Helping and healing children for 60 years with advances in medical skill and technology and constancy in caring.

NEMOURS...

*Actual names of patients and their family members have been changed out of respect for the patients’ privacy.*
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Sixty Years. Two generations. Could Mrs. duPont or Mr. Ball possibly have envisioned the scope, size, and depth of the organization they established in 1940, following the 1935 Will of Mr. duPont? In particular, could they have fathomed during those dark years of the War that their stewardship, tenacity, and dedication would have resulted in a foundation which:
- had operations extending along the East Coast of the US,
- treated over 200,000 patients a year,
- provided the most medically sophisticated treatment possible to the most seriously crippled children, and
- employed over 350 doctors and over 1,000 care givers?

It is unlikely that they would have been so immodest. Nevertheless, that is exactly what Nemours celebrated during 2000. The investments approved by the Board of Directors to elevate the level of care from high quality—but mainstream—to the highest clinical acuity, with solid organ and stem cell transplants and reconstructive heart surgery, catapulted Nemours into an elite group. And though these have been expensive and tumultuous to implement, they are programs that go to the soul of the Nemours Mission—the most acutely and chronically ill children.

In two generations Nemours has come from providing modest palliative care to children crippled by polio to alleviating many profoundly crippling conditions and diseases. During that time Nemours has also become more efficient. Management is committed to furthering that efficiency, so new structures and modes of organizing and delivering care will be examined during the coming years.

The Board of Directors and the management of Nemours are proud of meeting the Mission and providing ever-increasing quality and quantity of care in an intricate and labyrinthine industry. We continue to set our sights forward five to ten years, projecting the needs of children suffering from complex illnesses and the potential advances that will help us better address those needs.

The 60th year of the Nemours’ work in the Delaware Valley and 20th year in Florida coincided with public celebration of the generosity of its benefactors. Alfred I. duPont and Edward Ball were individually honored by the state as Great Floridians in recognition of their significant contributions to the state’s development, their extraordinary bequests, and their impact on the lives of children in Florida.

The year also marked the passing of an era with the death of J. C. Belin. During his many years as Chairman of the Board of the Nemours Foundation and a Trustee of the A. I. duPont Testamentary Trust, he was instrumental in effecting changes that allowed Nemours to become what it is today. His life was one of industrial initiative and philanthropic stewardship, and we will miss his insight and perspective.

This annual report is dedicated to the more than 3,000 current employees of Nemours, and the thousands who preceded them, in gratitude for their untiring work and effort in behalf of the children we serve. We hope that the reader will share this appreciation for the gifted, skilled, and dedicated people of Nemours—the caregivers and those who support their efforts.
Mr. Alfred I. duPont and Mr. Edward Ball instructed their Trustees to provide care and treatment for crippled and handicapped, but not incurable, children, as well as for the elderly. To this end, the mission of The Nemours Foundation is to provide institutions and services to restore, and improve, the health of acutely and chronically ill children and the elderly through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient’s financial status.
With these words, recorded in his will, Alfred I. duPont provided for the establishment of Nemours.

Mr. duPont died in 1935 and The Nemours Foundation was incorporated the following year. This charitable institution that duPont described in his will was to provide care and treatment for crippled, but curable children and care for the elderly, in both instances priority given to residents of Delaware, the state where he was born. Since 1936, Nemours has received earnings annually from the Alfred I. duPont Testamentary Trust.

One of the original Trustees, Edward Ball, duPont's loyal associate and brother-in-law, spent most of his life building the assets of the Trust. When he died in 1981, Mr. Ball left the greatest portion of his own estate to Nemours for the care of handicapped children in Florida.

Mr. Alfred I. duPont and Mr. Edward Ball instructed their Trustees to provide care and treatment for crippled and handicapped children, as well as for the elderly. To this end, the mission of Nemours is to provide institutions and services to restore, and improve, the health of acutely and chronically ill children and the elderly through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status.

These institutions and services are:
- Alfred I. duPont Hospital for Children in Wilmington, Delaware.
- Nemours Children's Clinics, outpatient pediatric subspecialty centers in Wilmington, Delaware at the Alfred I. duPont Hospital for Children, and in Jacksonville, Orlando, and Pensacola, Florida.
- Nemours Health Clinic, an outpatient center for the elderly in Wilmington, Delaware.
The Alfred I. duPont Hospital for Children was founded in 1940 through a bequest in the will of Alfred I. duPont, upon whose estate, Nemours, the hospital now stands. In his will, Mr. duPont said that he wanted part of his wealth to be used to “alleviate human suffering,” especially that of children and the elderly. Shortly after his death in 1935, The Nemours Foundation was established to carry out his wishes. Nemours is headquartered in Jacksonville, Florida, where Mr. duPont and his wife, Jessie Ball duPont, maintained a winter residence.
Orthopaedic Beginnings

Mrs. duPont appointed Alfred R. Shands, Jr., MD, as the first medical director, and the Alfred I. duPont Institute opened its doors to treat “crippled children” on July 1, 1940. A young mother carried the first patient into the hospital, a two-and-a-half-year-old girl with congenital dislocation of the hip. After recovering from surgery performed by Dr. Shands, the girl walked out of the hospital.

Leadership Over the Years

Alfred Shands, MD, “wrote the book.” In the 1930s he wrote The Handbook of Orthopaedic Surgery, a text that was reprinted often and that has guided the careers of many physicians in training. In 1937 he came to Wilmington, Delaware, and served as medical director of the Alfred I. duPont Institute for 22 years.

G. Dean MacEwen, MD, took over the direction of the hospital in 1958 and stayed until 1984. His unique combination of skill, vision and charisma led the hospital into the forefront of pediatric orthopaedic practice. In 1960, under his direction, duPont became one of the first hospitals in the country to perform spinal fusion surgery with an internal fixation device, fusing a thin steel rod to the patient’s spine to straighten it permanently. Thanks to Dr. MacEwen, Delaware became the first state to perform school screenings for scoliosis. Dr. MacEwen also focused on education and training: more than 20 percent of U.S. orthopaedic surgeons in positions of clinical and administrative leadership today received training at duPont. By the mid 1970s, Dr. MacEwen had done his job so well that the hospital was overcrowded. He oversaw the planning for a new, million-square-foot facility, which opened in 1984.

From 1986 until 1999, Robert Doughty, MD, PhD, served as medical director. He was the hospital’s first pediatrician-in-chief, and its first non-surgeon medical director. Dr. Doughty helped to establish an academic alliance with Thomas Jefferson University and bring Jefferson’s pediatric residency program to Wilmington. By assembling an impressive group of physicians and surgeons to head new and developing programs, Dr. Doughty oversaw the hospital’s transformation to a full-service children’s medical center. He is now Vice President for Nemours Physician Practices, with a broader focus for the multiple clinical sites, north and south, of the unified physician group.

The Emergence of a World-Class Facility

Today the Alfred I. duPont Hospital for Children serves thousands of families in the Delaware Valley region. In addition, our magnet programs in orthopaedics, oncology, cardiology, cardiac surgery, and organ transplantation attract patients from across the country and around the
1960s & 1970s

1968 — The duPont Institute, along with Wilmington Medical Center, creates a program to detect and treat congenital hip dislocation in infants.

1970 — The duPont Institute creates a program to detect and treat congenital hip dislocation in infants. The average stay at the duPont Institute is 47 days.

1975 — The duPont Institute starts a rehabilitation program for children and teens with brain and spinal cord injuries.

THE DU PONT LEGACY: HISTORICAL PERSPECTIVE

world. In 1999, the duPont Hospital performed more than 12,000 surgical procedures and logged more than 300,000 visits at its various locations throughout Delaware, Pennsylvania and New Jersey.

TODAY’S LEADERS

Roy Proujansky, MD, took over the medical leadership of the hospital in 1999, managing the clinical, education and research programs conducted by the employed medical staff of the duPont Hospital for Children, which numbers more than 180 physicians. Dr. Proujansky is also Robert L. Brent Professor of Pediatrics and chairman of that department at Jefferson Medical College. He had been chief of the Division of Gastroenterology since 1989. Thomas P. Ferry has been at the administrative helm of the hospital since 1979. Under his leadership, more than 20 medical and surgical programs have been added and the clinical volume of the hospital has increased twenty-fold. Mr. Ferry was promoted to Vice President of Hospital Operations for The Nemours Foundation in 1999.

NURSING REFLECTIONS

“When I started working here at the hospital, our patients convalesced for months,” says Maryke Cottman, RN, who joined the staff in 1969. In the 1970s, children undergoing spinal fusion for scoliosis would be hospitalized for two weeks in traction before surgery and up to six months in a chin-to-hip body cast. “Now, kids are in and out in a few days. It’s hard to believe I’ve been here 30 years—and how much things have changed.” Kay Upp, RN, who has been on staff for more than 20 years, has similar recollections. “Each summer, the wards were full of young girls getting fusion. It was how they spent their summer vacation.” Now fusion patients are walking two days after surgery. Most don’t need a cast and most go home within a week. “I feel I’ve witnessed a lifetime’s worth of change,” adds Marilyn Boos, RN, advanced practice nurse for the cerebral palsy program. Since her arrival on staff 28 years ago, she has seen more family involvement and better collaboration between
doctors and nurses. “We’ve gone from a relatively slow-paced facility to doing open-heart surgery and organ transplants. Even though I’ve lived and worked through it all, I’m still amazed,” says Upp. “The nursing units are different, the diagnoses are different. But for those of us with a passion for pediatrics, we’re taking care of kids, and that’s what we love to do.”

**Potential for Future Care**

From its inception, the mission of the Alfred I. duPont Hospital for Children has included a significant component for research. Thomas R. Brown, MD, who was the first Chairman of the Medical Advisory Board beginning in 1937, was charged with planning a program of basic research related to problems of the “crippled children” served here.

The three-fold mission of patient care, education and research has always been at the core of the work done under the auspices of Nemours Research Programs. When the mission was updated to include a vision and values statement for the organization, research was important, as always. One core value notes: “We are committed to scholarly and scientific inquiry directed toward the health of children.”

How do you mend a broken heart? The research team working in the Tissue Engineering & Regenerative Medicine (TERM) Lab headed by Robert Akins, PhD, has an unexpected answer: biosynthetic implants. Researchers in the TERM lab are working to develop implant materials that surgeons can use in the treatment of congenital and acquired heart diseases. The central idea is to salvage pieces of tissue that are removed during surgery and break the tissue down into individual cells in the lab. These cells are then rearranged to form a new piece of tissue that can potentially be used to augment heart function in another patient. So far, the team has been remarkably successful in producing small implants that have many of the functional features of the intact heart.

Prospects for the use of this type of technology are very exciting. The goal of the research team is to produce biosynthetic implants within the next decade. With strong and consistent teamwork, they look forward to bringing cardiac tissue engineering into a surgical setting to help many children with heart diseases.

Despite its longstanding history, the hospital is still a dynamic organization—standing ready to change with the times. Just as the hospital has evolved from an orthopaedic institution to a full service children’s hospital, so too has the nature and scope of research performed there changed. Research is an organization-wide endeavor, spanning all operating divisions of Nemours. Clearly, research and education make it possible for Nemours to brighten the lives and health of many more children than can be accommodated even within the walls of the expanded system.

1980s & 1990s

1986 —
Robert Doughty, MD, is appointed medical director, the first non-surgeon to head the hospital.

1998 —
The Nemours Cardiac Center opens at the duPont Hospital for Children.
As Nemours in Delaware observes the 60th anniversary of dedication to advancing children’s health needs as defined by the Foundation’s Board, Nemours in Florida celebrates twenty years of progress toward expanding the realization of that mission. From modest beginnings, the Florida-based system for subspecialty pediatric care is rapidly evolving to become comparable in quality and scope to Nemours programs and services established in Delaware.
Hope Haven Children’s Hospital Becomes Nemours

Jacksonville had been the winter home of Alfred I. duPont and his wife Jessie Ball duPont. After their death, it was the operational headquarters for the duPont Testamentary Trust and a good share of Edward Ball’s business enterprise. So in 1980 when the Trustees sought the right combination of factors to hasten success of their Florida venture to improve the health of children, it was fitting that the first part of the answer was found in Jacksonville. On February 1, 1981, the former Hope Haven Hospital, founded at the end of the 19th century in Jacksonville, was purchased by Nemours and became The Nemours Children’s Hospital. The historic community resource—which had benefited from the largesse of Jessie Ball duPont and other civic-minded leaders—held promise to more than meet the desires of the directors as they looked in Florida to benefit crippled but curable children. Hope Haven, which continues to this day as a separate organization dedicated to serving children with speech and learning disabilities, also provided the seed for conception and development of a unique medical delivery model: the Nemours Children’s Clinic.

Hope Haven had previously emphasized orthopaedics, repair of congenital anomalies such as cleft palate, and rehabilitative programs similar to services provided at the hospital in Wilmington. Like the duPont Hospital for Children in Delaware, the newly acquired Nemours Children’s Hospital in Jacksonville was also redirected to encompass a broad array of children’s illnesses. New services were added to the hospital, and essentially a new medical staff—a Medical Panel created to care for the children. Nemours Children’s Hospital uniquely accepted Medicaid and Children’s Medical Service patients without question; Nemours paid the doctors and absorbed the hospital component of care. The first year, these services exceeded $2 million.

A consultant was retained to help with plans for the future of Nemours and its now dual geographic focus (Delaware and Florida); his report recommended some central management of programs to implement the mission, and a general manager was appointed to provide leadership to the operational programs of Nemours. The Foundation, now with central management for its children’s health initiatives, began to envision the potential of matching the Nemours mission and resources with the needs of children whose physical limitations and illness might be improved or cured.

A PLAN FOR SUPER SPECIALTY CARE FOR KIDS

In 1984 the Trustees directed its management to fashion a long-range plan for Nemours: a vision for children’s care in Florida and Delaware, using hospitals and physicians to provide treatment toward a “cure” for a range of pediatric scourges, involving the best skill and talent available for such conditions. It also called for research and teaching: medical education...
Physicians in Jacksonville had become sold on the concept of a centralized system of care for children. Local hospitals and physicians had consolidated pediatric care to a degree at Baptist and its Wolfson Children’s Hospital, so it was natural that the primary hospital partner for Nemours in Jacksonville has been Wolfson. Other alliances — with Mayo and various universities and medical schools — have been created for purposes of education and research. Foundation directors were convinced that the greatest unmet need for children in Jacksonville was improved pediatric specialty physician services and not more hospital beds. The Nemours Children’s Hospital was transformed into the first Nemours Children’s Clinic: a “Mayo-like” facility for children that would work with its chief inpatient affiliate in close alliance to present a continuum of children’s services.

The Nemours team lost little time in putting together the core of what would become one of the most respected medical teams in Florida. From offices in the Howard Building on the Wolfson campus, physicians with credentials, reputations, and respected skill were assembled to come to Jacksonville and build a new venture based on trust and vision. The first recruits in July 1985 included the practice of Drs. Wilkinson and Webb—Pediatric Surgical Associates. Warner Webb, MD, had been Chief of Staff at Hope Haven and saw the need for children in northern Florida to have this opportunity. (He now says unequivocally that the current local standard of excellence can be directly credited to Nemours, its resources, and its visionary leadership.)

The facility that houses the first Florida Nemours Children’s Clinic—NCC-J—was completed and occupied in fall of 1990. Linked as it is to the affiliated Wolfson inpatient pediatric program by a high-level walkway that straddles a major interstate highway, it is an imposing eleven stories high. More impressive are the physicians and staff who raised the expectations for pediatric care in northern Florida. Among the medical leaders who contributed to this record of advancement were Wood Lovell, MD, the first medical director of Nemours Children’s Hospital, Albert Wilkinson, MD, the founding medical director of Nemours Children’s Clinic, and Morey Haymond, MD, the first medical director.

Others in Florida looked to Jacksonville for advice and involvement. After repeated visits to Orlando for consultation on developing children’s services at the Arnold Palmer Hospital and related medical practices, Nemours was invited to establish a practice similar to the one in Jacksonville. An Orlando presence was established in 1996. Similarly, hospital leaders at Sacred Heart in Pensacola invited Nemours to become involved in children’s medical care in the Panhandle and northwestern part of Florida; that was begun in 1998. By now, the same Nemours Children’s Clinic model begun at Jacksonville—collaborating with local
providers to optimize children’s care—was represented in newer locations in Florida.

What’s past may be prologue. More than a million clinic visits have been provided to Florida’s children by Nemours specialists—physicians who set the standard in their field in children’s heart disease, orthopaedics, cerebral palsy and other birth-related conditions, diabetes, cancer and pulmonary medicine. Under way in Orlando is the second phase of development for the Nemours Cardiac Center, which brings world leaders in cardiac services to children in Florida at the Orlando campus. The future of Nemours and its mission were strengthened in 1999 by the creation of a more corporate structure for planning and executing its operational programs.

**Historic Change in Jacksonville—A Case Study**

In recalling the scope of his practice in his early Jacksonville days, Jay Cummings, MD, one of the first orthopaedic surgeons recruited to practice with Nemours, described the treatment to relieve some of the most debilitating and painful aspects of cerebral palsy, uneven limb development, spina bifida, congenital hip and foot anomalies, and scoliosis—conditions requiring prolonged periods of uncomfortable, sometimes painful treatment. Patients, families, health professionals and the community can rejoice at the change in a relatively short time.

In Jacksonville in mid 2000, Cheryl was referred by her physician to Dr. Cummings at NCC-J for treatment of her scoliosis that was progressing despite the use of bracing. He offered her and her mother the possibility of an endoscopic instrumentation and fusion or the traditional posterior fusion through an open incision. Their choice was for the minimally invasive technique. The procedure performed by Dr. Cummings and his associate, Eric Loveless, MD, was the first such procedure performed in this area. Through four small incisions, the discs between the curved vertebrae were removed. Screws were then inserted into the vertebrae. The screws were then connected to a straight steel rod, thereby straightening her spine. This procedure will prevent increasing deformity and potential problems with back pain and lung function. More importantly for a teenager, it will allow her to look more like her peers. Her hospital stay was measured in days and her prognosis is excellent.

Warner Webb, MD, one of the early Nemours-in-Florida medical leaders, recently described Nemours as “the best thing that happened for children’s health in this area.” Now, twenty years after unprecedented advancement in children’s pediatric care in north and central Florida, Nemours is poised to continue to answer the challenge offered by the Foundation’s benefactors: to provide institutions and services to restore, and improve, the health of acutely and chronically ill children.
This year the duPont Hospital for Children added two programs of national stature to complement its range of exceptional services. The Division of Solid Organ Transplantation, headed by Stephen Dunn, MD, was developed to add liver transplantation to the hospital’s existing program in kidney transplantation.
In July, Dr. Dunn essentially moved his renowned team and program of 13 years from St. Christopher's Hospital for Children to the duPont Hospital. It is one of the nation’s most active organ transplant programs for children, with the expectation of doing 20 or more transplants annually. As of December, Dr. Dunn and his team had successfully performed six liver transplants and one kidney transplant. (Kristina’s story as duPont's first liver transplant case is told on page 17.)

Secondly, construction and furnishing of the Blood and Bone Marrow Transplantation Unit was completed in 2000. The unit, headed by nationally renowned transplant surgeon Michael Trigg, MD, was planned to open for patients early in 2001. An open house was held in October to give hospital staff and visitors an opportunity to tour the spacious and comfortable 10-bed unit. In addition to the patient rooms, which include sleeping accommodations for parents, the unit offers a playroom with exercise equipment; child life activity space; classroom for educational activities; family lounge; and many more features that support effective staff interaction with patients and families. Following the opening, the unit was closed for ongoing extensive environmental testing to ensure that it is clean and safe prior to its official opening in January.

Phases I and II of the hospital’s surgical expansion project were completed in 2000. New operating rooms and an endoscopy suite were opened to accommodate the increasing demand for surgical services. In addition, the new Ophthalmology and Dental Care Centers were finished and ready for business by year’s end. These cheerful, eye-catching areas are not only appealing but are designed to promote efficiency and comfort for both patients and staff. The new Post Anesthesia Care Unit is nearly completed and construction begins early in 2001 on a new outpatient care center to house Urology and Urodynamics, among other services. In addition, patient care units are getting a facelift to assure consistent thematic design with newer hospital programs. Attractive new wallcoverings, furniture, flooring, lighting and other aesthetic touches are being added while the units remain fully operational.

At the annual meeting of the medical staff in November, Administrator/CEO Tom Ferry named Rita Meek, MD, to the position of hospital Medical Director, effective January 1, 2001. In this role, Dr. Meek is responsible for coordinating the medical functions of the hospital (as distinguished from the practice), including quality of care, program planning, hospital medical staff management, credentialing and accreditation.

She will work closely with hospital and practice administration while maintaining her clinical practice in hematology/oncology. Dr. Meek, who was the state’s first board-certified pediatric hematologist/oncologist when she arrived in Delaware in 1984, established the children’s cancer program at the duPont Hospital in 1994.
Kristina
Parlin, New Jersey

When Kristina’s parents took her home from the hospital, she was, like many newborns, a tad yellow. Hyperbilirubinemia, or newborn jaundice, affects nearly half of all infants in the first few days after birth. Parents are typically advised to take the baby home and expose her to sunlight to reduce the jaundice. In Kristina’s case, it didn’t work. In fact, the baby’s yellow discoloration only got worse. By the time her doctor realized Kristina’s newborn jaundice was something much more serious, there was no time to lose.

Biliary atresia, a condition which causes the liver to fail rapidly, meant that Kristina’s only real hope was a liver transplant. At that point, the family was referred to Stephen Dunn, MD, one of the country’s most renowned liver transplant surgeons. Kristina’s mother, Michele, was able to donate a portion of her liver to Kristina, thanks to living related donor techniques pioneered and perfected by Dr. Dunn and colleagues in the division of solid organ transplantation. Mother and daughter were the first liver donor/liver transplant patients at the duPont Hospital for Children and made a happily successful debut. Kristina is now home in Parlin, New Jersey, and comes to the hospital for regular check-ups. She is plump and thriving.

In July 2000, the new Division of Solid Organ Transplantation under Dr. Dunn’s leadership initiated a liver transplantation program at the duPont Hospital for Children, in addition to augmenting the hospital’s existing program in kidney transplantation. Dr. Dunn, an internationally renowned transplant surgeon, was previously director of the liver and kidney transplant program at St. Christopher’s Hospital for Children in Philadelphia for 13 years. His particular expertise is in the area of living related donor procedures, which allow living relatives to donate a segment of liver for transplantation. This technique makes it possible for more children to receive liver transplants in a timely manner. In addition, Dr. Dunn hopes to develop programs of small intestinal transplantation and pancreas transplantation for patients with diabetes at the hospital.

Roy Proujansky, MD, Chief Executive of the Practice and Chairman, Department of Pediatrics, said: “We are thrilled with Dr. Dunn’s decision to move his program to the duPont Hospital for Children. Dr. Dunn’s skills, enthusiasm and vision perfectly complement our future growth and direction as a major provider of pediatric specialty care in the region.”
To offer quality health services to the elderly and bring comfort to them is a rewarding profession of those who work for Nemours Health Clinic in Wilmington, Delaware. Here is the story of a lady who greatly benefited from these services and wanted others to know her story.
Blanche
Wilmington, Delaware

Blanche came to Nemours Health Clinic in 1993 after hearing from neighbors and acquaintances about the “wonderful” place to receive healthcare services for seniors in Delaware. Physical changes at 79 in her overall health had necessitated her taking daily prescription medications — for high blood pressure, cholesterol reduction, colitis and pain. None were covered by either Medicare or her secondary insurance carrier. The cost of these medications seriously cut into her modest income. At Nemours, she was elated to learn that she could get her prescriptions discounted, which would give her significant savings. With her enrollment at NHC she would also gain access to any dental, eye and hearing needs at the same location.

Blanche had multiple medical problems that were also causing her discomfort, and when she presented for an initial exam at the dental clinic, these were also discussed. She had sought help without remedy for jaw pain in the lower arch and was experiencing dry mouth syndrome. The dentist indicated that her jaw pain might stem from a vitamin deficiency brought on by her colitis; a daily multi-vitamin was prescribed to alleviate the condition. Her dry mouth could be remedied by drinking small sips of water throughout the day.

When Blanche returned in two weeks to begin her dental treatment, she was excited to report that both her immediate problems of jaw pain and dry mouth were greatly reduced after following the dentist’s suggestions.

Barbara, Blanche’s daughter and primary caregiver, says that delivery of services is excellent in all aspects at NHC. “Each area has staff members who really care not only about the patient, but who also show kindness to those who are the caregivers. The pharmacists take the time to explain the medications, their usage and also the interactions with both prescription and over-the-counter drugs. My mother had suffered with her oral problems of jaw pain and dry mouth for years, and Nemours helped her get a positive resolution to both. Nemours staff tends to the whole patient, recognizing her relationship with family members. The entire staff is there in time of need to just give a hug, when you are having a rough time of caring for a senior parent. Both mother and I are so very grateful for the excellent services provided by Nemours.”
Nemours Children’s Clinic—Wilmington experienced unprecedented growth in 2000, not only at the main hospital campus but at practice sites throughout the Delaware Valley.

Positions of leadership were filled as Marc S. Keller, MD, and
Stephen Dunn, MD, joined the practice in the roles of Chairman, Medical Imaging, and Chief, Division of Solid Organ Transplantation, respectively.

Dr. Keller was previously Director of Pediatric Diagnostic Imaging and Professor of Radiology and Pediatrics at Yale-New Haven Children’s Hospital. Dr. Dunn was previously Director of the Liver and Kidney Transplant Program at St. Christopher’s Hospital for Children and Associate Professor of Surgery at the Medical College of Pennsylvania/Hahnemann University. Dr. Dunn’s team manages one of the country’s most active programs in pediatric liver transplantation.

In the year 2000 the pediatrics staff of Thomas Jefferson University became employees of the NCC—Wilmington practice. This group of more than 100 physicians, nurses and support staff includes general pediatricians, neonatologists and hospitalists at Jefferson and its health system affiliate, Bryn Mawr Hospital.

The Practice has responded vigorously and successfully in one of the nation’s most competitive markets as new specialty pediatric partnerships continue to be forged with other health systems. The most recent addition: Virtua Health, a five-hospital network in southern New Jersey. This partnership holds much promise, both in terms of geographic reach and the fact that more than 7,000 children are born at Virtua hospitals each year. As part of our long-term growth and commitment to the Atlantic City Medical Center, a new 15,000-square-foot specialty center was officially opened at the AtlantiCare Healthpark in the fall and is now the centerpiece of our partnership there.

Our primary care network, duPont Pediatrics, also experienced considerable growth in 2000. Two offices were consolidated into one expanded site at St. Francis Hospital in downtown Wilmington. The result has been increasing efficiency coupled with increasing patient satisfaction. In the growing communities of Bear and Milford, Delaware, duPont Pediatrics moved into more spacious offices to accommodate new patient volume. In Dover, the practice has also outgrown its original site and plans are underway for expansion later this year. duPont Pediatrics primary care offices continue to earn praise for service, quality and patient satisfaction.

Many strategic prerogatives have been taken away from health providers in this marketplace. That the A. I. duPont Hospital and NCC-W continue to see increasing demand for both primary and specialty pediatric services makes the past year all the more remarkable. The Hospital and the Clinic have long realized the most important resource of any organization is the human resource, and that fact continues to drive what’s done and how it’s done in Wilmington. Under the leadership of Roy Proujansky, MD, the Clinic continues to provide national leadership in the delivery of health care to children.
Airyel
Elkton, Maryland

“It wasn’t a day I would want to relive,” said Elkton, Maryland, resident Angela. She had noticed that her 10-month-old daughter Airyel had some swelling and discoloration around her eyes, so she brought her to the pediatrician for the baby’s first sick visit. The pediatrician suspected neuroblastoma with orbital involvement and ordered a CT scan and abdominal ultrasound, which confirmed his suspicions. He immediately sent Airyel to the duPont Hospital for Children. “They started running tests to see how advanced the cancer was. It was at stage IV. The tumor had spread throughout her body—into her bones and behind her left eye, pushing it forward,” Angela recalled.

After two days of imaging studies and laboratory tests, Airyel had surgery to remove the primary tumor from her adrenal gland. “I was imagining the worst. They had to pry her out of my arms,” Angela remembered. After Airyel recovered from surgery, she began treatment with chemotherapy under the watchful care of the physicians at NCC-W.

The support of the social workers, nurses and physicians made all the difference to Angela. When Airyel had her surgery, Lee Lucas, oncology social worker, was by Angela’s side. Oncologist Gregory Griffin, MD, explained things in a way that made it easy for Angela to understand what was happening. “They adapted to all of our needs. I stayed in the hospital with Airyel. When my family couldn’t come, they were all of the support I had. They helped me with insurance and catered to Airyel’s sister, too.”

Now Airyel’s cancer is in remission and she is into everything. She is running around and getting into things, doing her best to annoy her sister. Angela speaks confidently: “If we get through this okay, I will be the world’s proudest mother. I know Airyel will be able to do anything she chooses to do.”
At Nemours Children’s Clinic in Jacksonville, the year 2000 was one targeted to cut costs while continuing to advance the quality of services. The Nemours Children’s Clinic in Jacksonville confronted these challenges and will enter the year 2001 having effected economies in the delivery system while at
the same time advancing, strengthening, and refining existing programs.

In the Department of Anesthesiology, Richard Helffrich, MD, turned the chairmanship over to Sal Goodwin, MD. Before coming to Nemours, Dr. Goodwin was a Professor of Pediatrics, Anesthesiology and Critical Care at the University of Florida in Gainesville. He is a nationally recognized leader in the field of pediatric anesthesiology and critical care. In addition, Karen Ott, MD, Marjorie Lewis, MD, and Jane Goodwin, MD, joined the department. The addition of these exceptionally bright and well-educated individuals gives additional strength to our efforts in pain care for children.

The pediatric endocrinology service in Jacksonville represents one of the strongest programs in the country. Nelly Mauras, MD, continues to lead an exceptional service, education and research effort. The Northeast Florida Pediatric Diabetic Center, a partnership with the Wolfson Children’s Hospital and the Nemours Children’s Clinic led by Larry Fox, MD, is increasingly influential in northeast Florida. The Diabetes and Me newsletter edited by Dr. Fox is distributed throughout the Nemours practices. Priscilla Gagliardi, MD, joined the practice this year following training at the University Hospital Brasilia, as well as the University of Kentucky and the Children’s Hospital of Cincinnati.

In Radiology we added Christopher Zaleski, MD, who comes to us from the University of Miami where he was an Associate Professor. Dr. Zaleski has quickly established himself with referring physicians as an outstanding radiologist and with residents as an outstanding educator.

Samir Midani, MD, formerly of the University of Florida, has joined us full time as our Division Chief of Infectious Diseases. As a superb clinician and educator, Dr. Midani establishes an independent Nemours practice in infectious diseases.

Dan Mollitt, MD, formerly a Professor of Surgery at the University of Florida in Jacksonville, has joined Nemours as Chief of the Division of General Surgery. Dr. Mollitt joins a clinically talented group that includes Warner Webb, MD, James Borger, MD, Maryanne Dokler, MD, and John Noseworthy, MD. We look to Dr. Mollitt to expand both the clinical and academic agenda in the area of pediatric general surgery at Nemours.

ENT emerges as a revitalized and stronger division. Daniel Wohl, MD, from the Medical College of Virginia, and Gary Josephson, MD, from the University of Miami, team up to bring the practice a level of expertise and sophistication that bodes well for the future of the department as an integral part of the Nemours Children’s Clinic in Jacksonville.
In April of 1985 Chrissy was diagnosed with type 1 diabetes when she was just 14 months old. She doesn’t remember what life was like without having to poke her finger and take shots. Always an active child, her lifestyle has become even more hectic as a popular teenager—complicating control of her diabetes and making its management more difficult. The oldest sibling in a family of five, her day starts at 6 a.m. and often doesn’t end until 10 p.m. Trying to maintain a consistent eating pattern between her Middleburg High School schedule, church and community activities was next to impossible. She was taking up to five injections of insulin a day in an effort to maintain good control.

Chrissy finally started using an insulin pump a year and a half ago, just after she turned 14. Since then, her blood sugar control has improved despite the demanding schedule she keeps. Chrissy has never considered diabetes to be a problem in her life; in fact, she even feels it has taught her to accept responsibility at a young age. Her efforts to maintain good blood sugar control have easily extended to other aspects of her life where self-discipline and commitment pay off. As a child with diabetes, Chrissy attended Camp JADA, the local diabetes day camp sponsored by the American Diabetes Association. Today Chrissy is a counselor at Camp JADA and setting an example for other youngsters with diabetes. By sharing her story of Camp JADA and her life with diabetes, Chrissy was recently notified that she was selected to represent her school statewide in the Prudential Community Service scholarship competition.

Chrissy is a leader. She excels in band, where her responsibility for the clarinet section has contributed to the marching and concert bands’ outstanding performance in competition. She stands out academically, where she belongs to the National Beta Club and was recently inducted into the National Honor Society. She sets a fine example in generosity, sharing her talents—she tutors other students, which she really enjoys. She is a class officer, on the planning committee for this year’s prom, and is a member of SWAT—Students Working Against Tobacco. Chrissy is active in her church youth group and tours with them as far away as New York, Texas and Jamaica to give musical performances, participate in Bible study and witness for her faith.

Chrissy is not shy or slowed down by the fact that she has diabetes. She is considering a career in the ministry and has started to apply for college scholarship monies. Picture a young woman in charge of her life! No chronic illness is going to slow Chrissy down and prevent her from enjoying life or from her accomplishing all she chooses to do!
Nemours Children’s Clinic—Orlando has realized and is planning for major advances at the start of the new millennium. The size, scope, and geographic reach of the practice are growing, bringing greatly improved access to subspecialty pediatric medical care for children and families in Central Florida. From a clinical
In a perspective, there is both an increased demand for services, and NCC—Orlando physicians are delivering care to an increasingly medically complex population. Technological advances such as introduction of the electronic medical record (EMR) promise mid- to long-term enhancements to the quality and cost-effectiveness of patient care delivery.

Complementing the work of NCC—Orlando will be the presence in Orlando of the Florida operational site of the Nemours Cardiac Center, with a world-renowned faculty that other Nemours staff welcome in a collaborative embrace. This recent addition of physicians and surgeons from around the world has enhanced what was already a superior group of subspecialists and has added a link to the A. I. duPont Hospital for Children, home to the original Nemours Children’s Cardiac Center site.

The Nemours Children’s Clinic—Orlando continues to build relationships with community physicians to strengthen the quality and continuity of care. For example, local pediatricians have been receptive to the introduction of the hospitalist group, which is comprised of doctors who assume care for children during their stay at Arnold Palmer Hospital for Children & Women. The child’s primary care doctor is fully apprised of the patient’s medical treatment during the hospitalization, relieving the referring physician of difficult time and geographical commitments that often interfere with other patient care. For those doctors affected by the dilemma of trying to be in two places simultaneously, the hospitalist program has been a great support.

The Central Florida community served by Nemours has also expanded to include the Daytona Beach area and Melbourne, where offices now provide space for doctors who visit on a weekly basis. As a result of a commitment to the East Central Coast of Florida, services of this outstanding group of subspecialists can be extended to an additional population of one million.

In October, Nemours physicians began treating critically ill children in Daytona Beach at Halifax Medical Center’s new pediatric intensive care unit — Speediatrics. A similar exclusive agreement is being developed with Holmes Regional Medical Center in Melbourne. Their new unit is expected to be open in the spring of 2001.

The response to NCC—Orlando in Central Florida has been enthusiastic, as families realize the benefits that come with access to the highest caliber of physicians and surgeons. For those children who have multiple medical issues, the convenience of physical proximity of the doctors has been an added advantage. The commitment to the local community is an integral part of what makes Nemours a good neighbor, and what has made success of NCC—Orlando so complete. Civic leaders have joined relieved parents and caregivers in welcoming this group to Central Florida.
Becky
Melbourne, Florida

In July of 2000, Becky’s family set out for a much-anticipated family adventure. After camping for a week in the mountains of North Carolina, they proceeded to Virginia and then on to Washington, D.C. On the Friday before they were to return home, the ten-year-old began complaining of headache and fever. Her mother, Anna, figured that the cold her son had been fighting had finally caught up with Becky. Later that day, on a train ride, Becky laid her head down in her mother’s lap. Anna then noticed a tick on Becky’s ear and promptly removed it. Two days later, while traveling through South Carolina, Becky’s mother discovered that not only had Becky not improved, she had now begun to develop a rash on her face, neck, and abdomen.

The parents began treating Becky with Benadryl to help the rash. By Sunday they had made it home, but their child was apparently getting worse. They took her to the doctor the following morning. The doctor diagnosed her with strep throat and possibly scarlet fever. He prescribed penicillin for Becky; but by the following Saturday she had lost her appetite, had become less alert, and was having trouble doing the smallest of tasks.

On Saturday, the doctor’s office instructed the family to take Becky directly to the hospital. By 6:45 that evening, she had slipped into a coma. She tested positive for meningitis and was immediately transferred to Arnold Palmer Hospital for Children & Women for more specialized care. She was met at the hospital by Robert Pettignano, MD, Nemours’ newest addition to the Critical Care team. He quickly assessed her situation and suspected that Becky was in grave danger. Her tiny body was not responding to the prescribed antibiotics and her rash was not symptomatic of scarlet fever. Dr. Pettignano then decided to call in Michael Muszynski, MD, a Nemours infectious disease specialist, to confirm his speculation that Becky may have contracted Rocky Mountain Spotted Fever on her recent camping trip. Having seen numerous cases of Rocky Mountain Spotted Fever during his fellowship training at Oklahoma Children’s Hospital, Dr. Muszynski concluded that this was indeed the case.

Becky was given a regimen of tetracycline and slowly but surely began to respond to the drug. After two and a half weeks at Arnold Palmer Hospital, she was finally ready to go back to her local hospital in Melbourne. She continued to improve during another three weeks of rehabilitation and two weeks of outpatient care.

Becky is now back in school with her fellow fifth-grade friends. Her love for bike riding and skating has motivated her to get back to her old schedule and regain her mobility.

The family is grateful for the expertise and teamwork of two fine physicians who recognized the urgency of Becky’s grave situation in time to save her life.
Nemours Children’s Clinic—Pensacola (NCC-P) has greatly expanded in the Year 2000, starting with a smooth transition into its new six-story building where construction began in the early months of 1999. Many new programs have been great successes for the clinic this year.
New physicians such as Cynthia Reyes, MD, pediatric surgeon, Alan Sacks, MD, pediatric gastroenterologist, and Anthony Hughes, MD, pediatric otolaryngologist joined NCC-P to offer their particular expertise to the children of the Florida Panhandle.

The establishment of the ENT Clinic in the third quarter expanded the range of clinical services available at NCC-P. For the first time, children in the referral area will have easy access to a pediatric otolaryngologist with state-of-the-art diagnostic and therapeutic equipment in the outpatient setting. In addition, the Division of Pulmonology had formal recognition and financial support of the satellite Cystic Fibrosis Center by the Cystic Fibrosis Foundation this year.

The Division of Pediatric Cardiology initiated a new outpatient echocardiography service, which has improved both access and quality for our patients. Also, in conjunction with Pulmonology, outpatient stress testing is now available. Outpatient IV therapy services have been greatly expanded to include not only Hematology/Oncology but also Nephrology, Rheumatology and Endocrinology. This provides chemotherapy services as well as diagnostic testing for the children being evaluated and treated in these divisions.

Relations with NCC-P’s affiliate hospital continue to mature. NCC-P physicians are now the Director of the Pediatric Residency program and Medical Director of the Children’s Hospital. NCC-P Pediatric Surgery has established a surgical procedure area in the Neonatal Intensive Care Unit that has improved morbidity and mortality of neonates undergoing operative procedures.

In November, 2000, the Pediatric Surgery and Pediatric Gastroenterology divisions initiated a new diagnostic service, electrogastrography. This non-invasive tool helps evaluate gastric motility disturbances. This is the only service of its kind in the Nemours system. As part of the introduction of this service, a national conference on intestinal dysmotility hosted by NCC-P in December was attended by the recognized national leaders in this field.

The Orthopaedics Division has recruited a physician’s assistant and is using a new bone density machine (CubaClinical) to aid in the diagnosis of children who are prone to stress fractures and osteoporosis.

With the new building, physicians and programs, NCC-P has a solid foundation to offer the best health care to the community of Pensacola and Northwest Florida.
John
Pensacola, Florida

Digestion of food is often troublesome for infants and toddlers. Most outgrow this problem and move on to table foods and other delicacies like pizza. John’s difficulty with digestion became apparent at fourteen months old. He began vomiting and having frequent upper respiratory tract infections. The problem worsened as he got older. At age eight, he developed trouble swallowing. Food would get stuck in his chest during meals and create severe chest pain. He would retch to bring the food back up to relieve the pain. Meals were not very enjoyable as he wrestled his food down or forced food back up to relieve discomfort. It was at this time that he was diagnosed with achalasia. Achalasia is an abnormality of the distal esophagus where the muscle does not relax. The result is an extreme narrowing of the distal esophagus that does not allow the food to pass into the stomach.

John battled with achalasia until thirteen years old, when he was referred to Robert Dillard, MD, a pediatric gastroenterologist at Nemours Children’s Clinic — Pensacola. Dr. Dillard performed an endoscopic balloon dilation of the distal esophagus with some success. John was relieved of symptoms and was able to eat solid foods for the first time in many years. Unfortunately, his symptoms returned a month later and he had to return to a very soft diet.

Dr. Dillard referred John to Cynthia Reyes, MD, a pediatric surgeon at Nemours Children’s Clinic in Pensacola, for a surgical esophagomyotomy. In this surgery, the muscle of the narrow distal esophagus is split to relieve the obstruction. Instead of making one large incision in the chest or abdomen, Dr. Reyes chose to perform laparoscopic surgery. In this minimally invasive surgery, 5mm incisions are created to pass a camera lens and instruments into the abdomen. The procedure is viewed on a large television monitor in the operating room while surgery is done through these tiny openings. Dr. Dillard performed endoscopy at the same time of surgery to light up the esophagus for Dr. Reyes to clearly see where to split the muscle. The inside of the esophagus was televised on another monitor to watch the esophagus dilate as the esophagomyotomy was performed. A Thal fundoplication was also performed to minimize the risk of gastroesophageal reflux and to keep the esophagomyotomy open.

John was able to recover quickly after surgery because of the small incisions. He was sent home in two days and returned to school five days after surgery. The hospital stay would have been one week and his recovery time at home one month with the traditional large incision. His diet was gradually advanced to solid foods. He no longer has to force his food down and his chest pain is almost gone. John and his parents are very pleased with the outcome of the surgery and with Drs. Reyes and Dillard. Life is so much more enjoyable, including the pizza on the menu again!
The Nemours Foundation established a cardiac program in 1997 uniquely structured along programmatic lines, both organizationally and financially. Any program of this scope might take at least 7 to 10 years to mature. In the case of the Nemours design, with its plan for parallel operational entities in Wilmington, Delaware • Orlando, Florida
the Delaware and Florida service areas, progress has been rapid indeed.

In Wilmington as of year-end 2000, more than a hundred people are devoted to the Cardiac Center including physicians, nurses, and technical and administrative staff. There is a newly constructed outpatient facility including a cardiopulmonary exercise testing area. The inpatient facility consists of 13 family-friendly private rooms, 3 swing beds and a 7-bed cardiac intensive care unit. Facilities in Orlando are very similar in design.

Clinical activity in Wilmington is increasing as projected; in the first two quarters of year 2000 activity in all areas has exceeded 1999 performance by 10 per cent. Outreach efforts are currently under way to extend access for children to more than 30 hospitals and clinics in nearby states. Because of the competitive nature of the northern site, hospitals will benefit from personalized service by Nemours cardiologists to influence referral patterns and draw patients into activity at duPont Hospital for Children.

All physicians, nurses and staff of both Cardiac Center sites—linked through a common mission—are solely dedicated to the management of pediatric heart disease. This non-traditional but highly effective structure eliminates conflicts of interest and divided loyalties, so a multi-specialty focus can produce the highest quality outcomes efficiently. This reduces mortality and morbidity, as well as length of stay and cost—an appealing combination to families and payers.

During the past year a complete faculty and staff have been recruited in Orlando. Extensive renovations have accomplished facilities equivalent to those in Wilmington. Clinical activity at Arnold Palmer Hospital began to be phased in by February 2000 and became fully operational in April. A working relationship has been established with Nemours pediatricians and surgical specialists at NCC-O, as well as with privately practicing cardiologists.

The outpatient volume of activity at the Nemours Cardiac Center in Orlando has gradually ascended. Cardiology activity will extend to targeted communities and linkage of all Nemours sites will be completed for referrals.

Thus, as envisioned by the plan for a world-class pediatric cardiac program, services will be provided to children on two campuses. Through telecommunication, exchange of physicians and patients, and integrated training strategies, a central goal will be achieved. The amalgamated Cardiac Center will be a powerful, resonating, seamless system for cardiac disease management in children; it will develop treatment strategies, educate professionals, and perform basic and clinical research. The Nemours Cardiac Center, Wilmington and Orlando, will not merely employ the latest advances in treatment of children’s hearts, but will participate significantly in developing them.
Winfield
Wilmington, Delaware

Within hours of baby Winfield’s birth near Baltimore, he was rushed by ambulance to the Nemours Cardiac Center in Wilmington. Win, as he’s known, had been whisked away from the delivery room and diagnosed with hypoplastic left heart syndrome (HLHS), leaving his parents in a state of panic. “I was expecting a healthy baby,” said Win’s mother, Melissa. “And he looked big and healthy.” But an astute delivery team picked up the sometimes subtle signs of the serious cardiac defect.

When Win and his father, Winfield, Sr., arrived at the duPont Hospital, they were met by pediatric cardiologist Gina Baffa, MD, who explained everything that was about to happen. Before Win was 24 hours old, he was out of surgery with his father at his bedside in the cardiac intensive care unit. Win’s surgeon, William Norwood, MD, led the team that performed the surgery on December 23.

By the time Melissa was able to make the trip to Wilmington, Win was recovering nicely and the staff encouraged her to “take charge of mothering.” Despite his condition and the surgery he had just been through, “Win never seemed terribly fragile,” Melissa recalled. “The staff was phenomenal. They made sure I knew I was competent to care for him.” Melissa also felt very supported by the “family atmosphere” of the inpatient cardiac unit. “Everyone got to know us and we got to know all the doctors and nurses and the other families. We felt as though we were part of a mini-community. It was wonderful.” On New Year’s Eve, the Norrisville, MD, family was able to take Win home.

Babies who undergo the Norwood procedure for correction of HLHS must have three operations done at staged intervals during the first year of life. Win’s first surgery, on his first day of life, went like clockwork. During a routine cardiac catheterization prior to the second procedure, Win’s left pulmonary artery was found to be smaller than normal. In order to obtain more balanced blood flow between the two lungs, a stent was then placed in the left pulmonary artery in order to enlarge it. “The stent doesn’t always work (to encourage lung development), and they told us that,” said Melissa. “But I was just so convinced Win would recover. He was eating well and completely on target developmentally. I prayed for a miracle and I got it.” Prior to Win’s third surgery, Melissa recalls anesthesiologist/intensivist Ellen Spurrier, MD, running toward her waving an X-ray—and beaming. It showed Win’s left lung had developed fully. His stage 3 procedure went smoothly, “like a song,” smiled Melissa.

“Win is normal in every way,” said Melissa with pride. “All the things I worried about—cognitive and motor skills deficits, developmental delays—he has defied. He is healthy and robust, smart, verbal and a great tormenter of his sisters.” It doesn’t get much better—or more normal—than that.
Javier
Orlando, Florida

Eva and Frank couldn’t have known that when their son, Javier, was diagnosed with a congenital heart disease, he would eventually make medical history in Central Florida. In 1999, at one year of age, Javier was being seen for a routine check-up when his doctor heard a strange noise during examination of his heart. Javier was diagnosed with an atrial septal defect (ASD), a hole between the upper two chambers of the heart. If left untreated, ASD causes other medical problems and decreased life expectancy.

Eva and Frank investigated the treatment options available for Javier’s condition. They wanted to find an alternative to open heart surgery and were told that such technology currently was not available. “We thought we would have to wait until Javier was 4 years old for new procedures to be applicable,” said Eva. Only a year passed, however, when Frank and Eva were told that a non-surgical option was available to correct Javier’s ASD. The parents liked what they heard about the potential of the new procedure and the effect it might have on Javier’s cardiac and general health. They took their little boy to the Arnold Palmer Hospital Children’s Heart Institute, a joint effort with the Nemours Cardiac Center, the only hospital in Florida that had the technology and the medical expertise to perform the non-surgical procedure.

Javier became the first patient in Central Florida to undergo the new procedure, which uses a device that is delivered to the heart via a catheter inserted through a small opening in the groin vein. Once in place, the device fills the hole between the atria and holds the heart tissue together. The procedure was performed by John P. Cheatham, MD, an internationally known pediatric cardiology interventionalist recruited by the Nemours Cardiac Center. The entire non-surgical treatment took a little more than two hours and Javier was ready to go home the next day. “He was up and running around in no time,” Eva said.

“We really didn’t want Javier to have open heart surgery, so we were very thankful to have the non-surgical option,” said Eva. “We couldn’t have asked for a better experience and everyone—the doctors, the nurses—took wonderful care of our son.”
n October of 2000 the Nemours Center for Children’s Health Media was recognized as a separate operating division of Nemours in acknowledgment of its past accomplishments, its potential, and its unique mission. That was terrific, but the Center’s pace does not allow time to rest on its “laurels.”
In the online world there is a commonly used phrase: “moving at Web speed.” For the Center for Children’s Health Media—developers of the Foundation’s family-oriented KidsHealth Web site—moving rapidly and flexibly is a necessity in the fast-changing, competitive online environment. It’s a world in which incredible change involves technology, medical information, business strategies, staffing, the competitive landscape, and just about every aspect of day-to-day existence.

The Center’s fundamental mission, however, remains unchanged: to create effective media for families to learn about and improve the health of children. What has changed this past year is the development of new Center strategies that will allow us to expand our capabilities and outreach while preserving and contributing to the assets of Nemours.

Where are we now? Health on the Web has continued to “heat up” this year as both families and businesses seek better ways to find information and conduct health-related transactions. We live in a world that is more information-driven. Parents, particularly, have a strong need for reliable information as they advocate for their children. Yet we know from what they tell researchers nationwide, parents often feel inadequately listened to, insufficiently informed, and excessively rushed through care.

KidsHealth addresses these customer-driven needs by supplying families with dependable, engaging, and up-to-date online information with a simple goal: improving the health of children. This year, increasing numbers of families have become comfortable using the Web. Almost 70 percent of young families are connected to the Web, and two thirds of those are using the Web to find health information and resources. Children and teens are particularly comfortable with these new technologies, and well over 90 percent of schools in the country are connected to the Web. Because almost anyone can post information—including health information—on the Web, accuracy is a major concern. KidsHealth has established Nemours as a clear national leader in effective family education regarding children’s health.

This year KidsHealth continues as the most visited, most linked-to site on the Web concerning children’s health, with about 8,000,000 annual users (and growing still). More than 14,000 Web sites link to Nemours’ KidsHealth. Given the thousands of health Web sites out there and the intensity of the competition, that’s a significant accomplishment. The site continues to garner a number of top, juried awards for its design and content and remains still one of the few sites with specific information for kids and for teens. KidsHealth continues to generate much national press and is generally recognized as one of the leaders in online education concerning children’s health.

“I would like to thank you for not only the information, but also for the way the text was presented. I do not have a medical background, so it was nice to be able to read your article and understand it … at least now I will understand half of what the doctor is saying ... again, I thank you and please keep up the excellent work.”

— Thomas, age 44
The Center for Children’s Health Media goals have stretched from simply providing the most useful, recognized, and highest quality health information in various media to include generation of income with which to fund continued development. Thus growth can be enhanced while allowing expanded reach of the Nemours brand and service mission. To accomplish this, the Center over the last year has developed its own proprietary Web-publishing software that improves the efficiency and effectiveness of the Center’s talented editorial staff. The entire 18-step editorial process is now completely Web-based, eliminating paperwork while permitting better tracking and organization of work.

With regard to our business goals, our new leading-edge capabilities allow the Center to serve out its KidsHealth Web content to other sites. As of November 2000, KidsHealth articles, images, and animations created and owned by Nemours can appear on other sites under license from Nemours. Now families previously “limited” to seeing KidsHealth content only on our Web site will be able to access our information from dozens of other Web sites worldwide. Initial licensees include top children’s hospitals, widely known family-friendly corporations, and prominent media companies. A number of other strategic initiatives are in the works: our “flagship” KidsHealth Web site does not “stand alone.” Our site is part of a larger, more comprehensive strategy by the Center to develop our educational message in multiple media (Web, video/TV, and print) which reinforce and support each other.

In January 2000, the Center created the multi-volume reference encyclopedia, Human Diseases and Conditions (Charles Scribner’s Sons) and later began national distribution to libraries and schools. The reception for this work, the first of its kind aimed at the teen-and-above audience, has resulted in sales and orders far beyond projections. As a result of the success of this series, the Center has been asked to develop annual supplemental volumes. The first additional volume, Behavioral Health and Conditions, is underway. Human Diseases and Conditions not only carries out our mission of educating children about health, but also substantially supports Nemours’ goal of brand development.

“Thank you so much! Your site answered so many of my questions and more that I was afraid to ask someone I knew. This site helped me understand things that I was really confused about because most of the facts I have heard were mixed with the wrong ideas. I really appreciate your site’s honesty and directness.”

— Brian, age 13

KidsHealth Guide for Parents: Birth to Age 5. The guide is an 800-page softbound trade book that comprehensively addresses a variety of parenting issues for new parents. The book will be distributed in the fall of 2001. McGraw-Hill has committed significant resources to promoting the work. KidsHealth Guide for Parents: Birth to Age 5 can serve as just the first of a series of comprehensive guides for parents—and, again, promotes
Nemours’ aims of education, improvement of children’s health, and brand development.

With regard to video, the Center created Financial Management During Crisis. This project, initiated by the Kelly Ann Dolan Memorial Fund and partially supported by the Independence Foundation, gives guidance to families struggling with chronically and terminally ill children. The program is being distributed nationally in significant numbers. Favorable press articles concerning the video have appeared in 27 states. The video received the Gold Award from the HESCA Media Festival.

The online, print, and video works created by the Center can powerfully cross-promote each other as well as the work of Nemours and its other operating divisions. The opportunities for Nemours to remain the best-recognized source of online (and other) media for families about health are tremendous and exciting. The next years are critical for us in this evolving arena, and the challenges are formidable, but the rewards are considerable. We remain optimistic that, as an organization, we are capable of anticipating demand at “Web speed.”

“I just wanted to let you know that I think this is a really great site. It has so many answers to questions that I know teenagers are afraid to ask.”

— Mara, age 17
BY THE NUMBERS

Alfred I. duPont Hospital for Children

Net Revenue Dollar

Service Revenue Dollar

Service Expense Dollar

Nemours Health Clinic

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The duPont family arrived in America on New Year’s Day 1800, so the Year 2000 marked their 200th anniversary in this country. The family held a spectacular reunion this summer during the week of June 19-25, with approximately 2,000 members in attendance. Public tours of the Nemours Mansion and Gardens were
suspended for that week to allow conducted tours for more than 550 duPont family members participating in the reunion. The visiting relatives were treated to exhibits assembled for that very special celebration: china and crystal decorated with the duPont family crest; beautiful hand-painted miniatures of duPont family ancestors in their native France; the framed passports of Eleuthère Irénée, founder of the duPont Company, and his wife, Sophie and their children; and even a silver coffee and tea service belonging to the patriarch, Pierre Samuel duPont de Nemours.

The Nemours Mansion and original part of the Gardens were designed by Carrère and Hastings of New York City and built for Alfred I. duPont by Smyth and Son of Wilmington in 1910. The Gardens are based on those designed by Le Nôtre at Vaux le Vicomte in France; there is also a feel of Versailles. Alfred I. duPont’s only son, Alfred Victor, and Gabriel Massena designed the rest of the Gardens, as well as the Carillon Tower and the original Alfred I. duPont Institute. Garden statuary adds to the old world charm and includes Henri Crenier’s “Achievement” dominating the center of the Maze Garden. The Russian Gates made by French ironworker Jean Tijou for Catherine the Great’s palace outside St. Petersburg, Russia, are an outstanding example of 18th century ornamental ironwork. The gilded wrought-iron gates soar 19’10” high and reveal the birth and death dates of Catherine (1729-1796), Empress of Russia.

Rare pieces of furniture and accessories now on display in the Mansion include a Louis XVI Compound Musical Clock made about 1785 by David Roentgen and Peter Kintzing for Marie Antoinette. The clock, which plays four different French tunes on dulcimer and pipe organ on each of three interchangeable cylinders, was recently restored and is in perfect working order. There is also a chair from the Coronation of King George VI of England and Queen Elizabeth in 1937, which Jessie Ball duPont may have attended. A late 18th Century French chandelier, which is said to have belonged to the Marquis de Lafayette, hangs from the ceiling of the main staircase; on the lower landing is a bust of the Marquis by Houdon, dated 1790.

There are numerous paintings by European and American artists. A Gilbert Stuart work was recently rediscovered wrapped in brown paper in a third-floor closet when new computers were being installed to allow more efficient documentation of The Nemours Collection. Rare tapestries and Oriental carpets complement the eclectic collection of decorative arts throughout the Mansion, and the chauffeur’s garage houses several vintage automobiles and other vehicles, including a pony cart used by the children to drive around the estate.
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Martine Denn, MD
Carol Klim, MD
Timothy Roedig, MD
Rebecca Welch, MD
James Yoachim, MD

Pediatric Critical Care
Mary Farrell, MD
Division Chief
Lindsey Johnson, MD
Robert Pettignano, MD
Larry Spack, MD
Mark Swanson, MD
John Tilelli, MD

Pediatric Endocrinology
Paul Desrosiers, MD
Division Chief
Richard Banks, MD
Bethel Steindel-Kopp, MD

Pediatric Gastroenterology
Joel Andres, MD
Division Chief

Pediatric Genetics/Metabolism
Jeffrey Bornstein, MD
Nora Erhart, MD
David Milov, MD

Pediatric Hematology/Oncology
John McReynolds, MD
Division Chief
Vincent Giusti, MD
Division Chief
Judy Wall, MD

Pediatric Hospitalist
Ira Pinnelas, MD
Division Chief
Pamela D. Andrew, MD
Matthew Seibel, MD

Pediatric Infectious Disease
Michael Muszynski, MD
Division Chief
Catherine Lamprecht, MD

Pediatric Neurology
Michael Pollack, MD
Division Chief
Charles Dreyer, MD

Pediatric Nephrology
Norman Pryor, MD
Division Chief
Jorge Ramirez, MD

Pediatric Ophthalmology
Stanley Hand, MD
Division Chief
Louis Blumenfeld, MD

Pediatric Orthopaedics
Charles Price, MD
Division Chief
Raymond Knapp, MD
Jonathan Phillips, MD
Mark Sinclair, MD

Pediatric Otolaryngology
David Moser, MD
Division Chief
Cheryl Cotter, MD
James Kosko, MD

Pediatric Pulmonology
Floyd Livingston, MD
Division Chief
Ann-Marie Brooks, MD
David Geller, MD
Ian Nathanson, MD
Mark Weatherly, MD

Pediatric Surgery
Ross Morgan, MD
Division Chief
Marc Levy, MD
David Miller, MD
Donald Plumley, MD

Pediatric Urology
Mark Rich, MD
Division Chief
Michael Keating, MD

Nemours Children’s Clinic — Pensacola

Management
David J. Bailey, MD, MBA
Chief Executive of the Practice
William B. Blanchard, MD
Pediatrician-in-Chief
Jimmy E. Jones, MD, MPA
Surgeon-in-Chief

Pediatric Cardiology
William B. Blanchard, MD
Pediatrician-in-Chief
Joseph P. Davenport, MD
Division Chief

Pediatric Critical Care
Rex L. Northup, MD
Division Chief
Robert F. Patterson, MD

Pediatric Endocrinology
Helen Y. Hsiang, MD, MPH
Division Chief

Pediatric Gastroenterology
Robert P. Dillard, MD
Division Chief
Alan I. Sacks, MD

Pediatric Hematology/Oncology
Thomas G. Jenkins, MD
Division Chief

Pediatric Nephrology
Edward C. Kohaut, MD
Division Chief

Pediatric Orthopaedics
T. Desmond Brown, MD
Division Chief
J. Marc Cardelia, MD

Pediatric Rheumatology
James M. Lawrence, III, MD
Division Chief

Pediatric Pulmonology
Kevin D. Maupin, MD
Division Chief

Pediatric Surgery
Jimmy E. Jones, MD, MPA
Surgeon-in-Chief
Cynthia Reyes, MD
Division Chief
**PUBLICATIONS**

**A**

Abrams SA, Copeland KC, Gunn SK, Gundberg CM, Klein KO, Ellis KJ. Calcium absorption, bone accretion, and kinetics increase during early pubertal development in girls. J Clin Endocrinol Metab. 2000;85:1805-1809.


Bunell HT, Yarrington D, Polikoff JB. STAR: Articulation Training for Young Children. Proceedings of the Sixth International Conference on Spoken Language Processing, October 16-20, 2000;85-88, Beijing, China.

**B**


Bunell HT, Yarrington D, Polikoff JB. STAR: Articulation Training for Young Children. Proceedings of the Sixth International Conference on Spoken Language Processing, October 16-20, 2000;85-88, Beijing, China.

**C**


E


F


W


RESOLUTION

ADOPTED BY THE BOARD OF DIRECTORS OF THE NEMOURS FOUNDATION
AND THE ALFRED I. duPONT TESTAMENTARY TRUST

WHEREAS, The Directors of The Nemours Foundation and the Trustees of the Alfred I. duPont Testamentary Trust desire to record their deep sorrow on the passing of Jacob C. Belin on May 31, 2000, and wish to recognize and honor his long and successful career dedicated to his community, his role with the St. Joe Paper Company, and his outstanding dedication to the Alfred I. duPont Testamentary Trust and The Nemours Foundation, and

WHEREAS, J. C. Belin contributed greatly to the growth and beauty of the city of Port St. Joe, serving as its mayor and participating in the civic activities of the community and in the founding of Long Avenue Baptist Church, and

WHEREAS, J. C. Belin served the St. Joe Paper Company for over sixty years from an employee in the testing laboratory to President, Chief Executive Officer, Director and Chairman of the Board, and

WHEREAS, In the furtherance of his duties with St. Joe Paper Company, he served as officer and Director of the subsidiary companies, bringing great value to the Company and to the Trust, its principal shareholder, and

WHEREAS, J. C. Belin served in a most excellent and faithful manner during more than thirty years of his business career as Trustee of the Alfred I. duPont Testamentary Trust and contributed significantly to the growth, stability and advancement of this Organization, and

WHEREAS, In his role as Director of The Nemours Foundation, and Chairman of its Board of Directors, Jacob C. Belin made great contributions to the care and treatment of crippled children in Delaware and Florida and for the elderly in Delaware and tirelessly performed all the duties entrusted to him,

NOW THEREFORE BE IT RESOLVED, That the Trustees of the Alfred I. duPont Trust and the Directors of The Nemours Foundation hereby give formal expression of their grievous loss in the death of Jacob C. Belin and do hereby note in the records the many contributions of a man who was esteemed by his associates, loved by his friends and deeply admired by all.

BE IT FURTHER RESOLVED, That a certified copy of this joint Resolution be tendered to his family in expression of our sympathy and great respect.
Helping and Healing Children for 60 Years