How much sugar is too much?

Children’s researcher explains the role sugar plays in heart disease.

Young athletes are showing an increase in knee injuries. Learn how to avoid repetitive stress from sports activities.
UCSF Benioff Children’s Hospitals Walnut Creek Campus

UCSF Benioff Children’s Hospitals Walnut Creek Campus is Contra Costa County’s only 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.

UCSF BENIOFF CHILDREN’S HOSPITALS WALNUT CREEK CAMPUS
2401 Shadelands Dr.
Walnut Creek, CA 94598
(Cross street is Lennon Ln.)

www.childrenshospitaloakland.org
CHILDREN'S HANDPRINTS FALL 2015
Table of Contents

5 A WORD FROM DR. LUBIN, PRESIDENT & CEO

6 PERSPECTIVE
Playground Politics
Written by Heidi Roman, MD.

7 ASK AN EXPERT
Children's Endocrinology and Child Life Departments help a parent who wants advice on how to help her daughter manage her diabetes care responsibilities.

9 KIDS CORNER
Logic Puzzle #14

10 RESEARCH UPDATE
The Sweet Life—Lived a Little More Consciously Written by Patty Siri-Tarino, PhD.

11 FOOD CORNER
Sugar Breakdown

12 THINGS TO DO
Sports Performance Lectures & Hands-On Workshop
Extra-Life Charity Gaming Event

13 SPORTS CORNER
Anterior Cruciate Ligament (ACL) Tears are Plaguing Our Young Athletes Pediatric orthopaedic surgeon Nirav Pandya, MD, addresses how to avoid repetitive stress injuries when playing sports.

14 PATIENT SPOTLIGHT
Courage Mollie was diagnosed with acute lymphocytic leukemia when she was 4 years old. Seven years later, she wrote about the experience. HandPrints is proud to reprint her essay.

15 GASTROENTEROLOGY
What's So Bad About Gluten?
Celiac Disease Management: Common Struggles

16 FOOD CORNER
Buckwheat Chocolate Chip Cookies Recipe

21 STUDENT SPOTLIGHT: AMARJIT BATH
From India to CHORI and Children's: On a Journey Toward Her Dream Written by Susie Caragol.

22 GIVING BACK
Don and Ellie Knauss Lead by Example with Million Dollar Gift to Fund Hospital Expansion
Dancing for the Kids at Bay Bash
Bring the Halloween Spirit to Our Kids

18 Brother and Sister Born with Profound Hearing Loss Are ‘Blossoming’ With Cochlear Implants
Coupled with specialized therapies, implants can aid in development of hearing and speech. Written by Susie Caragol.

To contact the UCSF Benioff Children's Hospital Oakland departments and services featured in this issue:

Managing Diabetes, page 7:
Diabetes Clinic, (510) 428-3654

I Love My Job, page 8:
Diagnostic Imaging:
Oakland, (510) 428-3410
Walnut Creek, (925) 979-3400
Child Life:
Oakland, (510) 428-3520
Walnut Creek, (925) 979-3400

Sports Medicine Center for Young Athletes, page 13:
Oakland, (510) 428-3558
San Ramon, (925) 979-3450
Walnut Creek, (925) 979-3430

Gastroenterology, page 16:
(510) 428-3058

Cochlear Implant Program,
Audiology department, page 18:
(510) 428-3344

Fundraising, page 22:
(510) 428-3814
Our Larkspur clinic is moving to Greenbrae on Nov. 2, 2015!

Services moving to our new Greenbrae clinic:
Endocrinology/Diabetes Psychiatry

NEW ADDRESS:
1300 S. Eliseo Dr., Suite 204
Greenbrae, CA 94904

Phone: (415) 461-3498
Toll-Free: (866) 854-0550
Fax: (415) 461-4527

We’re moving just 2.5 miles away from the previous location at 1100 Larkspur Landing Circle.
Dear Friend and Neighbor,

By now your kids are knee-deep in homework and books. But the holidays are right around the corner, and I think it’s a perfect opportunity to explore the outdoors. Did you know the White House has launched an initiative called “Every Kid in a Park”? Fourth graders in the U.S. and their families can sign up for free admission to America’s national parks and federal lands and waters. Go to www.nationalparks.org to sign up to receive a voucher that grants the student and the family free entrance to federal recreation areas for one year. Marvelous.

In the same spirit, UCSF Benioff Children’s Hospital Oakland offers a Nature Shuttle to our community. It is offered through our Primary Care Center and invites children ages 0 to 17 and an accompanying adult to enjoy an active and educational afternoon in the park with transportation and lunch included. This free program takes place at one of the East Bay Regional Park District’s parks on the first Saturday of every month from 1 to 4:30 p.m. Bus transportation is available from the UCSF Benioff Children’s Hospital Oakland Primary Care Center. To sign up for the Nature Shuttle in person, go to Children’s Primary Care Center located at 5220 Claremont Ave., Oakland, or call 510-428-3885, ext. 2209. You will need to provide your name, telephone number, and the number of people going on the trip.

Here’s to good health all year long,

Bertram Lubin, MD
UCSF Benioff Children’s Hospital Oakland
President & Chief Executive Officer

UCSF Benioff Children’s Hospital Oakland offers a free Nature Shuttle to one of the East Bay Regional Park District’s parks once a month. Call 510-428-3885, ext. 2209, to find out more.
Recently my son encountered his first playground politics. It came in the form of two five-year-old girls. They were making cakes out of sand and then sitting down to “eat” them. He happily ran over with his own sand toys and sat down next to them, even offering them one of his cups. He was met with two stern “No!”s. It quickly became clear to him that this was a private party. Running back toward me, his eyes filled with tears. I felt my heart break a little. Sweet boy.

The mama bear instinct is fierce. The girls’ parents weren’t around, and it was all I could do to not give them a piece of my mind. But I also want to teach my son how to deal with situations like these when I’m not around. We talked a little bit about how it doesn’t feel good when other kids don’t want to play together or share. I explained that is part of why we always try to be kind to others. Then he saw his friend on the other side of the playground and ran off to play. He was singing and laughing in no time. But I was still thinking.

This is surely the first of many times when he may be hurt, disappointed, or left out. We all remember these times from our childhood. My maternal instinct is to want to envelop him in love. To rescue him from the world’s cruelty. To help him maintain that innocent joy as long as he can. But I can’t, really. Perhaps it is better for me instead to help him navigate. To help him figure out his own response to life’s disappointments.

Being a pediatrician definitely does not make me a parenting expert. Perhaps no one truly is, as every child is different. But I do get asked about parenting challenges like this a lot in clinic. There are a few well-trained, thoughtful people who I think have great ideas about how to respect and encourage children as they grow up. I turn to their advice when my patients’ parents (or I) have questions about parenting. I decided to see what one of them had to say about this.

Jane Nelsen, Ed.D’s child-centered program Positive Discipline is “designed to teach young people to become responsible, respectful and resourceful members of their communities.” Her thoughts often make a lot of sense to me. In her book, Positive Discipline: A to Z, she says this of the desire to rescue:

Take your lead from your child. Before you jump in, watch to see what your child does first. Keep a safe distance, but keep your lips zipped and your eyes wide open. You may be surprised at how often your child solves a problem without your help. With older children, wait a while and ask, “Would you like my help?” Even then, don’t rescue, but brainstorm ideas they can implement.

And:

Allow for feelings and learn to identify them, name them, and allow them... If your child feels hurt after being rejected by a friend, give her a reassuring hug and have faith that she will survive.

We also need to identify our own feelings. In this particular case, this meant recognizing that I was probably more bothered than my son was. And that he had, in a sense, solved the problem himself. He looked for help from me to soothe his sense of disappointment, but then he found an alternative activity.

Of course, it’s my opinion that all of this goes out the window if another child does something truly harmful or has a pattern of cruel behavior. Then it’s time to talk to the parents and/or choose different playmates. This is when the mama bear protective instincts are right on and important to listen to.
Q: My child was just diagnosed with diabetes, and it’s been a struggle finding a balance between helping her feel she has independence and still fulfilling the burden of managing the restrictions and responsibilities she now has. What can I do so she is not so frustrated?

A: Every child is different, and each family’s approach to diabetes is unique. Parents should allow children to participate in their care in ways that help them feel successful. Diabetes can be overwhelming, and forced independence can create resentment instead of positive, empowering feelings associated with healthy self-management. Children and adults do not want to continue to do things they are not good at and do not feel confident doing. Parents and health professionals should keep in mind that individual children reach self-care milestones at different ages. Below is merely a guideline for supporting diabetes management and the child’s autonomy. Each child’s experience will vary.

**I AM A SCHOOL-AGE CHILD (6-11 YEARS)**

**Things I can do:**
- I can help make decisions about my care, like when and where to check my BG, give insulin, and/or change my infusion sets.
- I can start to help with carb counting.
- I can start to check my own blood sugar.
- I can begin to identify “high” and “low” symptoms in myself.
- I can identify immediate results of diabetes control.
- I can decide on coping techniques.
- I can help with my pump.
- I can role play with diabetes medical equipment.
- I can engage in reading books for kids about diabetes.
- I can discuss my concerns about being different from my friends.
- I can identify and talk to someone when I feel a loss of body control.
- I can speak up if I feel an invasion of my privacy.
- I can ask questions about diabetes.

**Things you can do:**
- Make sure to tell me that it is not my fault that I have diabetes.
- Give me independence and privacy when you can.
- If something’s not a choice, please don’t ask me a yes or no question. Instead, give me reasonable choices between two things. (“Do you want to check your BG on your right hand or left hand?”).
- Give me a 5 to 10 minute warning before you do things.
- Give me clear explanations.

**I AM AN ADOLESCENT (12-18 YEARS)**

**Things I can do:**
- I can check my BG.
- I can give insulin injections.
- I can change my infusion sets and set my pump.
- I can carb count.
- I can identify low or high BGs and symptoms.
- I can have hormonal changes that greatly fluctuate BGs and make management more difficult.
- I can communicate ideas about how to change my care plan.
- I can attend camp or other programs for teens with diabetes and form my own community.
- I can identify immediate and long term results of diabetes control.
- I may feel shameful about out-of-range numbers.
- I may be scared to be honest about my BGs for fear of judgment or letting you down.
- I may worry about being different from my friends and my self-image.
- I may want more independence in my care than you feel is appropriate.
- I may want to be an equal member of my health care team.

**Things you can do:**
- Talk with me about how much insulin I should get.
- Acknowledge that I am more than just my diabetes.
- Help me figure out a good schedule of when to check my BG, give insulin, and change my infusion sets.
- Allow for open and honest communication without judgment about BGs.
- Monitor for signs of change in mood, eating habits, and behaviors.
- Give me reasonable choices.
- Communicate with me about my care plan.
- Allow me to be an equal member of the team.
- Give me independence and privacy when you can.

Identify numbers as “in-range” and “out-of-range” instead of “good” or “bad.” This nonjudgmental approach helps foster openness and honesty about diabetes.


---

Endocrinology department and Child Life department, UCSF Benioff Children's Hospital Oakland
What does an MRI scanner do?
An MRI scanner is shaped like a donut with a tunnel in the middle. Because the scanner makes humming and thumping sounds when it takes pictures, patients must wear headphones so they can listen to music or a story.

The scanner uses strong magnetic fields and radio frequencies to create 3D images of the body. An MRI is used to see organs, blood vessels, and bones in precise detail without using radiation. About 65 percent of our patients get their MRI scans without general anesthesia. We hope to increase that number when we receive MRI-compatible video goggles, which allow patients to watch movies during scans.

How long were you in school? Most MRI technologists have gone to college and have at least an associate’s degree. Technologists are required to enroll in a radiology program, where they learn basic human anatomy and how to take X-rays, CT scans, and MRI scans. I had an internship during my last year of school where I worked at a hospital with another MRI technologist.

What do you do?
MRI technologists work with radiologists (doctors who use the scans to help make a diagnosis), nurses, child life specialists, and anesthesiologists (doctors who help children go to sleep before the scans). I comfortably position our patients on the sliding table and operate the MRI equipment to take clear images. During the scan, I use a microphone to talk to our patients to give instructions.

What skills do you need? An MRI technologist must enjoy working with state-of-the-art technology and have basic computer skills. He or she must be able to follow directions, work closely with a team of other professionals, be patient and flexible, and have good communication skills. A good technologist must also be sensitive to the physical and emotional needs of the patients.

Are kids easier than adults as patients? Surprisingly, the answer is yes! Many adults are afraid of being in small spaces, where most kids are not. Kids mostly worry about the noise and staying still.

What do you like about your job? The MRI technologists at our hospital all say that the best part of their jobs is working with kids. They enjoy being part of so many of the success stories including seeing children overcome serious, physical obstacles and challenges. Kids are inspiring and very brave.
PUZZLE #13 ANSWER

Problem:
Can you find the numbers A, B, C, and D so that the following works?

A = 2
B = 1
C = 7
D = 8

Answer:

ABCD
x 4
2178
x 4
DCBA
8712

PUZZLE #14

Problem:
Use each of these numbers
1, 2, 3, 4, 5, 6
exactly ONCE to fill in the slots below:

A B C D
x 4
D C B A

Answer:

2 1 7 8
x 4
8 7 1 2

CONSENT TO PHOTOGRAPH, PUBLISH, USE, AND/OR SHARE INFORMATION

I hereby give my consent to UCSF Benioff Children's Hospital Oakland and its organizations, including its fundraising foundation, (“Children's”), to do any or all of the following with respect to me/my child:

Child's name________________________

I agree that pictures may be used in and/or shared with Children's publication HandPrints.

☐ The information to be released or used includes pictures or recordings of me/my child.

I understand:
• Pictures/Information published online before the expiration date may remain online after the expiration date but will not be used in a new way without my consent.
• I may cancel this consent up until a reasonable time before the picture/information is used, but I must do so in writing and submit to: UCSF Benioff Children's Hospital Oakland, Marketing Communications, 747 52nd Street, Oakland, CA 94609.
• My cancellation will be effective when received by Children's, except where use or sharing has already occurred in accordance with this consent.
• I will not receive any financial compensation for agreeing to this consent.
• I have a right to receive a copy of this consent.

Please make a copy of this form for your records.

This consent expires 3 years from today. Date ____________________

Parent/Guardian signature __________________________
Parent/Guardian printed name _________________________
Relationship to child _________________________________
Phone __________________________
Email __________________________
Address __________________________
City __________________________ State ______ Zip ______

Thank you all for your entries!

(l-r) Aarav from Danville; Aarayaa from Fremont; Mariana and Viviana from Newark; Dhruvi, Pooja, and Pratham from Pleasanton; Sahithi and Vibna from San Ramon. Rock on!

Fill out the consent form only if you are sending in your photo!
**The Sweet Life—Lived a Little More Consciously**

We are born loving sugar. Mother’s milk is a natural source of the sugar lactose. As babies and children grow and develop, enjoying the taste of sweetness is one of life’s pleasures. One evolutionary theory substantiated by recent research suggests that children are biologically hard-wired to crave sugar to ensure that they get the calories they need during growth spurts. This innate physiological predisposition is healthy when the sources of those sweet calories are fruits, vegetables and milk—or “real” foods. In contrast, the consumption of processed foods that contain added sugars can have adverse metabolic consequences.

In recent decades, Americans have become heavier than ever. Despite the fight to prevent obesity, the number of children and adults who are obese remains high, with the most recent national survey identifying 17 percent of 2- to 19-year-olds and 35 percent of adults as obese. Along with being overweight comes a host of metabolic abnormalities—high blood pressure, abnormal cholesterol levels, insulin resistance that can progress to Type 2 diabetes—that are increasing the risk of heart disease in children and adults alike.

At Children’s Hospital Oakland Research Institute (CHORI), Director of Atherosclerosis Research Dr. Ronald M. Krauss, whose preventive research program focuses on diet and drug effects on heart disease risk, states, “More and more studies are pinpointing sugar as a dietary factor associated with heart disease.” A 2014 Harvard study that evaluated 88,520 women enrolled in the Nurses’ Health Study showed that consuming 2 or more servings of sugar-sweetened beverages daily was associated with a 35 percent greater risk of heart disease. In another study of U.S. adults participating in the National Health and Examination Survey, people consuming the most added sugars (>25 percent of total energy) were 2.75 times more likely to die of heart disease than people who consumed less than 10 percent of their calories from added sugar.

Data from these studies have contributed to the 2015 recommendation by the USDA Dietary Guidelines committee to limit added sugar intake to less than 10 percent of total calories consumed. The most stringent recommendations—issued by the American Heart Association and the World Health Organization—put that number at less than 5 percent; that is about 25 grams, or 6 teaspoons a day for women and 36 grams or 9 teaspoons for men.

So, where is this added sugar? Sodas, fruit juices, and sweetened beverages—which include sports and energy drinks and many teas—are obvious sources of sugar and extra calories. But there are also many “hidden” sugars in foods that would seem healthy. Low-fat yogurts, salad dressings, breakfast cereals, pasta sauces, and other sauces can provide up to 30 grams of sugar per serving—as much sugar as in a Snickers bar.

The type of sugar we eat seems to matter. There is increasingly more scientific evidence showing that the sugar fructose has adverse effects on human metabolism independent of its effects on body weight. In other words, even if a person doesn’t gain weight, eating high levels of fructose can lead to fat accumulation in the liver, which leads to abnormal fat metabolism in the blood, ultimately resulting in cholesterol profiles that increase a person’s risk of heart disease. This growing body of research runs counter to the sugar industry’s argument that “a calorie is a calorie” and that sugar—in all its forms—can be part of a healthy diet.
SUGAR SOURCES

White
- Table sugar or sucrose (composed of 1 glucose and 1 fructose molecule), derived from sugar cane and sugar beets. It is used in over 6,000 food products, including diet sodas, and consumed by over 200 million people.

Brown
- Brown sugar, derived from molasses that has been added back in during the production process, which provides more moisture for baking.

High Fructose Corn Syrup (HFCS)
- HFCS-55 is a popular food product additive because of its high sweetness compared to other sugars. The number refers to the percentage of the total sugar content that fructose contributes; HFCS-55 is 55 percent fructose.

Milk
- Lactose, the naturally occurring sugar in milk and milk products, one cup of milk contains about 12 grams of lactose. Chocolate milk, however, has been sweetened and adds an additional 11 grams of sugar per cup.

Fruit
- Fruit is a natural source of the sugar fructose. Consumed whole, fruit is a healthy food choice that provides fiber, vitamins, minerals, other nutrients, and water. Fructose is naturally occurring sugar in 12 grams of milk.

Fruit Juices
- Drinking just the juice of fruit strips away the fiber and some of the nutrients and concentrates the sugars to levels comparable to artificially sweetened sodas. Keep in mind, a serving of fruit juice is 1/2 cup; most bottles contain 4 times that amount.

Honey
- Honey has the same relative sweetness as table sugar. A tablespoon of honey provides about 17 grams of sugar. It contains around 50 percent glucose and 40 percent fructose, comparable to artificial sweeteners.

Sugar Substitute: Stevia
- Stevia is a sweetness extracted from the stevia plant, which grows in Brazil and Paraguay. In combination with erythritol and natural flavors, stevia is sold as a sugar substitute called Truvia. It offers no calories.

Sugar Substitutes: Artificial Sweeteners
- Artificial sweeteners are synthetic sugar substitutes that provide a sweet taste without the calories. Limiting or avoiding artificial sweeteners can allow a consumer to better taste the natural sweetness of fruits and other foods.

Stevia
- Stevia is a sweetener extracted from the stevia plant which grows in Brazil and Paraguay. In combination with erythritol and "natural" flavors, stevia is sold as a sugar substitute called Truvia. It offers no calories.

Aspartame
- Aspartame is an artificial sweetener 200 times more sweet than table sugar, the key ingredient in Equal and Nutrasweet. Aspartame is used in over 6,000 food products, including diet sodas, and consumed by over 200 million people.

Honey has been marketed as a natural alternative to sugar, but it contains 90 percent fructose and 10 percent glucose. Despite its original perception as a healthy substitute for table sugar and HFCS, its high fructose content should make consumers wary.

SUGAR CHEAT SHEET

To see if you are eligible:
- Go to sams.studysites.net
- Or go to CRCstudy.org
- Or call 866-513-1118.

Refer to the "SAMS Study"

The Cholesterol Research Center (CRC) is looking for teen boys ages 13 to 18 for an 8-week research study on the effects of replacing soda with reduced-fat milk on cardiovascular disease risk factors.

If you qualify and complete our study, you will receive:
- Up to $370
- Education on healthy lifestyle practices

To be eligible participants must:
- Be male, 13-18 years old
- Currently drink at least 24 oz. (2 cans) of soda or other sugary drinks per day
- We will determine final eligibility at the clinic visit.

One of Dr. Krauss's research studies is looking at the effects of fructose and heart disease risk in teens, in particular teens that consume fructose-sweetened beverages. The study's findings may guide future nutritional recommendations, helping consumers make educated decisions on how to best feed themselves and their families.
Sports Performance Lectures & Hands-On Workshop

**Nutrition**

**SPORTS NUTRITION: FUELING THE FURNACE**
Tuesday, November 10, 2015, 7-8 p.m.
Lecture
Walnut Creek Campus

**Skiing/Snowboarding**

**WINTER SPORTS CONDITIONING (SKIING/SNOWBOARDING)**
Tuesday, December 1, 2015, 7-8 p.m.
Lecture & Hands-On Workshop
Walnut Creek Campus

**FREE AND OPEN TO:**
- Athletes age 9 to 25 and parents
- Youth sports coaches
- Athletic trainers
- Athletic directors

**MORE INFO/RSVP:**
Walnut Creek (925) 979-3420

---

**CALLING ALL GAMERS:**

**BE A HERO FOR KIDS!**

Join tens of thousands of gaming enthusiasts for the biggest charity gaming event of the year! Whether you are a D&D fanatic, smart phone Candy Crusher, or Monopoly maven, you can help support UCSF Benioff Children’s Hospital Oakland just by being a gamer.

**WHEN:** The 24-hour marathon begins on Nov. 7, 2015, but you can play whenever you want!

**REGISTER:** Register online at www.extra-life.org.

**SPONSORS:** Get your friends and family to sponsor you while you play games to support our young patients.

**WHY:** All funds raised by Extra Life participants who designate UCSF Benioff Children’s Hospital Oakland as their beneficiary will be donated directly to our hospital.

**MORE INFO:** Contact Abdur Shemsu at ashemsu@mail.cho.org or go to www.extra-life.org.
Anterior Cruciate Ligament (ACL) Tears Are Plaguing Our Young Athletes

Children’s pediatric orthopaedic surgeon Nirav Pandya, MD, is seeing an increase in serious knee injuries in young athletes because of repetitive stress of playing the same sport all year. Nearly all of these injuries require surgery.

“By the time these kids are 12 or 13, they know someone on their team who has had an ACL injury. Multiple ACL injuries are almost the norm now. You tear one side; you’re going to tear the other side. Or you tear that same one again,” he says.

Dr. Pandya discussed this trend with 60 Minutes Sports reporter Sharyn Alfonsi. To watch the segment online, go to bitly.com/60minSports

Children’s pediatric orthopaedic surgeon Nirav Pandya, MD, offers some advice for avoiding repetitive stress sports injuries.

When is the best age for kids to begin specializing in one sport?
Dr. Pandya: I would encourage your son or daughter to play as wide a variety of sports as possible for as long as they can, at least until the late high school years. Studies have shown that single sport specialization leads to both physical and emotional burnout. In addition, there is no good data to suggest that playing one sport year-round increases one’s chance of participating at the collegiate level or earning a scholarship. Young athletes who play multiple sports are better positioned to exercise throughout their life, which can help prevent problems such as obesity and cardiovascular disease as they get older.

Young athletes return from sports practice complaining of pain in their knees, shins, hips, etc. How do we prevent this?
Dr. Pandya: These complaints can be sign of various underlying problems. Make sure the athlete is sleeping enough at night, eating a balanced diet, and drinking enough water. More commonly, these various complaints are the body’s signal that it is beginning to break down from overuse and/or poor mechanics. “Active rest” for a short period of time might do the trick. This could mean swimming in the pool instead of running for a track athlete, or doing a day of yoga instead of scrimmaging for a soccer player. In addition, many high school athletes have poor core strength (i.e. the area around the abdominal wall, pelvis, and low back) which can lead to increased strain on the hip, knee, and ankle joints. Videotaping the athlete in slow motion or going to a motion analysis lab may identify an underlying problem in how they run, jump, or throw, which is causing them pain.

Should an athlete choose another sport to avoid an ACL injury?
Dr. Pandya: No, not at all! Many teams across the country are now engaging in ACL prevention programs. If an athlete suffers an ACL injury, we have developed techniques that allow growing athletes to return-to-sport and preserve function if he/she requires surgery. If the athlete enjoys what he/she is doing, we should encourage that activity!

Watch Dr. Pandya on 60 Minutes Sports online: bitly.com/60minSports
Courage
Story and drawings by Mollie King, 11 years old

Mollie was living in Augusta, Georgia, when she was diagnosed with acute lymphocytic leukemia at age four. She received care at Augusta’s Children’s Hospital. She finished her treatment before she and her family moved to Oakland, California; her post-care is now monitored by Children’s oncologist Barbara Beach, MD. Mollie wrote about her experience and won second place in the 5th grade autobiography category in the Young Authors Faire sponsored by the Diocese of Oakland in May. Here is her essay.

2008

When I was younger, I had cancer, but I had hope and courage, too. When things were scary, I had courage. When I was afraid, I had hope and guidance. One of the scariest parts of having cancer was when I was diagnosed. We were waiting at the hospital, MCG, in Augusta, Georgia, where my life experience happened. I was four years old, and I had blond hair and blue eyes. I was playing in the waiting room when I met my hero. Miss Kym was the first one to greet me. She was a child life specialist with curly orange hair and little freckles that looked like seeds dotting her perfect face. She dedicated her life to helping kids like me. She waited with me and talked with me for a while to help me calm down, and it came to me that we would be good friends. And, we did.

Once I was settled, the doctor came in. We followed her into a cold, dark room. They made me lie down, and I started crying. They gave me a sleepy medicine. There was a flash of light in the room; then all was dark. When I awoke, I was lying in a hospital bed that squeaked. The room was plain, and the only things it had were a large T.V. and a bedstand. Then I noticed a long I.V. pole attached with a cord and needle to my chest. My mother said I had a surgery to get the port in my chest so the nurses could draw blood. She also told me that I was just diagnosed with cancer.

I stayed in the hospital about two weeks at a time. I tried to make the best of my life and have fun, too. I remember my dad would skip going home after work just to stay with me. He would sit with me, and watch Scooby Doo with me on the large T.V. The nurses would bring in little bowls of chocolate ice cream. Sometimes my Grandma and Grandpa would come and comfort me. My Grandma Janet would hide something in the room, and I would find it. She would tell me if I was hot or cold. The prize would always be a candy cane or something special. My family even made holidays in the hospital fun!

One Christmas in particular was really great. In 2008, people from church brought me a tiny Christmas tree. They even brought ornaments to the hospital. I was so excited! It made me the happiest kid in the whole world! Little things really make a big difference!

Another group of people, my mom’s friends, also helped me out. They gave me a sheet of tattoos. My favorite was a tattoo of a white unicorn with a rainbow, sparkly tail and mane. I put it on top of my bald head. The nurses, Pam and Kate, would always compliment me on it. Miss Kym loved it too. She would give me coloring sheets of fairies and such because she knew I loved mythical creatures like unicorns. The first year in the hospital really wasn’t so bad.

2009

The year 2009 wasn’t the best, though. My mom brought me to the park to get fresh air. I wasn’t in the hospital that week, so I was really excited. Anyways, I was going down the slide when I heard a girl exclaim to her brother, “Look, there’s a boy wearing a dress.” I could hear my heart thumping as she chanted. My heart sank, and I could feel a big fat tear rolling down my cheek. Why did this ever happen to me? Why was I wrong? What makes them laugh? I ran as fast as I could to my mother. I cried in her lap, and she took me home. I never wanted to go to the park again. That was the worst February park trip ever, and I will always remember it.

That was when I decided to get a wig. I thought all the wigs were weird except this one rainbow afro wig. My mom wouldn’t pay for it, so we had to keep looking. My mom’s friend wanted to cut her hair so she could donate it to me, but I decided I wouldn’t look good with black hair. Then, my mom’s other friend wanted to cut her hair. It was the perfect color! My mom’s friend gave it to me attached to a pink Boston Red Sox hat since I was born in Boston. I wore it all the time after that!

Once I had solved my hair problem, I decided it was time for me to start summer camp at Camp Rainbow. Camp Rainbow is a camp for kids with cancer and their siblings. I loved it so much because I fit right in. I didn’t have to wear a wig. I could be myself. Camp Rainbow had many things. There was a lake to kayak in, a play structure, a cafeteria, and cabins. We even had a pool! We always had naptime after we got out of the pool, too. My favorite thing at Camp Rainbow was, surprisingly, the animal shaped mailboxes. I loved the way they were made. I also really liked the fake gold mine right beside the kayak pond. I would home home from camp with tons of ornaments to the hospital. I was so excited! It made holidays in the hospital fun!
of colorful, glittery rocks and stones I had found. I remember Dr. Grounchy, Miss Kym, and the other hospital members would go to the camp, too. When I felt homesick, I would go to them, and they would comfort me. The camp counselors were awesome, too. They would let me open the cow mailbox in front of the cabin. I would always get mail from my parents and baby sister Lucy. I loved the mail.

After fun trips over summer, I went to kindergarten and rode on the bus. It was fun, but I felt different. My best friend Bella helped a lot, though. She helped me climb onto the yellow bus. She would even help me find my classroom. Bella is one year older than I am, and she was in first grade. My classroom was right next to first grade. I am sure the first grade teacher was nice, but my teacher, Mrs. Swenson, was the best. She gave us naptime, read us books, and would even visit me when I was sick in the hospital. Kindergarten was so fun! I even got to wear my ponytail hat.

Two months into school, on October 31, I had the longest hospital trip of my life. I had the swine flu over Halloween. I remember walking into the hospital and checking in. The nurse brought me to my usual hospital room. My throat tickled me, and I had a fever. My parents were worried. The doctor came in and gave me a checkup. They thought I just had a cold. The next day, I got a rash on my back. It was red and itchy. I was lying in bed when I saw my parents arguing with the doctor. I knew I wasn't well and all I felt like doing was crying. After a day or two, the nurses brought me into another dark room with a table. They gave me sleeping medicine, and I dozed off. When I awoke, I saw my mom and dad. Their faces were wet with tears. They explained to me that I had just gotten medicine to make me better.

I got back to the hospital room to go to sleep when I noticed my fingers were purple! I showed mama, and she looked at me in the face. She twitched a little, but she didn’t tell me why. She nudged my dad and freaked out! I was unsure of what was happening, but they didn’t tell me. They pushed this button, and the nurse zoomed in. Craziness was happening, and everything was because of me. I cried so hard I could have cried a river! Why did I have cancer?

The doctor changed my medicine quickly, finding out it was the wrong prescription. I was close to dying. I had a lump in my throat from crying. My parents hugged me for a long time and didn’t let go and I went to sleep without any interruptions.

The following morning I had a CT scan. The pediatricians strapped me down on this cart thing. They strapped my head, arms, legs, and chest down. I went through a dark, lonely tunnel. It was scary in the tunnel. I could feel my heart thumping. When I came out the other side, the doctors and nurses unstrapped me and led me to the hospital room.

Since it was Halloween, Miss Kym came in and told me to get a costume, grab a huge black trash bag, and sit by the door. So, my mama got me a black trash bag and helped me change into my black bat costume. I sat by the door waiting until I heard the stomping of feet. Soon, a whole line of people came marching by my door in costumes with Miss Kym in the lead. She was dressed up as Tigger! I saw all sorts of costumes. I saw witches, fairies, goblins, bumblebees, and any other costumes you can possibly imagine! And the best part was that each and every person threw a handful of candy in my bag!

By the end, the whole bag was full, and I had a big smile on my face! It was the best Halloween ever!

**2010**

2010 was the best year a child with leukemia could ever ask for! I loved that year because I got to make a wish for the Make a Wish foundation. I wished for three things. I wished for a clubhouse, a trip to the park, and a trip to Disneyland. The foundation decided that the Disneyland idea was the best so they talked to my parents about it. They decided that my family and I would go to Disney World! I got to ride in a limousine to the airport. I would have been happy just riding in that thing the whole time! They had soda in the limousine!

Once we got to the airport, we got on the plane and flew to Florida! Once we were there, we rented a car and drove to a place called Give Kids the World village. We signed in and got these blue pins.

The first thing we did once we were there was look around. There was a tiny train, a golf course, a merry-go-round, a theatre, and an adorable little cafeteria. I was in love with the whole place! We also got to stay in these colorful little houses! They were the cutest little things ever! I also got little toys from the mascot bunny every day! We also went to Disney World whenever we wanted, and since we had those blue pins, we could pass people in lines so we could get on rides quicker! My favorite part of the whole trip was having breakfast with the princesses! I got to wear a fancy dress, and say fancy words at a fancy table in a fancy room. Everything was fancy! The food was delicious too! My favorite ride was the It’s a Small World ride. I had the best time of my life! I even got to get autographs from people like Mickey Mouse, Winnie the Pooh, and Tinkerbell! Didn’t I have to worry about anything on that trip except having fun!

After we went to Disney World, we went back home. I remember the next hospital trip I had was the best! We went into the usual spinal tap room and the pediatrician came in. She told my family and me that it was time to take my port out. I started crying, sobbing joyful tears. They gave me the sleepy medicine, and when I awoke, there was a fresh, happy scar on my chest. My port was out! But that’s not all—my ears were pierced! The doctors had pierced my ears! I was so happy you can’t even imagine! Miss Kym gave me a going away party, and that was the end of my treatment. I learned a lot from my experience. I learned what it feels like to be stared at. I learned what it’s like to be different. I also learned what true friendship is. True friends don’t care how you look. They accept you the way you are. I also learned what being a child with cancer feels like. People try to help kids with cancer, but it’s not enough. During Breast Cancer Awareness Month, there are pink balloons, ribbons, and streamers all along the streets. But during Childhood Cancer Awareness Month, there is nothing. This experience will always be with me, and I will keep all sick friends, people who have died from cancer, and my doctors in my heart forever.
What’s so bad about gluten?

Celiac disease occurs in genetically predisposed individuals and is triggered by ingested gluten, a protein present in wheat, rye, and barley. Gluten triggers an immune reaction leading to destruction of the lining of the small intestine. Celiac disease affects at least 3 million Americans—1 percent of the population.

Who should get tested for celiac disease?
All first-degree family members (children, siblings, parents) of a celiac patient should be evaluated for symptoms and signs of celiac disease, and be considered for testing.

Celiac disease symptoms

- Bloating or gas
- Diarrhea
- Constipation
- Fatigue
- Anemia
- Weight loss
- Abdominal pain
- Itchy skin rash
- Tingling/numbness
- Pale mouth sores
- Joint pain
- Delayed growth
- Poor weight gain
- Thin bones
- Infertility
- Headaches
- Depression
- Irritability
- Discolored teeth

When should my child see a pediatric gastroenterology (GI) specialist?

- Referral to a pediatric GI specialist should be made once your child’s serology testing (a blood test to detect the presence of antibodies against gluten and an enzyme that reacts to gluten) is positive.
- Your child will undergo an endoscopy with biopsy to confirm the celiac disease diagnosis. Once confirmed, close follow-up care with a pediatric GI physician and dietitian is important for adherence to treatment, healing the intestine, and monitoring of adequate growth and nutrition.
- UCSF Benioff Children’s Hospital Oakland’s Gastroenterology department and Nutrition department runs a joint monthly Celiac Disease Clinic to treat and monitor children with celiac disease. To find out more, call 510-428-3058.

Buckwheat Chocolate Chip Cookies

Makes 15 cookies

Nutrition information (per cookie): 210 calories, 3g protein, 24g carbohydrate, 3g fiber, 12g fat (7g saturated fat), 103mg sodium

- 1¼ cups gluten-free buckwheat flour
- ½ teaspoon salt
- ½ teaspoon baking soda
- ½ cup coconut oil or softened butter (unsalted)
- ¼ cup packed light brown sugar
- ½ teaspoon vanilla extract
- 1 egg
- ¼ cup dark chocolate chips
- ¼ cup chopped walnuts

DIRECTIONS
1. Put oven rack in middle position, and preheat oven to 350°F. Line a baking sheet with parchment paper.
2. In a medium bowl, whisk together the flour, salt, and baking soda. Set aside.
3. In a large bowl, whisk together the coconut oil and sugar until well mixed. If using butter, cream the butter and sugar together until light and fluffy. Add the vanilla extract and egg, mixing until well combined.
4. Stir in the flour mixture until just incorporated. Fold in the chocolate chips and walnuts.
5. Cover the bowl with plastic wrap and chill the dough in the fridge for at least 20 minutes (or overnight). Once chilled, press about ¼ cup of dough together to form a ball. Place 6 balls of dough on each baking sheet.
6. Bake for 15 to 20 minutes until golden around the edges. Allow to cool on the baking sheet for 10 minutes before removing to a wire rack to cool completely.

Variations:

Chocolate Rosemary: Add 2 teaspoons of chopped fresh rosemary to recipe.
Lemon Cumin: Remove chocolate chips from recipe. Add grated zest of 1 lemon and 1 teaspoon of cumin seeds.
Cherry Coconut: Remove chocolate chips from recipe. Add ½ cup unsweetened shredded coconut and ½ cup dried cherries.
Celiac Disease Management: Common Struggles

A concern parents have is the fear of their child having reactions due to making mistakes with a gluten-free diet. People often know about the need to avoid breads, pastas, and cereals, as well as desserts like cakes, pastries, and cookies. However, “wheat-free” does not necessarily mean gluten-free.

COMMON CHALLENGES

<table>
<thead>
<tr>
<th>Cross-contamination</th>
<th>Barriers to compliance</th>
<th>School management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Even small amounts of gluten can be harmful. Depending on the individual, it can take as little as 1/8 teaspoon to cause a reaction. Families can designate “gluten-free” on food jars and use separate kitchen utensils to avoid cross-contamination. Purchasing condiments in squirt bottles will avoid having to use a utensil.</td>
<td><strong>Time pressure:</strong> When first learning how to eat gluten-free, parents are advised that preparing food takes longer. When parents are under time constraints, they are more likely to not adhere to the gluten-free diet. Understanding and practicing the gluten-free lifestyle is challenging at first, but it will become second nature over time. <strong>Eating out:</strong> Parents often feel the need to avoid restaurants or eating at friends’ houses. It is completely appropriate to call restaurants ahead of time and request to talk with a manager or chef and ask about food preparation to ensure gluten-free options are available. <strong>Accessing gluten in foods:</strong> Food labels are challenging, especially with unknown and complicated names of food ingredients. Use the list below as a guide.</td>
<td>• Parents are encouraged to talk with their child’s school about the importance of avoiding gluten in the classroom and cafeteria. • Children and teens should bring gluten-free snacks in their backpacks. • Parents should discuss with their preschooler and the teacher the need to avoid pasta or gluten-containing food products, such as finger paints, when doing art projects. • Parents should monitor activities with food and read ingredients in play dough. Most importantly, thorough handwashing is recommended.</td>
</tr>
</tbody>
</table>

Other possible sources of cross-contamination include:

- **Toaster:** Gluten-free breads toasted in a toaster used for breads containing gluten can contaminate the gluten-free bread. Be sure to ask restaurants how they toast gluten-free bread.
- **Grills:** Use aluminum foil to ensure the gluten-free hot dog or hamburger buns do not come in contact with surfaces used for gluten-containing foods.
- **Cutting boards, knives, colanders:** Always wash thoroughly after use.
- **Sponges:** Rinse sponges often, or consider having a designated sponge.

GLUTEN FOODS GUIDE

<table>
<thead>
<tr>
<th>Foods to eliminate</th>
<th>Hidden sources of gluten</th>
<th>Non-food items to avoid</th>
<th>Safe foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheat</td>
<td>Modified food starch</td>
<td>Lipstick</td>
<td>Beans</td>
</tr>
<tr>
<td>Barley</td>
<td>Hydrolyzed vegetable protein</td>
<td>Certain vitamins</td>
<td>Quinoa</td>
</tr>
<tr>
<td>Rye</td>
<td>Hydrolyzed plant protein</td>
<td>Certain medications</td>
<td>Buckwheat</td>
</tr>
<tr>
<td>Durum*</td>
<td>Malt vinegar</td>
<td>Stamps and envelopes you have to lick</td>
<td>Rice</td>
</tr>
<tr>
<td>Einkorn*</td>
<td>Soy sauce or soy sauce solids</td>
<td>Play-Doh</td>
<td>Corn</td>
</tr>
<tr>
<td>Farro*</td>
<td>Brown rice syrup</td>
<td></td>
<td>Sorghum</td>
</tr>
<tr>
<td>Kamut*</td>
<td>Dextrin</td>
<td></td>
<td>Millet</td>
</tr>
<tr>
<td>Spelt*</td>
<td>Textured vegetable protein (TVP)</td>
<td></td>
<td>Soy</td>
</tr>
<tr>
<td>Triticale*</td>
<td>Vegetable gum</td>
<td></td>
<td>Nut flours</td>
</tr>
<tr>
<td>Types of wheat</td>
<td></td>
<td></td>
<td>Tapioca</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Potatoes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Teff</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cornmeal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Polenta</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Amaanth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Millet</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sweet potatoes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tofu</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gluten-free flours made of rice, soy, or potato</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Any food product that says “gluten-free” on the box</td>
</tr>
</tbody>
</table>
Brother and Sister Born with Profound Hearing Loss Are ‘Blossoming’ with Cochlear Implants

Coupled with specialized therapies, implants can aid in development of hearing and speech.
Shukria Sadiq had no personal experience with deafness, although she was vaguely aware that her husband Ishratulla Jahangiri had a family history of deafness with several deaf cousins. So when their son Humza Jahangiri was born nine years ago with profound hearing loss, it came as a surprise.

“My husband was more familiar with deafness, but it was definitely new for me to learn about deafness, deaf culture, and the options available for dealing with hearing loss,” Shukria says. “I had to learn a lot and educate myself very quickly.”

One of the things she learned about was the possibility of having Humza receive a cochlear implant at UCSF Benioff Children’s Hospital Oakland. Unlike hearing aids, which only amplify sound, a cochlear implant bypasses the damaged part of the inner ear (cochlea). An external sound processor, which is worn behind the ear or on the body, processes sounds into digital signals. The internal cochlear implant converts those digital signals into electrical impulses that stimulate the auditory nerve, which sends the electrical impulses to the brain so they can be perceived as sounds.

To be considered a candidate for cochlear implants, the person must be diagnosed with severe to profound bilateral sensorineural hearing loss, in which the “hair cells” in the cochlea typically do not work properly. Audiologists conduct a variety of tests to make sure each patient is an appropriate candidate.

“In determining whether a child is a good candidate for these implants, the audiologists conduct a hearing test that measures the electrical impulses from the inner ear to the brain,” says Michael Murray, MD, an otolaryngologist and cochlear implant surgeon at Children’s. “They also attempt to measure the vibrations of the hair cells in the inner ear, which can indicate the health of the cochlea. In addition, magnetic resonance imaging (MRI) scans are performed to make sure the anatomical structures in the inner ear are adequate to support a cochlear implant. With very young children, the MRI is performed with sedation, because little kids simply can’t hold still long enough for an MRI if they are conscious.”

In some countries, cochlear implants can be inserted as early as 6 months of age, but currently the U.S. Food and Drug Administration (FDA) and government insurance providers have approved cochlear implants only after 12 months of age. Some private health insurance providers may cover cochlear implants at a younger age. Cochlear implants can be inserted at almost any age, but because it is a pediatric hospital, Children’s performs implant procedures only on patients under age 21. In Humza’s case, he received a cochlear implant in his right ear at age 20 months.

“When Humza was at about 12 months old and eligible for an implant, our family moved to Upper Lake, near Clearlake, so his surgery had to be delayed,” says Shukria. “Because he was older when he got the cochlear implant, he was more dependent on sign language in his younger years. In the last couple of years, though, he has blossomed with his verbal speech.”

Children’s Cochlear Implant Program Director Sarah Coulthurst, MS, is an audiologist who has worked with the family for years. “Because the family lives far away in a rural area, Humza didn’t always have consistent access to services such as speech therapy,” she says. “When he received the implant in his right ear, his insurance covered only an implant in one ear. Several years later, when his insurance did begin to cover a second implant, he already had developed other language differences in addition to hearing loss. Consequently, his original ‘thinking language’ was sign language. With better services available closer to their home, he now can easily carry on conversations with familiar vocabulary.”

The family’s second child, daughter Madina, was born with normal hearing. Now 8 years old, she does use sign language at times when conversing with her older brother.

Then in February 2014, the family welcomed another daughter, Amina “Sofia” Jahangiri. Like her older brother, she was born with profound hearing loss.

“Sofia’s mom contacted us right away when Sofia did not pass her newborn hearing test,” audiologist Sarah notes. “Sofia had her first cochlear implant in April 2015 when she was 13 months old, and her second implant in late May 2015. In many cases, implants can be placed in both ears at the same time, but Sofia’s insurance coverage required separate procedures. Because she was able to get implants at an earlier age than Humza, Sofia is going to have an entirely different experience. She is not presenting with any language disorders. She seems like a typical child with language delays due to hearing loss. She should be able to catch up with her peers quickly with intensive services.”

Dr. Murray, who performed both of Sofia’s surgeries, notes that he initially tried to perform her first implant in early March, when she was just over 12 months old.

“Unfortunately, we discovered that she had a mild infection in the part of the ear where the cochlear implant is placed, so instead of doing the implant procedure, we placed tubes in her ears to drain the fluids

Sofia was born with profound hearing loss. In April 2015, Sofia had her first cochlear implant when she was 13 months old; her second one was implanted in late May 2015.
and prevent another infection,” he explains. “Then she came back in April for the first implant.”

Dr. Murray notes that cochlear implants and the surgical techniques for inserting the implants have both improved over the many years that he has been performing the procedure. “These days, the surgery takes less than an hour, with only a small incision behind the ear, and the hair does not need to be shaved,” he says. “Sofia did stay at the hospital overnight, because she is so young. With kids who are 4 years old or older, it often can be performed as same-day surgery.

“From a doctor’s point of view, this is a very low-risk procedure,” he adds. “It does require medical follow-up and a commitment on the part of parents to help their children learn language skills. I really hope to allay any fears parents might have about the procedure and let them know what an amazing difference it can make in children’s lives.”

Shukria can attest to the difference cochlear implants have made in Humza’s and Sofia’s lives.

“Sofia doesn’t have real language yet, but she’s babbling away now – especially if she has the sound processor on,” Shukria says. “She definitely recognizes her name and responds when we call her name. She also knows common words such as ‘milk.’ I do use sign language with her, in addition to spoken language, so that she will be familiar with both.”

Services provided by Children’s Hospital for young patients with cochlear implants do not end with the surgical procedures, Sarah emphasizes. “In addition to the surgeon and audiologists, our Cochlear Implant Program team includes a psychologist, a speech/language pathologist, a social worker, an education outreach liaison, and a coordinator who organizes appointments and helps families to navigate the medical system,” she explains.

For many patients, the Children’s staff can provide ongoing speech and language therapy if the parents wish, but for Sofia and Humza it’s not realistic for them to visit Children’s for weekly therapy because of the distance they have to travel. Instead, they receive services through their local Early Start Program offered by the state of California.

“We do still go to Children’s for follow-up medical and audiology care,” Shukria says. “It is not easy to travel 2½ hours each way, but it’s definitely worth the trip. Children’s is absolutely wonderful. Children’s also helped connect us with the Early Start services in Ukiah, which is only 25 minutes away. Humza now has an interpreter with him in his mainstream classes, and there are now deaf and hard-of-hearing (DHH) classes with a DHH teacher in our school district.”

Shukria notes that understanding and dealing with Sofia’s hearing loss was easier for her than it was with Humza because she was better prepared and more knowledgeable. She also credits the staff at Children’s for guiding her along the way.

“Any time I had a question or a problem, the people at Children’s were always there to help me,” says mom Shukria. “After nearly a decade of going to the Audiology Department, I feel like the people there are almost like family. They have helped me as if my children were their own—and my kids love them right back. I wouldn’t go anywhere else!”
Before Amarjit Kaur Bath was born in the Punjab region of northern India in November 1990, her father Palpinder Singh and mother Surinder Kaur had a son who died of a diarrheal disease. Although she never knew her older brother, his life and untimely death have played a role in her own life and ambitions—including her participation in the Summer Research Program at Children’s Hospital Oakland Research Institute (CHORI) in 2014 and 2015.

“When my brother died, my parents were living in a rural area of Punjab where they didn’t have access to any medical resources,” Amarjit explains. “My brother’s death probably could have been avoided with proper medical care. So because of my family’s loss, I’ve always wanted to pursue a career in medicine.”

Amarjit’s journey toward that dream has taken her far from her native India.

“When we moved to California, I was enrolled at Deer Valley High School in Antioch at age 12,” she recalls. “My first day there was simply awful because I didn’t understand English at all. I took ESL (English as a Second Language) courses for two years. English is actually my third language. During this time, my mother had a variety of health issues, and I served as her translator when she went to see various doctors. I found the doctors very caring, and that experience further fueled my desire to work in the field of medicine.”

After Amarjit graduated from high school at age 16, she attended Boston Reed College in Napa, earning a Certificate of Completion as a Pharmacy Technician in May 2009. Working at the pharmacy was where she learned about CHORI’s Summer Research Program from one her coworkers.

For the summer of 2014, Amarjit was assigned to the laboratory of Deborah Dean, MD, PhD, studying chlamydia trachomatis, the most common bacterial cause of sexually transmitted diseases in the United States.

“I learned how to isolate human endometrial cells and infect them with chlamydia trachomatis to study the host-pathogen interaction,” Amarjit recalls. “My summer internship lasted for nine weeks, and after the internship was over, I continued to work on my research project as a volunteer for seven months.”

As part of her requirements for earning her bachelor’s degree in Pre-Doctoral Health Science, Amarjit’s Supervised Field Training Health Science class required her to “shadow” physicians in various specialties at Children’s Hospital for a total of 90 hours.

Amarjit applied to return to the CHORI Summer Research Program in 2015 and was once again accepted. She started her second internship in June, working in the laboratory of Joel Palefsky, MD, an infectious disease specialist and professor of medicine and laboratory medicine at the University of California San Francisco (UCSF).

“My experiences at CHORI and Children’s were inspiring. Shadowing the various pediatricians at Children’s solidified my choice to pursue a career as a pediatric cardiologist. My experience in research showed me how scientific research can really benefit patients.”

—Amarjit
Don and Ellie Knauss Lead by Example with Million Dollar Gift to Fund Hospital Expansion

Don and Ellie Knauss are still thankful that they never had to seek care at UCSF Benioff Children's Hospital Oakland for their four grown children. “It’s the best place you never want to go,” as Ellie describes the century-old institution. For these devoted parents, supporting pediatric health care is a family affair.

The Knausses first became involved with UCSF Benioff Oakland when Don was Chief Executive Officer and Executive Chairman of the Board at The Clorox Company. Employees at the Oakland-based company began supporting the hospital in the 1970s. As Don notes, the company shares a special affinity with the hospital given that the two organizations were founded one year apart.

In 2011, Clorox leadership deepened its engagement with the hospital with a gift to support the development of a vaccine for meningococcal disease, an often-fatal form of bacterial meningitis. Moved by the sudden death of a 20-year-old UC Berkeley women’s basketball player who lost her life to the disease, the company donated $1 million to establish the Clorox Endowed Chair for Immunobiology & Vaccine Development at Children’s Hospital Oakland Research Institute.

As Don and Ellie grew more familiar with UCSF Benioff Children’s Hospital Oakland, they became increasingly drawn to the hospital’s mission. With a desire to become personally involved, Ellie has spent the past year working closely with the UCSF Benioff Children’s Hospitals Foundation to establish the Children’s Health Council. This group of accomplished women actively advises the hospital, advocates in the community on its behalf, and provides financial support to meet critical needs.

“When my youngest left for college, I was looking for a way to get involved with the mission that was meaningful to me, but with fewer obligations than board service would entail. Together with the Foundation and a couple of other committed volunteers, I am thrilled and energized with the serious, engaged group of supporters that we have built.”

With a greater understanding of the Bay Area’s need for world class pediatric care, the Knausses recently stepped forward to make a lead gift of $1 million to support the hospital’s master plan. This generous investment in the renovation and expansion of the hospital campus, slated to begin this fall, is a cornerstone of the hospital’s vision for the future.

UCSF Benioff Oakland has made significant investments over the years in recruiting the best doctors and staff, building innovative, responsive clinical and community programs, and reinforcing its safety net services for Alameda and Contra Costa counties. These accomplishments were recently recognized in the 2015-16 U.S. News & World Report rankings, which placed UCSF Benioff Children’s Hospitals as the best in the Bay Area in five pediatric specialties and among the nation’s premier children’s hospitals in nine pediatric specialties.

Hospital leadership is now looking to invest in facilities to ensure that they match the hospital’s high standard of care. The Knausses are committed to help lead this ambitious effort by example.

“No, that we have an empty nest, we can think of no other institution more worthy of our involvement,” they shared. “Anybody who has children, whether they’ve had to go to UCSF Benioff Oakland or not, is thankful to have this amazing resource so close by.”
Bring the Halloween Spirit to Our Kids

Spirit Halloween stores will bring some spooky fun to our young patients by raising funds for the Child Life Program at UCSF Benioff Children’s Hospital Oakland.

Our child life specialists are focused on helping children cope with the fear and anxiety associated with a hospital stay. While Spirit Halloween may only operate during the fall months, their fundraising efforts help support our kids all year long.

Use this coupon to save on your Halloween goodies and support our Child Life Program.

Dancing for the Kids at Bay Bash

Bay Area Dance Marathon is throwing a party. Not just any party, an inaugural gala benefitting UCSF Benioff Children’s Hospital Oakland.

The young professional charity event, Bay Bash, is on October 24 from 7 p.m. to midnight at the Children’s Creativity Museum in San Francisco. This festive gathering will be the first of many celebrations recognizing the miracles performed daily at our local Children’s Miracle Network Hospital.

The dress-to-impress fundraiser boasts an open bar, hors d'oeuvres, live music from Saved by the 90s and DJ Felix, a silent auction, and—true to its roots—lots of dancing. All event proceeds will support the kids and families served at UCSF Benioff Oakland.

Dance Marathon is a thriving philanthropic community with a presence on more than 150 college campuses across the country. In recent years, graduates have joined forces to establish young professional Dance Marathon events in large cities, such as New York, Chicago, and now San Francisco.

“We dance for those who can’t,” shares Nicole, a founding member and Director of Special Events for the Bay Area Dance Marathon. Born with a heart defect, Nicole underwent open heart surgery at Miami Children’s Hospital when she was just 18 months old. The procedure was a complete success, and she is now committed to helping other children have a brighter future.

For tickets, go to www.bayareadm.org and use the promo code “FORTHEKIDS” for a special discount. Contact Carly Yoshida at cyoshida@mail.cho.org for more information.
UCSF Benioff Children’s Hospitals Ranked National Leader in 9 Pediatric Specialties

U.S. News & World Report Best Children’s Hospitals Rankings 2015-16

From broken bones to a serious illness, a children’s hospital makes all the difference.

ucsfredefiningpossible.org