our mission

To make a world of difference in the lives of children, adolescents and their families by integrating medical care, education and research to provide the highest quality care and service to our diverse community.

our history

Founded in 1901, Childrens Hospital Los Angeles has been treating the most seriously ill and injured children in Los Angeles for more than a century, and it is acknowledged throughout the United States and around the world for its leadership in pediatric and adolescent health. Childrens Hospital is one of America’s premier teaching hospitals, affiliated with the Keck School of Medicine of the University of Southern California since 1932. The Saban Research Institute of Childrens Hospital Los Angeles is among the largest and most productive pediatric research facilities in the United States.

Since 1990, *U.S. News & World Report* and its panel of board-certified pediatricians have named Childrens Hospital Los Angeles one of the top pediatric facilities in the nation. Childrens Hospital Los Angeles is one of only 10 children’s hospitals in the nation — and the only children’s hospital on the West Coast — ranked in all 10 pediatric specialties in the *U.S. News & World Report* rankings and named to the magazine’s “Honor Roll” of children’s hospitals.
Children’s health has always been a passion for me because each child we see isn’t only an individual, but a member of a family. We also have the delight of interacting with children of all developmental stages.

It’s our job at Childrens Hospital Los Angeles to honor these children, especially during a difficult time such as an illness or injury. We know that kids aren’t simply small adults. This affects every aspect of our work. It means we must be prepared to care for the micro-preemie and the fully grown teenager. We must have the resources to meet these vastly different challenges.

In this Annual Report issue of Imagine, you will learn about our incredible New Hospital Building, currently under construction. It has been designed to support the high-tech needs of the medically complex children we serve and to provide comfort and the finest quality care to families of every culture.

Also in these pages, we gratefully acknowledge the generous donors who partner with us. We thank each of you and invite you to join us in our 21st Century commitment to child health.
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As we work to heal the bodies of our patients, we heal their spirits in an atmosphere of compassion and respect.

imaginedhealing
The Hematopoietic Stem Cell Transplantation Program at Childrens Hospital Los Angeles routinely performs life-saving transplants on the youngest children — even twins.

More than half of the patients treated by the Hematopoietic Stem Cell Transplantation (HSCT) Program at Childrens Hospital Los Angeles are under five years old, including the world’s youngest HSCT patient, who received a transplant at three weeks of age.

Since 1983, more than 1,100 children have received hematopoietic stem cell transplants at the hospital, which include bone marrow, peripheral blood stem cell and cord blood transplants. In fact, Childrens Hospital is responsible for half of all pediatric bone marrow transplants performed in Los Angeles County.

This level of experience is invaluable — especially when dealing with such vulnerable patients.

“Younger children have special needs that adults don’t,” explains Ami J. Shah, MD, acting division head and clinical director of outpatient services for the Division of Bone Marrow Transplant/Research Immunology at Childrens Hospital.

Babies and infants are more susceptible than adults to toxicities from chemotherapy because their organs, such as the liver, aren’t fully developed. Certain drugs aren’t given until children are at least two months old; even then, the HSCT team closely monitors liver function, brain development and more — and continues to follow these children for years.

All of which was reassuring news to Carrie and Xander Denke.

Like any new parents, the Denkes were overjoyed with the birth of their first children, twin boys Keane and Ethan. Although born a month early, the boys were soon topping the charts in height and weight.

Suddenly, at age four months, Ethan began having high fevers, and his stomach became extremely swollen. The symptoms subsided after a week in a local hospital, but quickly returned.

His parents brought him to Childrens Hospital Los Angeles in 2007, where doctors gave them a double dose of grim news: Ethan had a genetic blood disorder that, if untreated, is fatal in the first two years of life. And his identical twin, Keane, had the same disease. “It was the absolute worst-case scenario,” says Mrs. Denke.
Xander and Carrie Denke with their twins, Keane (in red) and Ethan (in green). Both boys had stem cell transplants at Childrens Hospital Los Angeles.
Within two months, Keane started showing similar symptoms. The boys’ only hope for a cure: a bone marrow transplant.

An HSCT transplant can be a lifesaver for children with leukemia and lymphoma, as well as for children born with severe combined immunodeficiency syndrome or rare genetic disorders. Recent advances are enabling the transplants to also be used in certain cases of previously incurable diseases such as sickle cell disease, notes Dr. Shah, associate professor of clinical pediatrics at the Keck School of Medicine of the University of Southern California.

The Denke twins had an inherited form of hemophagocytic lymphohistiocytosis (HLH), a rare syndrome in which the body over-produces certain white blood cells, which then build up in the liver, spleen and other organs and destroy normal blood cells.

The family began holding bone marrow registration drives at their church, at other local churches and at Warner Bros. Studios, where a friend worked. Meanwhile, both babies endured weekly chemotherapy treatments, took 20 daily medications and were frequently hospitalized with fevers and infections.

“We called our room at the hospital ‘the Denke Suite,’ because we’d have Ethan in one bed and Keane in the other,” his mother recalls. “It was really hard. We were just praying for a donor.”

Their prayers were answered in August 2007, when a donor was found through a German registry. Because the boys were so young, they could split the marrow from the donor, an anonymous 34-year-old German woman. Before the transplant, the twins received intense chemotherapy at Childrens Hospital to essentially wipe out their immune systems.

Just past midnight on Sept. 22, 2007, the vital marrow arrived on an overseas flight and was given to the boys. Both responded well, but it was an uphill battle. Ethan took longer to recover because his disease had spread further than Keane’s, and he suffered more post-transplant complications. The boys couldn’t even see each other, staying in separate isolation rooms in the HSCT unit.

Keane came home just before Christmas. A month later, Ethan followed. Today, more than two years later, the twins are thriving three-year-olds. Keane loves every sport imaginable and “speaks like a six-year-old,” Mrs. Denke says. While Ethan is still undergoing speech therapy, he loves to run, jump and play with his brother. Both boys are tapering off their immunosuppressant medications and will eventually only take one daily pill — a thyroid medicine.

Although the family has since moved to Seattle, where Mr. Denke works in his family’s post-production business, they came to Los Angeles for a week in January to attend the 2010 Mia Hamm & Nomar Garciaparra Celebrity Soccer Challenge, a fund-raising celebrity soccer game benefiting the Mia Hamm Foundation and Childrens Hospital. (See story on page 7.)

Meanwhile, to meet an increasing demand, the HSCT Unit in the New Hospital Building now under construction at Childrens Hospital will expand from 11 beds to 14.

The Denkes remain active in encouraging people to register as bone marrow donors — a simple process that requires only a cheek swab for testing.

“One woman’s generosity saved both our children,” Mr. Denke explains. “We’re so grateful to her, and to Childrens Hospital. We want to help other families have a happy ending, too.”

–katie sweeney
It didn’t matter that 15-year-old Billy Nguyen had never met the tall, slender man walking toward him on the soccer field. For Billy, this man — 38-year-old Steve Loh — was no stranger.

Mr. Loh, a Los Angeles screenwriter, had been Billy’s anonymous bone marrow donor nearly four years earlier. Thanks to that bone marrow transplant at Children’s Hospital Los Angeles, Billy recovered from his near-fatal battle with acute myeloid leukemia and is now a healthy eighth grader in Santa Ana, Calif.

The two met for the first time at the Home Depot Center in Carson this January as part of the 2010 Mia Hamm & Nomar Garciaparra Celebrity Soccer Challenge. The soccer game benefited the Mia Hamm Foundation and Children’s Hospital Los Angeles.

The Mia Hamm Foundation raises funds and awareness for bone marrow transplant patients and their families and helps develop opportunities for young women in sports. Mia Hamm, an Olympic gold medalist in women’s soccer, created the event in part to honor her brother, Garrett, who had aplastic anemia and died in 1997.

“A bone marrow donor can change an entire family’s life forever,” Ms. Hamm explains. “You change that despair and struggle they’ve had and give them an opportunity for hope.”

The game featured two teams of celebrity players, led by Ms. Hamm and her husband, baseball star Nomar Garciaparra. At halftime, Billy Nguyen and other bone marrow recipients met their donors for the first time.

Billy greeted Steve Loh with a smile, a handshake — and an embrace. “It felt like meeting a long-lost brother,” Billy says. “What he did was a very noble act. He gave me a second chance at life.”

Mr. Loh had signed up with the National Marrow Donor Program in 1997, after learning that a friend of a friend had leukemia. The program operates the world’s largest registry of unrelated donors for hematopoietic stem cells, including bone marrow, but donors from ethnic minorities and those of mixed ancestry are underrepresented.

Nine years after signing up, Mr. Loh, who is Asian-American, got a call “out of the blue” that he was a match for a patient. He was under general anesthesia during the bone marrow donation, went home the same day and never felt any adverse effects.

“It’s hard to put into words how it feels to meet Billy,” he explains. “What I did took so little effort on my part. It’s just a magical thing that it saved his life.”

Billy’s mother, Michelle Dang, says the meeting gave her a chance to finally say thank you. “He not only saved Billy’s life; he saved our family,” she says. “We are forever grateful.”

–katie sweeney
Kids ‘r’ kids

Kids may look like mini-adults, but they’re not — in ways that matter even more when they’re sick or injured. Size is only the most obvious difference. Developing bodies and minds have special needs.

Metabolism
Kids need different medication dosages than adults because of differences in weight, age, organ function and metabolism. Yet, about 70 percent of drugs in the standard Physicians’ Desk Reference contain no dosing information for children. Twenty years ago Childrens Hospital Los Angeles’ Pharmacy created the Pediatric Dosage Handbook, now in its 18th edition and used nationwide.

Growing bones
Orthopaedic surgeons must take special care not to disturb a child’s growth plates — the area of developing tissue near the end of the long bones. If growth plates are disturbed, a child could grow up with one leg shorter than the other. To prevent problems, Childrens Hospital surgeons call on sophisticated, pre-surgical motion analysis.

Pain management
Kids can’t always verbalize their pain. The professionals in the Comfort, Pain and Palliative Care Program have an entire toolbox of kid-focused pain management techniques. Plus, they’re researching a new assessment tool for cognitively impaired, non-verbal children.

Trauma care
Kids have lower blood and fluid reserves, faster metabolisms and greater sensitivity to changes in body temperature — so they can go from stable to unstable quickly. Fortunately, emergency medicine experts at Childrens Hospital have six years of advanced pediatric training over their typical counterparts who work in a general emergency department.

Brain power
In the first year, a child’s brain will form trillions of connections called synapses. Scientists in The Saban Research Institute of Childrens Hospital Los Angeles are studying how this intricate wiring works — and what can go wrong — to help physicians treat a full range of neurodevelopmental conditions.

Environmental risks
Kids breathe more times per minute than adults, making them vulnerable to airborne biological or chemical agents. They’re also at greater risk for shock and dehydration. Childrens Hospital is leading the way in regional pediatric disaster preparedness planning in Los Angeles County.

—candace pearson
When five-year-old Marielle Fernandez came to the renowned Childrens Orthopaedic Center at Childrens Hospital Los Angeles last year, she had one wish: to ride a bike.

Marielle’s spina bifida — a birth defect that results in an incomplete closure of the spinal column — had caused a severe deformity of her right foot, which had turned almost completely inward. Just walking steadily was becoming progressively difficult for Marielle. The pedaling motion required to ride even a tricycle wasn’t a possibility.

Marielle had already gone through extensive physical therapy and several types of leg braces and special boots at other facilities in an attempt to correct her muscle imbalance. With each passing year, the pressure of her growing body was creating more pain and distortion.

At the Childrens Orthopaedic Center, her parents, Ela and Sonny Fernandez, were given new hope. Robert Kay, MD, associate director of the Center, suggested an innovative surgery that would reposition Marielle’s tendons. “Dr. Kay was so knowledgeable and made us feel very comfortable,” says Marielle’s mother. “We had a lot of trust in him.”

Determining the exact tendons to operate on is a complex process. It takes more than 30 major muscles working together at exactly the right time and the right force for a child to take just a couple of simple steps. To aid Dr. Kay’s plan for surgery, Marielle spent three hours inside the hospital’s high-tech John C. Wilson, Jr., Motion Analysis Laboratory, where eight cameras braced on every wall and sensor blocks dotting the floor captured her gait.

The type of thorough motion analysis done at Childrens Hospital is vital for children, whose bodies are still in the midst of growing. “In adults, gait patterns are stable after years of walking,” explains Dr. Robert Kay. “In children, walking patterns change dramatically with growth and maturation. We have to anticipate such changes to provide the best care possible.”
Every year, 200 children are evaluated in the John C. Wilson, Jr., Motion Analysis Laboratory, the only dedicated pediatric gait lab in Los Angeles County and the recipient of major financial support from The Associates Endowment for Pediatric Spine Disorders and Motion Analysis Research.

As Marielle walked, muscle sensors taped to her skin measured her motion, and more sensors on the floor recorded the force of her body. Computers similar to those used for film animation recreated Marielle’s gait in moving 3D images and synchronized data from the cameras, muscle sensors and force plates. The result: a series of graphs detailing positions of her bones and joints, abnormal muscle activity and joint forces that occur as she walks.

“Synthesizing this complex data allows us to go beyond what we see with our eyes and create a comprehensive plan,” says Dr. Kay, medical director of the lab and associate professor of orthopaedic surgery/clinical scholar at the Keck School of Medicine of the University of Southern California (USC).

“The impact of the data is dramatic,” adds Tishya Wren, PhD, director of research for the lab and an investigator in the Imaging Research Program at The Saban Research Institute of Children’s Hospital Los Angeles. Dr. Wren also is assistant professor of research in the Departments of Orthopaedics, Radiology and Biomedical Engineering at USC.

According to her research, pre-operative motion analysis results in changes to surgical plans for nearly 90 percent of patients. Studies also show that only 11 percent of children who had motion analysis needed follow-up surgeries, versus 32 percent of children who did not have the analysis done prior to their initial surgery.

While operating on Marielle in April 2009, Dr. Kay used the knowledge he’d gained from the 3D analysis and transferred two tendons from the inside of Marielle’s foot to the outside for a stable walking base. He also lengthened her tight heel cord and two tendons that had caused her toes to curl down.

Pediatric orthopaedic procedures are extremely complex because children are still in the process of growing. “We have to be careful not to disturb a child’s growth plates,” explains David Skaggs, MD, director of the Children’s Orthopaedic Center and Associates Endowed Chair of Pediatric Spinal Disorders. “For example, if the growth plates in the leg are disturbed, a child could grow up with one leg shorter than the other or even bent sideways.”

To enhance its services, the Center not only uses sophisticated technology, but fosters open communication among the medical staff. Its
nine surgeons meet every Thursday for two hours to discuss their cases. “We’re always questioning what is the absolute best thing that can be done for each child and discussing new research,” explains Dr. Skaggs, associate professor of Clinical Orthopaedic Surgery at the Keck School of Medicine at USC. “Our patients automatically get eight ‘second opinions.’”

A core issue for these surgeons is their young patients’ unique needs. “We never forget that kids need to be able to go out and play hard. It’s our job to allow kids to be kids,” says Dr. Skaggs.

As Marielle pedals her new Disney Princess bike with bright purple handles, her face lights up with pure joy — she is definitely ready for some real kid fun. •

—elena epstein

The Childrens Orthopaedic Center

• Ranked one of the top children’s orthopaedic programs in the nation by U.S. News & World Report
• 23,000 patients treated annually
• 1,800 surgeries annually
• Subspecialties: spine, hip, neuromuscular, tumor, sports medicine and hand
• Treats the highest number of pediatric bone tumor and congenital hand deformities in Southern California
• The Scoliosis and Spine Disorders Program is one of the largest in the country and the only one of its kind in Los Angeles County.
• The John C. Wilson, Jr., Motion Analysis Laboratory is one of the most advanced facilities of its kind in the nation and the only facility in Los Angeles exclusively for children and adolescents.
Today, advanced imaging technologies like CT scanning (computed tomography), MRI (magnetic resonance imaging) and ultrasound can survey a child’s internal organs, tissues and bones with unfathomable accuracy — pinpointing, magnifying and measuring even the tiniest abnormality. Analyzed by skilled imaging experts, this data serves as one of modern pediatrics’ most powerful diagnostic tools.

At The Saban Research Institute of Childrens Hospital Los Angeles — named for Cheryl Saban, PhD, and Haim Saban, the largest individual donors in the hospital’s history — scientists in the Imaging Research Program apply their high-tech skills to solving the riddles of disease and developing new treatments that benefit children and adults.

One of their primary weapons: a dedicated 2,000-square-foot clinical research facility on the main floor of Childrens Hospital.

“Only a select few pediatric research institutions have comparable imaging equipment,” explains Vicente Gilsanz, MD, PhD, director of the Imaging Research Program and a professor of radiology, pediatrics and orthopaedic surgery at the Keck School of Medicine of the University of Southern California. “All children’s hospitals have the patients to make studies possible, though not always in the volumes needed. A few may have leaders with the will to make it happen. Childrens Hospital Los Angeles has all three,” he adds.

“What makes this program so remarkable is that we have a center devoted exclusively to pediatric imaging research, based right here in the hospital,” says Marvin D. Nelson, Jr., MD, FACR, chair of Childrens Hospital’s Department of Radiology and the John L. Gwinn Professor of Pediatric Radiology.

The result? More opportunity for researchers and more convenience for families. “Parents aren’t asked to take their children blocks away in order to be part of an investigation,” notes Dr. Nelson, “and researchers aren’t forced to sandwich in their study participants between regularly scheduled hospital patients.”

In addition to Dr. Gilsanz and Dr. Nelson, the Imaging Research Program has a core research faculty of five highly experienced imaging scientists, along with a fleet of the most sophisticated imaging instruments available anywhere. One of these — the 3.0 Tesla MRI — is twice as powerful as standard MRIs and avoids the radiation risks associated with other technologies — a vital advantage when imaging young, growing bodies.

The Imaging Research Program has received key support from the Associates Endowment for Clinical Imaging Research and Technology. The 26 community-based Associate groups are raising $6 million,
Getting clear images of fidgety newborns and infants poses challenges. So, imaging scientists at The Saban Research Institute of Children’s Hospital Los Angeles invented a magnetic resonance-compatible incubator to hold babies snug inside the MRI, an example of the innovative research under way. Now medical teams can see inside the brains of even the tiniest patients.

including $2 million for a dedicated MRI machine and $4 million for an endowment to support clinical research.

With such advantages, it’s no surprise the program attracts a wide variety of researchers. “We have the advantage of an unlimited source of collaborators,” says Dr. Gilsanz. One endocrinologist at Childrens Hospital, for example, recently partnered with imaging specialists to measure fat in bone marrow, in an effort to explain why obese youngsters initially cured of leukemia are disproportionately inclined to relapse.

Some researchers look for signs of adult disease that may manifest in childhood, hoping to prove the benefit of addressing conditions like osteoporosis and diabetes years before problems arise. Others invent better ways to measure potentially dangerous side effects from ongoing therapies. (See Picture of Health, page 14.)

Under Dr. Gilsanz’s guidance, Childrens Hospital is one of five pediatric institutions nationwide in the Bone Mineral Density in Childhood Study, an ongoing, multi-centered study funded by the National Institutes of Health that is assessing bone growth in healthy children from all major racial and ethnic groups.

Dr. Nelson and Dr. Gilsanz hope their program will facilitate other larger-scale studies. “Too often in the past, researchers looked at small numbers of patients,” says Dr. Nelson, a professor of radiology at the Keck School of Medicine. “It’s hard to reach significant conclusions from small numbers, and results also varied tremendously from one place to another.”

Advances in imaging technology are helping to overcome this problem. Instead of dealing with each radiologist’s interpretation of an image, scientists work with digital formats that are computer-analyzed and stored as standardized data. The result: better quality care with fewer errors.

By pooling their data, researchers gain exponentially more information and yield more definitive conclusions to make better therapies available sooner. “That’s the future of imaging research,” says Dr. Nelson. “And we’re doing it, right now.” •

–kate vozoff
Nine years ago, Sikander Bangash and his younger sister, Maria, left Pakistan with their mother, Rafiqa Bibi, who hoped that in the United States they would get the medical care they so desperately needed.

Born just 18 months apart, Sikander and Maria have thalassemia, an inherited blood disorder that strikes only when recessive genes from both parents combine. Their older sister and younger brother escaped the disease.

Sikander and Maria weren’t as lucky. Seemingly robust newborns, they both grew pale and listless by three months of age. Local doctors diagnosed their condition and began regular blood transfusions. It was life-saving therapy, because thalassemia keeps the body from making healthy hemoglobin (a protein in red blood cells that transports oxygen).

Unfortunately, transfusions can cause excess iron to settle in the liver, pancreas, pituitary gland and heart, damaging these organs beyond repair.

To prevent this, Sikander and Maria have taken a “chelation” drug to lower their iron levels their entire lives. Back in Pakistan, their mother nightly started the subcutaneous flow of medication that lasted until morning.

In 2004, she finally found a better answer at the Thalassemia and Chronic Transfusion Program of the Childrens Center for Cancer and Blood Diseases at Childrens Hospital Los Angeles. A recognized leader in treatment and research of thalassemia, the program is among the largest of its kind nationwide.

Thomas C. Hofstra, MD, oversees care for Sikander, now almost 17, and Maria, 15. Dr. Hofstra, assistant professor of clinical pediatrics at the Keck School of Medicine of the University of Southern California, attributes the siblings’ current good health to continued transfusions and to an oral chelation drug, which was the subject of clinical trials at Childrens Hospital and three other sites nationwide.

Equally crucial are the Magnetic Resonance Imaging (MRI) techniques developed by John C. Wood, MD, PhD, director of the Cardiovascular MRI program at Childrens Hospital, a member of the Imaging Research Program in The Saban Research Institute of Childrens Hospital Los Angeles and assistant professor of pediatrics at the Keck School of Medicine.

Dr. Woods’ breakthrough technology precisely measures iron deposits throughout the body, revealing whether any organ is storing too much. Now utilized at medical centers across North America, this system is dramatically improving care.

“We get information we never had before,” explains nurse practitioner Susan M. Carson, RN, MSN, CPNP. “We can fine-tune individual chelation regimes, giving every patient enough medication to control their iron.”

For example, Maria’s initial MRI revealed acceptable iron in her liver, but too much in her heart. “Without the MRI, we would never have known about the problem because overload is a painless, silent killer,” notes Ms. Carson.

Meanwhile, when Sikander complained last year of stomachaches, blood tests showed that his iron level had dropped too low. “That was great,” he recalls, teasing his sister. “I didn’t have to take any drug for awhile, but she still had to.”

“So unfair!” Maria replies, her mock anger interrupted by laughter. Passionate about cars, Sikander aims to eventually design his own. Maria happily focuses on schoolwork because she’s determined to become a doctor. Thanks to Childrens Hospital, their dreams may be closer to reality.

—Kate Vozoff
There may be no more important gift than providing for the health of our society’s children — for they are the future.
The New Hospital Building

high-tech, high-touch

Behind the scenes of the New Hospital Building under construction at Childrens Hospital Los Angeles, a powerful communications network is taking shape — 356 miles of cable for data/voice/wireless systems — enough to stretch from Los Angeles to San Francisco.

This cutting-edge communications system will allow medical teams not only to monitor and track vital signs, but to download data in real time to each patient’s Electronic Medical Record. The same network will support Internet access in each patient room and in the Helen and Bill Close Family Resource Center.

The seven-level, 460,000-square-foot New Hospital Building will feature today’s most advanced infection control, with High Efficiency Particulate Air (HEPA) filters throughout the facility. The heavily purified air will help eliminate microscopic bacteria that could transmit illness.

“Our New Hospital Building will set the ‘gold standard’ when it opens, both in terms of its technological advances and family-friendly environment,” says Rodney B. Hanners, Childrens Hospital senior vice president and chief operating officer.

Childrens Hospital is scheduled to complete field construction in September 2010, with the move-in in 2011.

The inpatient facility will be as high-touch as it is high-tech. For example, The Maurice Marciano Family Foundation Emergency Department and Trauma Center will offer sophisticated diagnostic imaging, plus specialized decontamination suites to handle viral outbreaks. At the same time, its spacious waiting room will include a children’s play area and view of sunken gardens.

Eighty-five percent of patient rooms will be private, with daybeds for overnight stays by family members. In addition, families will find:

• Not one, but two, gardens — The Joyce and Stanley Black and Family Healing and Meditation Garden, which opened in 2004, and the Jane Vruwink Palmer Healing and Play Garden, with a universally accessible playground designed by Shane’s Inspiration
• A variety of dining options, including the HBO Café, The Ralph M. Parsons Foundation Dining Terrace and the Family Pantry, a 24-hour convenience store

The majority of patient rooms are private, giving families much-needed time together.
Cheerful ceiling murals help distract young patients. Not seen: inside each private bathroom are decorative tiles created by children.

All surfaces and fixtures are designed to help reduce the spread of bacteria.

A comfortable daybed allows for overnight stays. Also seen: privacy curtain and family storage area.

A built-in desk, along with a movable desk for family members, offer two convenient places to work or send emails.

- Family lounges and alcoves on each floor for restful getaways near patient rooms
- Chase Place playrooms on every floor
- Color-coding, nature themes and multilingual signage on each floor

“We’re creating an environment that supports families on their healing journey,” says Mary Dee Hacker, RN, MBA, vice president of Patient Care Services and chief nursing officer, who has been the executive in charge of the design and planning of the new facilities. “Above all, this is a place that celebrates children — and people will feel that the moment they walk in.”

—candace pearson

To learn how you can support the New Hospital Building, please contact Melissa Do Vale, vice president of Major and Planned Gifts, at 323-361-1706 or mdovale@chla.usc.edu.

Before construction of the New Hospital Building even began, Children’s Hospital Los Angeles leaders tested the design features of its new, private patient rooms. Seen here, in the test patient room, is the Lund family: dad Kenny, on the daybed with Elizabeth, left, and Clare; Katherine at the desk; and Megan in the bed, with mom, Mary.

The clinical area houses sophisticated medical tools, such as advanced monitoring equipment and electronic medical record computer access.
In science class at Burbank High School, Mina Contreras doesn’t shy away from dissecting a goat’s eye to explore its layers. The 15-year-old has always loved medical mysteries. She watches TV shows like “Law & Order” to study the medical examiner at work. As a child, she decided she wanted to be a pathologist — a physician who identifies diseases by analyzing tissues under a microscope — before she knew the word. It’s no wonder her own surgery at Childrens Hospital Los Angeles fascinated her.

Mina was born with a condition that gradually created a blockage in the connection from her kidney to one of the tubes that moves urine to the bladder.

Mina’s surgeon — Chester J. Koh, MD, FACS, FAAP, director of the Robotic Surgery Program at Childrens Hospital and assistant professor of urology at the Keck School of Medicine of the University of Southern California — explained he’d be using the da Vinci® Surgical System. This breakthrough in minimally invasive surgery was purchased with a gift from the Joseph B. Gould Foundation. “At first, I thought he meant a robot would do my surgery, and I said, ‘Well, OK,’” Mina laughs. In fact, the system enables a surgeon to view highly magnified 3D images and execute precise movements with master controls.

As a result, Mina’s only incisions were a few freckle-sized dots. She spent one night in the hospital and went dancing that week. “I felt great.” Today, she’s healthy, active and obsessing over one thing: how to get her math scores up for pre-med in a few years.
the art of **healing**

SOMETIMES THE BEST MEDICINE IS A SET OF FINGER PAINTS, SOME SCULPTING CLAY OR A SONG.

Childrens Hospital Los Angeles’ holistic approach goes beyond the latest medication or surgical technique — it gives children and teens a chance to express their hopes and fears through art, music, poetry and dance.

Founded in 1991, its Mark Taper-Johnny Mercer Artists Program supplements its staff of certified creative arts therapists with local artists and musicians. They work with children and teens in one-on-one bedside encounters or in groups, often in Chase Place playrooms or the Teen Lounge. “This is a piece of normalcy in an environment that isn’t normal for kids,” says Malissa Morrell, MA, ATR, LMFT, program coordinator. “We try to give them back a sense of control over their experience.”

Gaining control could mean drawing a watercolor self-portrait, making your own coat of arms to do battle against a disease or learning to play the guitar. The goal can be therapeutic, with arts therapists part of the family-centered care team — or simply fun. “There’s an element of joy to this all,” says Ms. Morrell.

> —candace pearson

To help fund the hospital’s arts programs, which are completely donor-funded, please contact Malissa Morrell at 323-361-4555 or mморrell@chla.usc.edu.
a. Kennaya, age 6  
 b. and c. Klein, age 9
 d. Terry, age 9  
 e. Sean, age 8  
 f. Mariana, age 13
D. Brent Polk, MD, joined Childrens Hospital Los Angeles April 1, 2010, as vice president for Academic Affairs, chair of the Department of Pediatrics and director of The Saban Research Institute of Childrens Hospital Los Angeles. He is vice dean for Clinical Affairs at the Keck School of Medicine of the University of Southern California (USC).

Dr. Polk replaces Roberta G. Williams, MD, FACC, who has been vice president of Pediatrics and Academic Affairs at Childrens Hospital since 2000, as well as professor and chair of the Department of Pediatrics at the Keck School of Medicine. A pediatric cardiologist, Dr. Williams remains on staff at Childrens Hospital and on the faculty at USC.

Dr. Polk comes to Childrens Hospital from Vanderbilt University Medical Center in Nashville, Tenn. He most recently was director of Vanderbilt’s Digestive Disease Research Center; chief of Pediatric Gastroenterology, Hepatology and Nutrition; and interim chairman of pediatrics at Vanderbilt and medical director at Monroe Carell, Jr., Children’s Hospital.

Together in this Q&A, Dr. Polk and Dr. Williams address the future of child health.

You’ve both called this “a new era in child health.” Why?

DR. POLK: We’re at an important crossroads in medicine, with the ability of technology to provide us with a lot more information about patients than we know what to do with. Our capacity for preventing or minimizing some conditions once we know an individual’s susceptibility is just around the corner.

DR. WILLIAMS: Science and technology are exploding in their application to childhood disease. Advances in personalized medicine, gene regulation and proteomics (proteins) will allow us to intervene in striking new ways. Stem cell biology also will have tremendous impact on organ repair and possibly even negate the need for organ transplantation in the future.

How immediate is the promise of personalized medicine?

DR. POLK: It’s here now and will only continue to grow. For example, in inflammatory bowel disease, some of our therapies are effective in 40 percent of patients. We want to know why they’re responding to a particular therapy. And what about the other 60 percent — why aren’t they
responding, what’s different about them?

With personalized medicine, we will be able to identify biomarkers, such as inflammation markers, proteins or cytokines (protein molecules that regulate the immune system), that might predict responders vs. non-responders. So, part of the diagnostic process of tomorrow will be determining the best, most specific therapy for each individual patient.

**How important to child health is understanding the basic mechanism of disease?**

**DR. WILLIAMS:** Very. There is more awareness now of the commonality between different types of disease—such as cancer, rheumatologic diseases, inflammatory bowel disease. By understanding the basic mechanisms, we will be able to develop much more effective treatments.

However, it’s not enough to have the greatest understanding of disease. It’s also important to be able to deliver care in an environment that allows families and children to heal and to develop mastery in managing their health.

**Is that what the New Hospital Building represents?**

**DR. WILLIAMS:** One of the great things about the New Hospital Building is not only the private patient rooms, which will allow families to be together in a calming atmosphere. It’s the learning spaces where they can find out more about the conditions they face.

**DR. POLK:** The New Hospital Building represents the ability to deliver the highest quality care in a family-focused environment. It is going to be second-to-none in the world when it opens. With our new facilities, our efforts in personalized medicine and our synergy with USC, this is the exciting place to be right now.

**What drew you to Childrens Hospital Los Angeles?**

**DR. POLK:** We’re talking about a city that has the largest number of children in the United States, so in terms of having an opportunity to impact child health and how health care is delivered, I can imagine no better place.

The clinical care here is outstanding. The faculty is enthusiastic about delivering the finest care and asking how best to do that in the future. One of our challenges will be to make this wonderful resource available to more families in the broader community.

**As a teaching hospital, what impact does Childrens Hospital have?**

**DR. WILLIAMS:** This is an ideal environment to help young people build academic careers in pediatric medicine, whichever direction they want to go. It’s our role as mentors to help them find the right pathway.

**DR. POLK:** The numbers and diversity of our patients make this a tremendous resource for educating residents and fellows and inspiring medical students to pursue careers in pediatrics. We will be training the individuals who are becoming the division chiefs and department chairs in hospitals around the country — a recognition of the tremendous impact of Childrens Hospital on the future of pediatrics.

– candace pearson

“Advances in personalized medicine, gene regulation and proteomics (proteins) will allow us to intervene in striking new ways.”
At age five, Pablo Thrailkill Castelaz was all boy — healthy, happy and usually found running, climbing or jumping off something. He’d rarely been sick other than a simple cold or scraped knee. Out of nowhere, the unthinkable happened.

On May 17, 2008, Pablo was diagnosed at Childrens Hospital Los Angeles with Wilms’ tumor, the most common kidney cancer in children. That first night, Pablo’s parents, Jeff Castelaz and Jo Ann Thrailkill, and his brother, Grady Gallagher, 15, started an online blog called “Pablog” for friends and family. The first entry: “Hello from Childrens Hospital Room 434B.”

Soon, Pablo had surgery to remove the tumors from his kidneys, followed by 11 months of chemotherapy. “Childrens Hospital Los Angeles is a living organism that put its arms around us as a family,” recalls Mr. Castelaz.

While Pablo was undergoing treatment, his parents created the non-profit Pablove Foundation, with the twin goals of supporting Wilms’ tumor research and improving the lives of children who have cancer.

Then Pablo’s father, co-founder of Dangerbird Records in Silverlake, hit upon a unique way to spread awareness “that kids get cancer, too.” A passionate cyclist, he planned to ride from Florida to California to celebrate his son’s victory over the disease.

More than 90 percent of children with “favorable” Wilms’ tumor survive. Unfortunately, Pablo had “anaplastic” Wilms’ tumor, which has a poor prognosis. On June 27, 2009, six days after his sixth birthday, Pablo lost his fight.

At that moment, Pablo’s parents and brother had a choice. “We could choose to be angry at cancer and drop out of life,” says Mr. Castelaz, “or we could choose to love Pablo and open a floodgate of connection with other people.”

For this father, “Pablove Across America” became a way to mourn, remember and connect.

Each day of his six-week journey, he dedicated his ride to a child battling cancer and kept up his blog entries. The family also used social networking sites like Facebook and Twitter to build support for their cause. Soon, people worldwide who read the Pablog sent well wishes.

Averaging 100-plus miles daily, Mr. Castelaz was joined by a varying group of riders. Among them was Lance Armstrong, Tour de France champion and cancer survivor, who had visited Pablo at Children’s Hospital Los Angeles.

In major cities, Mr. Castelaz stopped in at pediatric hospitals — “as someone’s dad, an everyman” — to visit children and families affected by cancer.

The 3,100-mile ride ended Nov. 21 at Pablo’s gravesite in Los Angeles. The next evening, a benefit concert of leading indie rock bands raised funds for the Pablove Foundation.

While Pablo was hospitalized, one of his favorite destinations was the fourth floor Chase Place playroom. “It gave him time to be a kid and to associate with other kids going through similar things,” says his father. In 2009, the Pablove Foundation began supporting the Chase Child Life Program by funding evening and weekend staffing of the Chase Place playroom.

The family continues to take action. “We keep working in Pablo’s name to help other children and families,” says Mr. Castelaz. “We want to be a voice in the cancer conversation.”

—candace pearson
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Brooke Young Chaplaincy Chair

Funds established in calendar year 2009 are listed in bold.

If you have any questions about setting up an endowment fund with a gift of $25,000 or more, please contact David D. Watts, associate vice president of Major and Planned Gifts, at (323) 361-1752 or dwatts@chla.usc.edu, or Robert E. Weiner, assistant vice president of Planned Giving, at (323) 361-1749 or rweiner@chla.usc.edu.
PATIENT CARE
Childrens Hospital Los Angeles is one of only two pediatric medical centers nationwide to be recognized for excellence with all four of the following: U.S. News & World Report 2009 “Honor Roll” status, The Leapfrog Group’s 2009 “Top Hospital” award, the 2009-2010 Beacon Award for Critical Care Excellence and Magnet Recognition from the American Nurses Credentialing Center.

In 2009, Childrens Hospital became one of only 10 children’s hospitals in the country — and the only one on the West Coast — to be chosen for the 2009 U.S. News & World Report “Honor Roll.” In addition, the hospital was ranked in all 10 pediatric specialties.

HOSPITAL LEADERSHIP
In November, hospital officials announced the appointment of D. Brent Polk, MD, as vice president of Pediatrics and Academic Affairs at Childrens Hospital and director of The Saban Research Institute of Childrens Hospital Los Angeles. He also is chair of the Department of Pediatrics and vice dean for Clinical Affairs at the Keck School of Medicine of the University of Southern California. Dr. Polk joins Childrens Hospital from Vanderbilt University Medical Center in Nashville, Tenn., where he served as director of the Digestive Disease Research Center and chief of Pediatric Gastroenterology, Hepatology and Nutrition, and was a tenured professor.

THE SABAN RESEARCH INSTITUTE
OF CHILDRENS HOSPITAL LOS ANGELES
Childrens Hospital created a new Center for Personalized Medicine (CPM) in 2009, headed by Timothy J. Triche, MD, PhD, chair of its Department of Pathology and Laboratory Medicine. The CPM will apply new knowledge of genomics, proteomics, bioinformatics and genetic analysis to the care of patients.

In the one-year period ending June 30, 2009, Childrens Hospital Los Angeles received $30.5 million in extramural funding for biomedical research, including nearly $24 million from the National Institutes of Health.

NEW HOSPITAL BUILDING
In December 2009, funds started arriving at Childrens Hospital Los Angeles from Proposition 3, the Children’s Hospital Bond Act, approved by voters in November 2008. (Childrens Hospital Trustee Elizabeth Lowe led a campaign for the initiative’s passage.) As a result, construction has resumed at full speed on the New Hospital Building.

This came on the heels of the difficult but prudent decision by Trustees in March 2009 to slow down construction, after California’s budget crisis and bond market freeze delayed the hospital’s receipt of $98 million in Prop. 3 funds. The bond sale was expedited by a concerted effort on the part of Childrens Hospital leaders, Trustees Jeffrey Worthe and Chester Pipkin, Los Angeles Mayor Antonio Villaraigosa and actress, author and children’s advocate Jamie Lee Curtis.

HIGH-TECH COMMUNICATIONS
Childrens Hospital launched its new, interactive Web site in 2009, including the myCHLA Web portal, which lets visitors track topics that matter to them. The site provides easy access to the hospital’s social networking presences on Facebook, Twitter and YouTube.

COMMUNITY SUPPORT
The Noche de Niños star-studded gala, held in May 2009, raised more than $1.8 million in unrestricted funds for Childrens Hospital. A number of hospital Trustees played instrumental roles in the event, including Cheryl Saban, PhD; Mary Hart; and Alex Meneses, Gala co-chair.

In September, the Nautica Malibu Triathlon raised more than $1 million for Childrens Hospital’s Pediatric Cancer Research Program.

-
Balance Sheets
As of June 30, 2009 and 2008

(in thousands of dollars)

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$11,430</td>
<td>$19,458</td>
</tr>
<tr>
<td>Accounts receivable, net</td>
<td>74,629</td>
<td>72,225</td>
</tr>
<tr>
<td>Other current assets</td>
<td>104,272</td>
<td>151,536</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>190,331</strong></td>
<td><strong>243,219</strong></td>
</tr>
<tr>
<td>Assets limited as to use, net of current portion</td>
<td>425,263</td>
<td>653,819</td>
</tr>
<tr>
<td>Pledges receivable, net of current portion</td>
<td>38,532</td>
<td>52,723</td>
</tr>
<tr>
<td>Other assets</td>
<td>23,602</td>
<td>22,227</td>
</tr>
<tr>
<td>Property, plant, and equipment, net</td>
<td>720,693</td>
<td>580,236</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>1,398,421</strong></td>
<td><strong>1,552,224</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$42,218</td>
<td>$60,714</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>62,041</td>
<td>82,337</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>104,259</strong></td>
<td><strong>143,051</strong></td>
</tr>
<tr>
<td>Long-term debt, net of current portion</td>
<td>487,525</td>
<td>494,853</td>
</tr>
<tr>
<td>Other noncurrent liabilities</td>
<td>48,634</td>
<td>30,069</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>640,418</strong></td>
<td><strong>667,973</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>495,895</td>
<td>524,899</td>
</tr>
<tr>
<td>Restricted</td>
<td>262,108</td>
<td>359,352</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>758,003</strong></td>
<td><strong>884,251</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$1,398,421</strong></td>
<td><strong>$1,552,244</strong></td>
</tr>
</tbody>
</table>
# Financial Summary

## Statements of Activities
For the years ended June 30, 2009 and 2008

<table>
<thead>
<tr>
<th>(in thousands of dollars)</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>$ 399,654</td>
<td>$ 372,489</td>
</tr>
<tr>
<td>Other revenue</td>
<td>185,893</td>
<td>170,730</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td><strong>585,547</strong></td>
<td><strong>543,219</strong></td>
</tr>
<tr>
<td><strong>OPERATING EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and employee benefits</td>
<td>309,027</td>
<td>285,511</td>
</tr>
<tr>
<td>Professional fees and purchased services</td>
<td>114,910</td>
<td>104,477</td>
</tr>
<tr>
<td>Supplies</td>
<td>73,457</td>
<td>73,758</td>
</tr>
<tr>
<td>Utilities</td>
<td>9,365</td>
<td>7,567</td>
</tr>
<tr>
<td>Other expenses</td>
<td>38,826</td>
<td>41,838</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>545,585</strong></td>
<td><strong>513,151</strong></td>
</tr>
<tr>
<td><strong>Earnings before Interest, Depreciation and Amortization</strong></td>
<td>39,962</td>
<td>30,068</td>
</tr>
<tr>
<td><strong>Depreciation, Amortization and Interest</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>40,655</td>
<td>43,755</td>
</tr>
<tr>
<td>Interest</td>
<td>15,322</td>
<td>16,507</td>
</tr>
<tr>
<td><strong>Total Depreciation, Amortization and Interest</strong></td>
<td><strong>55,977</strong></td>
<td><strong>60,262</strong></td>
</tr>
<tr>
<td><strong>Losses from Operations</strong></td>
<td>(16,015)</td>
<td>(30,194)</td>
</tr>
<tr>
<td><strong>OTHER GAINS AND LOSSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Other Gains (Losses), net</td>
<td>(81,376)</td>
<td>21,013</td>
</tr>
<tr>
<td><strong>Excess (Deficiency) of Revenues over Expenses and Other Gains (Losses)</strong></td>
<td>(97,391)</td>
<td>(9,181)</td>
</tr>
<tr>
<td>Proposition 61 – Building Construction Revenue</td>
<td>33,043</td>
<td></td>
</tr>
<tr>
<td>FEMA grant revenue</td>
<td>14,016</td>
<td></td>
</tr>
<tr>
<td>Net unrealized (loss) gain on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unrestricted investments</td>
<td>(56,166)</td>
<td></td>
</tr>
<tr>
<td>Net assets released from restrictions used for purchase of property and equipment</td>
<td>72,483</td>
<td>2,443</td>
</tr>
<tr>
<td>Transfers and other</td>
<td>(4,096)</td>
<td>(2,381)</td>
</tr>
<tr>
<td><strong>Increase (Decrease) in Unrestricted Net Assets</strong></td>
<td><strong>$ (29,004)</strong></td>
<td><strong>$ (18,226)</strong></td>
</tr>
</tbody>
</table>
Statistical Report
For the year ended June 30, 2009

PATIENTS

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of licensed beds</td>
<td>286</td>
</tr>
<tr>
<td>Discharges</td>
<td>10,891</td>
</tr>
<tr>
<td>Patient days</td>
<td>89,295</td>
</tr>
<tr>
<td>Clinic visits(^1)</td>
<td>296,970</td>
</tr>
<tr>
<td>Emergency services visits</td>
<td>65,919</td>
</tr>
</tbody>
</table>

CHARITY CARE AND OTHER COMMUNITY BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care(^2)</td>
<td>$2.2 million</td>
</tr>
<tr>
<td>Unpaid cost of Medi-Cal programs(^3)</td>
<td>72.3 million</td>
</tr>
<tr>
<td>Unfunded support provided for research</td>
<td>24.7 million</td>
</tr>
<tr>
<td>Unfunded support provided for training of allied health professionals, physicians and residents</td>
<td>19.5 million</td>
</tr>
<tr>
<td>Unfunded support provided for Community Service Projects Vulnerable Populations and the Broader Community</td>
<td>6.4 million</td>
</tr>
</tbody>
</table>

\(^1\)Includes outpatient and lab visits

\(^2\)Measured by uncollected patient care charges for care provided to those with inadequate or no health insurance

\(^3\)The Medi-Cal program partially offsets these losses through the Disproportionate Share Hospital Program, designed to support “safety net” hospitals like Childrens Hospital Los Angeles. Childrens Hospital Los Angeles received $46.9 million in Disproportionate Share Hospital Funding in FY 2009.

Total community benefit $125.1 million
Childrens Hospital Los Angeles

HOSPITAL LEADERSHIP
Richard D. Cordova, FACHE
President and Chief Executive Officer
Lawrence L. Foust, JD, LLM, MBA
Senior Vice President and General Counsel
Rodney B. Hanners
Senior Vice President and Chief Operating Officer
Claudia A. Looney, FAHP, CFRE
Senior Vice President, Development
Diemlan “Lannie” Tonnu, MBA, CPA
Senior Vice President, Finance, and Chief Financial Officer
Henri R. Ford, MD
Vice President and Chief of Surgery
Christy L. Beaudin, PhD, LCSW, CPHQ
Vice President and Chief Quality Officer
Steven R. Garske
Vice President and Chief Information Officer
Mary Dee Hacker, RN, MBA
Vice President, Patient Care Services
Keith M. Hobbs
Vice President, Ancillary and Support Services
Gail L. Margolis, Esq.
Vice President, Government, Business and Community Relations
DeAnn Marshall
Vice President and Chief Marketing and Communications Officer
D. Brent Polk, MD
Vice President, Academic Affairs; Chair, Department of Pediatrics; director, The Saban Research Institute of Childrens Hospital Los Angeles; and Vice Dean for Clinical Affairs (USC)
Hugo Santos
Vice President, Human Resources

MEDICAL LEADERSHIP
Carl M. Grushkin, MD
Chief of Staff

DEPARTMENT HEADS
Henri R. Ford, MD
Vice President and Chief of Surgery (CHLA); Vice Chair, Department of Surgery (USC)
Marvin D. Nelson, Jr., MD, FACR
Head, Department of Radiology (CHLA); Professor of Radiology (USC)
Timothy J. Triche, MD, PhD
Head, Department of Pathology/Laboratory Medicine (CHLA); Vice Chair, Department of Pathology (USC)
Randall C. Wetzel, MB, BS, MSB, FAAP, FCCM
Head, Department of Anesthesiology Critical Care Medicine (CHLA); Professor of Pediatrics and Anesthesiology (USC)
D. Brent Polk, MD
Vice President, Academic Affairs; Chair, Department of Pediatrics; director, The Saban Research Institute of Childrens Hospital Los Angeles; and Vice Dean for Clinical Affairs (USC)

FOUNDATION LEADERSHIP
Claudia A. Looney, FAHP, CFRE
Senior Vice President, Development
Shelley L. Conger, MBA
Vice President, Development
Melissa Do Vale
Vice President, Development
Melany N. Duval
Vice President, Major and Planned Gifts
Tina M. Johann, MBA
Vice President, Development
Grace Trejo
Associate Vice President, Major and Planned Gifts
Jenny Davidson
Assistant Vice President, Major and Planned Gifts

ASSOCIATE GROUPS
Anchors Guild
Antelope Valley Guild
Bel Air Guild
Centennial Guild
Childrens Chain
Della Robbia Guild
El Segundo Auxiliary
Flintridge Guild
FOCUS
Glendale Auxiliary
La Providencia Guild
Las Hermanas Guild
Las Primeras Guild
Mary Duque Guild
Mary Duque Juniors
Men’s Guild
Monrovia Guild
Northridge Guild
Peninsula Committee
San Antonio Guild
Santa Monica Bay Auxiliary
Sierra Guild
South Bay Auxiliary
Toluca Guild
Westside Guild
Whittier Guild
Childrens Hospital Card and Stationery Office
Gabriel C. and Mary Duque Gift Shop

AFFILIATE GROUPS
Delta Delta Delta
Sleighbell Committee
Friends of Childrens Hospital
The Green House
Healing Arts Reaching Kids
Las Madrinas
Pasadena Guild
Project CHLA
Spiritual Care Guild
This Little Light
If your address is incorrect, or you receive duplicate copies, please update the label and mail to Blanca Martinez, Donor Services, Children's Hospital Los Angeles, 4650 Sunset Blvd., #29, Los Angeles CA 90027. Or contact Blanca at 323-361-3850 or bmartinez@chla.usc.edu. By giving us the code Imagine Spring 2010 your request will be processed quickly. Thank you.