consequence of the bleed in the brain. The MRI showed an abnormality that was likely congenital (present from birth). Ordinarily, the arteries and veins in the brain are connected by tiny blood vessels called capillaries. With Fabiola’s abnormality, the arteries at that location connected directly to the veins, bypassing any capillaries. This condition is called an arteriovenous malformation, or AVM.

“Just because the AVM is there doesn’t mean it will cause bleeding in the brain,” Dr. Auguste explains. “Fabiola’s bleeding may have been precipitated by the blow of the soccer ball to her head, but there’s no way to be sure of that. Many bleeds are completely random.”

“Fabiola was still having trouble clearing the fluid in her brain, so we converted her external drain to an internal shunt,” Dr. Auguste says. “The shunt has a valve that opens and closes automatically as the area needs to be drained.”

A few days after the shunt was inserted...
“After high school I would like to go to college,” says Fabiola. “I’d actually like to go to UCSF and become a doctor, probably a pediatrician because Dr. Auguste inspired me.”

at Children’s, Fabiola was transferred to the San Francisco campus for an angiogram to examine the blood vessels. An angiogram is an X-ray image that uses a special dye and camera to take pictures of the blood flow in arteries and veins.

“At Children’s Oakland, we have the equipment to perform diagnostic angiograms, but not therapeutic angiograms,” says Dr. Auguste. “We were able to study her AVM, but not treat it in Oakland. In San Francisco, we were hoping to be able to seal up the abnormal artery-vein connection during the angiogram. Unfortunately, the vessels in her AVM didn’t permit us to do that. We created a second plan of performing a gamma knife procedure at a later date.”

A gamma knife is a large machine that delivers direct radiation to the abnormal blood vessels, causing them to slowly collapse and seal over a period of weeks to months.

“The gamma knife procedure had to be performed at the San Francisco campus because the equipment requires a specially equipped room and technicians, which are not available at Children’s Oakland,” Dr. Auguste explains. “A multidisciplinary group convened to discuss Fabiola’s case—other neurosurgeons at UCSF who perform gamma knife procedures, radiation oncologists, and radiologists. We decided it was safer to treat her with two separate gamma knife procedures, instead of doing it all at once.”

Alma hasn’t forgotten the dates of the two gamma knife procedures, either. “Fabiola was discharged from Children’s on July 3, and then on August 30, she had the first gamma knife procedure at UCSF,” she notes. “Then she had the second gamma knife procedure on February 14, 2012. She improved after the procedures, but then on December 19, 2013, she had a relapse with more bleeding in the brain. She was at school, and she started vomiting and had a severe headache. She was taken back to Children’s by ambulance.

“I was really scared that Fabiola would be as ill as she was in 2011,” Alma remembers. “Dr. Auguste told me that she had another bleed in her head. They removed the shunt because it was blocked, and replaced it with a new external drain. Later they replaced the internal shunt. She was in the hospital at Children’s for about six weeks.”

Fabiola continued to heal, and Dr. Auguste monitored her progress with periodic MRIs. The hope was that her gamma knife treatments had decreased the size of her AVM enough to finally make it treatable with open surgery.

“The effects of the gamma knife procedures took months to shrink the blood vessels sufficiently so that we could safely perform surgery to remove the abnormal artery-vein connections completely,” he says. “That surgery was performed at Children’s.”

Both Alma and Fabiola remember the date of the final surgery at Children’s.

“It was on May 2, 2014,” says Alma. “She is doing very well now, thank God!”

“My memory of some events is a little fuzzy,” Fabiola admits, “but I do remember the most recent surgery. I was so excited to have the shunt taken out! It wasn’t painful after the surgery, and I haven’t had a headache since then. Plus, I’m not weak on my left side.”

During the early stages of Fabiola’s treatment, the relationship between Children’s and UCSF was in its infancy. “Now that we have a formal affiliation between Children’s and UCSF, it will facilitate the flow of patients between the two hospitals,” says Dr. Auguste. “That’s a terrific advantage for all of our patients.”

Alma was very happy with the care Fabiola received at both Children’s and UCSF. “They all were wonderful to Fabiola, and they were very kind to me, too,” she says. “Plus, the doctors explained everything to me really well—it helped a lot that Dr. Auguste spoke Spanish.”

Now age 16, Fabiola appreciates the care she received and is excited about her prospects for the future.

“The nurses at Children’s were like family to me,” she says. “Genie and Wanda, especially, spent a lot of time with me. The people at UCSF were sweet, too, bringing me treats.

“I’m really excited for my junior year in high school—I like school. I would like to go to college. I’d actually like to go to UCSF and become a doctor, probably a pediatrician because Dr. Auguste inspired me. He’s funny. He’s awesome. He makes you feel like a real person. He made me comfortable, and yet he was serious and told me to take care of myself.”

Dr. Auguste will continue to follow Fabiola’s progress, seeing her every year as long as she has the shunt in place and following up regularly with brain imaging. He thinks her prognosis from here on out is excellent, noting, “She’ll be able to lead a full, healthy life now. The sky’s the limit for her.”

For more information on UCSF Benioff Children’s Hospitals Pediatric Neurosurgery programs, go to: 
Oakland: bitly.com/choneurosurgery
San Francisco: www.ucsfbenioffchildrens.org/neuro
Children’s Opens New Motion Analysis & Sports Performance Lab in Walnut Creek

Athletics require motion and, all too frequently, incorrect movement can result in less than optimum performance and even injury to young athletes. Using advanced motion analysis technology the Sports Medicine Center for Young Athletes can analyze a young athlete’s biomechanics, movement, displacement, impact forces, velocity, and acceleration and reduce complex athletic motion data to simple visualizations to recommend improvements, better techniques, and injury prevention awareness.

An athlete’s motion analysis evaluation can be used for:
• Performance enhancement
• Injury prevention
• Return-to-Sport plans.

This data can be used by the athlete, physicians, therapists, trainers, and coaches when designing:
• Treatment plans
• Training methodologies
• Rehabilitation protocols.

We specialize in training young athletes from age 5 to 25:
• Our pediatric focus gives us unparalleled knowledge of how to care for developing young athletes and pediatric sports injuries.
• We are on the leading edge with advancements in orthopaedic care and rehabilitation techniques that are suited to growing bones, joints, and muscles.

For appointments or for more information, call 925-979-3420.

UCSF Benioff Children's Hospital Walnut Creek Campus 2401 Shadelands Dr., Suite 170, Walnut Creek Monday–Friday, 9 a.m.–6 p.m.

The Motion Analysis & Sports Performance Lab integrates state-of-the-art technology to critically and scientifically analyze athletic activities and develop individualized exercise and fitness programs.

Small reflective markers are taped onto key body areas and tracked by cameras in the lab.
UCSF Benioff Children’s Hospital Oakland Welcomes Trinity, Our First Canine Companion Facility Dog

Trinity, a two-year-old yellow lab golden retriever, is our first Canine Companion facility dog at UCSF Benioff Children’s Hospital Oakland. Watching Trinity motivate and inspire our patients who are overcoming the physical or cognitive challenges of rehabilitation in our inpatient rehabilitation facility is amazing.

Trinity’s contributions include:
- Providing unconditional love and attention to our patients recovering in rehabilitation
- Increasing patients’ motivation to interact and to use verbal commands, promoting cognitive and language development
- Encouraging functional upper body movement while petting, brushing, or playing fetch
- Promoting improved strength, balance, and endurance while patients walk with Trinity with her special harness
- Distracting and comforting patients during difficult procedures or exercises.

Trinity has been professionally trained and can perform more than 40 commands designed to motivate patients with special medical rehabilitation needs.
Bert Lubin and Vivian Scharlach Fund New Center for Addressing Poverty as a Disease of Children

If you ask UCSF Benioff Children’s Hospital Oakland President and CEO Dr. Bert Lubin, what one of the greatest threats to a child’s healthy development is, he will answer you with one word: poverty. There are 72 million children in the United States, and 34 percent live in poverty. That’s over 24 million young people whose parents struggle to afford security, housing, food, clothing, medical care, and education.

Bert proposed that poverty should be considered a disease of children in his TEDx Talk given in San Francisco last October. “For many children,” he said, “their zip code is more likely to affect their health than their genetic code.” Being born into poverty, growing up with limited opportunities for education and safety, living in a distressed neighborhood—these are some of the social determinants likely to have a negative impact on health. Childhood poverty frequently translates into complex medical problems ranging from asthma to obesity, diabetes, hypertension, heart disease, substance abuse, and mental illness.

“We all have a responsibility to consider poverty as a disease of childhood that needs to be addressed,” he explained.

In recent months, Bert and his wife, Vivian Scharlach, have demonstrated their commitment to this cause with a generous gift to initiate the development of a Center for Addressing Poverty as a Disease of Children. The Center will bring together professionals from both the Oakland and San Francisco campuses to focus on improving the health and well-being of children living in poverty. Bert and Vivian strongly believe that work done in this Center will contribute to our community and beyond.

“As Vivian and I love this medical center, we love its mission, and we wish to do our best to support efforts to improve the health of our community. We feel privileged to be involved in the creation of a center dedicated to protecting and promoting the health of all children.”

Bert is the first pediatrician to serve as president and chief executive officer in the 100-year history of Children’s Hospital Oakland. His love of medicine and research, and his commitment to social justice for underserved children, first brought him to Children’s in 1973 to direct the hospital’s hematology and oncology departments. Eight years later, Bert became the director of medical research, again the first physician scientist to hold this position. He recruited investigators and grew the research program from one that had not had a national ranking into one that now ranks among the top ten in the nation for extramural funds, and is internationally renowned for its global impact.

In 2009, Bert stepped into his current leadership role and remains as fond of Children’s today as he was when he first walked in the doors over 40 years ago. “I felt so good about the place,” he remembers. “It made my heart sing, recognizing the devotion to all children that characterizes the hospital.” Over the last two years, Bert has led the hospital through an historical affiliation with UCSF Benioff Children’s Hospital, a partnership that was formalized in January 2014.

Throughout his tenure at Children’s, Bert has benefited from the support and encouragement of his wife, Vivian, whose idea led to their support for the development of the Center. More than ever, Bert and Vivian are committed to ensuring that all children have the opportunity to reach their full potential.
A House Full

They have been married for over 45 years, but probably never imagined they would be parenting toddlers at this stage in their lives.

Taking a break between doctor appointments at UCSF Benioff Oakland’s Outpatient Center, Roger and Corinne Vogel are happy to talk about the more than 120 foster children they have cared for over the years, many with complex medical conditions. The Vogels are parents to 10 children, including four biological children and six they have adopted through the foster care system.

Having welcomed their first foster child in the 1970s, you might think the Vogels would start to consider slowing things down. But when Michael entered their lives, Roger and Corinne saw a special child in need, and, once again, they acted.

Michael was born with DiGeorge syndrome, a disorder caused by a defect in chromosome 22 that results in the poor development of several body systems. The Vogels were told by their local pediatrician that Michael had very little chance of survival. Once he was transferred to the neonatal intensive care unit (NICU) at UCSF Benioff Children’s Hospital Oakland for specialized care, his condition began to improve considerably. “The doctors and nurses in the NICU literally saved Michael’s life. We are so grateful for their positive and professional attitude.”

As seasoned foster parents to many medically fragile children, this isn’t the first time the Vogels have needed the services of a children’s hospital. But their experiences at UCSF Benioff Oakland have left a lasting impression. After leaving the NICU with Michael, the couple was inspired to give back. They contacted the Foundation to explore gift options and settled on a charitable gift annuity, which would allow them to secure retirement income and generate a tax deduction they could use this year.

Payments from gift annuities are based on the age(s) of the donor(s). Since the Vogels had just passed their 70th birthdays, they would receive fixed payments of 4.7 percent, guaranteed for life. After their death, the remainder of the annuity will be used by Children’s to continue our lifesaving work for every child in need.

Our gift planning team is a resource for achieving your charitable and financial goals. We can assist you with creating a bequest or discussing life income strategies. Please contact Mary Jane Perna, Vice President of Philanthropy, at MJPerna@mail.cho.org or at 510-428-3360.

Roger and Corinne Vogel have made the care of children a part of their legacy, and they want to encourage others to consider becoming foster parents. The work involved is nothing compared to joy they have received helping children. We’d like to thank them for their generous support of UCSF Benioff Children’s Hospital Oakland and for all they’ve done to care for the most vulnerable among us.

The doctors and nurses in the NICU literally saved Michael’s life. We are so grateful for their positive and professional attitude.”

"The doctors and nurses in the NICU literally saved Michael’s life. We are so grateful for their positive and professional attitude.”

"The doctors and nurses in the NICU literally saved Michael’s life. We are so grateful for their positive and professional attitude.”

For the different ways you can give to Children’s, go to www.chofoundation.org and click on the “Giving to Children’s” tab at the top of the page.

YOUR DONATION CAN GO TWICE AS FAR WITH EMPLOYER MATCHING GIFT PROGRAMS

Making your charitable gift go twice as far is easy: Many companies match their employees’ charitable contributions, and some companies even match the gifts of spouses or retirees. You can double, and sometimes even triple, your impact just by filling out and sending UCSF Benioff Children’s Hospital Oakland a matching gift form from your employer.

See the employment benefits page on your company’s Intranet, or contact your human resources office for further information, or, to donate, go to www.chofoundation.org/matchinggifts
UCSF Benioff Oakland is pleased to announce the opening of our San Ramon Center!

NEW LOCATION AT BISHOP RANCH:
2303 Camino Ramon, Suite 175, San Ramon, CA 94583 • Phone: 925-979-3470

Our San Ramon location offers the following pediatric subspecialties:

- Behavioral Pediatrics
- Cardiology
- Clinical Nutrition
- Endocrinology/Diabetes
- ENT (Ear, Nose, Throat)
- Gastroenterology
- General Surgery
- Nephrology
- Neurology
- Orthopaedics
- Psychiatry
- Pulmonology
- Speech Therapy
- Sports Medicine Physical Therapy

Are we all unpacked yet?  Fun!  Big space, convenient location!