



WINTER 2002
 Volume 11, Number 4

EDITORS

Janet Weiswasser
 Ellen Donaldson
 Patricia Gettner, R.N.
Managing Editor

CONTRIBUTORS

Cliff Bogue, M.D.
 Michael Cappello, M.D.
 Alix Boyle Copel
 Louise DiRuccio
 Katie Krauss
 John Leventhal, M.D.
 Scott Rivkees, M.D.
 Carol Cohen Weitzman, M.D.

Upcoming Events

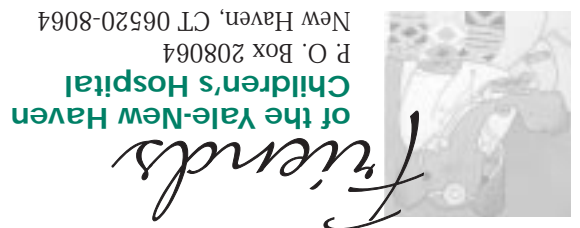
- February 22, 2003 Board Retreat
- March 8 Telethon
- March 22 An Evening at Long Wharf
- May 4 Spring Sprint & Fitness Challenge
- May 18 "Go Topless" Invitational
- June 10 Annual Luncheon
- June 23 Golf & Tennis Open

For more information on these or other Friends events, please call 203.785.6935

Get Ready for "Paper Doll"

Save the Date for the fourth Evening at Long Wharf Theatre presented by the Friends. On Saturday, March 22, 2002, guests will enjoy a production of "Paper Doll", starring F. Murray Abraham and Andrea Martin, on Long Wharf's Main Stage, following cocktails and dinner in the rehearsal hall. The evening also includes a dessert reception with the cast after the performance. This is usually a "sold out" event so be sure to mark the date on your new 2003 calendar and send in your reservation as soon as the invitations are available, shortly after the first of the year. Call 203-785-6935 with questions.

Non-Profit Org.
 U. S. Postage
PAID
 Permit No. 470
 New Haven, CT



Friends

of the Yale-New Haven Children's Hospital
Dedicated to the Health Care Needs of Children



WINTER 2002
 Volume 11, Number 4

Dr. Hostetter named Chair of Pediatrics

On September 1, 2002, Dean Kessler announced the new Chair of Pediatrics and Chief of Pediatrics at the Yale-New Haven Children's Hospital – Dr. Margaret Hostetter, Professor of Pediatrics and Microbial Pathogenesis. Dr. Hostetter succeeded Interim-Chair, Dr. Norman Siegel and six previous distinguished chairs of the Department. At the September Pediatric Grand Rounds, Dr. Hostetter told the audience that she was honored to be taking over one of the top clinical departments of pediatrics in the country and the top ranking pediatric department in National Institutes of Health (NIH) funding. She is excited about the new position and is clearly up to the challenge.

Dr. Hostetter came to New Haven in 1998 to direct the Yale School of Medicine's Section of Pediatric Immunology and to be director of the Child Health Research Center. As Director, she has been responsible for helping junior faculty launch careers in basic science research; she also has been responsible for obtaining continued funding for the Center from NIH.

Dr. Hostetter's career has taken her to major academic centers around the country. She received her undergraduate degree from Denison University in Ohio. After graduating from the Baylor College of Medicine in Houston, she traveled north to Boston, where she did her pediatric residency and fellowship in Infectious Disease at the Children's Hospital. According to Dr. Hostetter, she was fortunate to have as her Fellowship Director Dr. Charles Janeway, one of the pioneering fathers of immunology. After two years on the faculty at Harvard Medical School, Dr. Hostetter joined the faculty at the University of Minnesota Medical School, where she spent 16 years before moving to New Haven.

Dr. Hostetter is best known in the pediatric research community for her work identifying how two organisms infect children. She has studied how candida (a common yeast) infects immunocompromised children, particularly newborns, and how pneumococcus (a common bacteria) infects normal children. The pneumococcus bacteria used

to be a major killer of young children because of blood infections and pneumonia. "In both diseases," she said, "I became interested because of my experiences with patients." And in both diseases, Dr. Hostetter has explored how a pathogen interacts with the human organism to produce a disease.

Even before taking over the Child Health Research Center, Dr. Hostetter was committed to helping young pediatricians begin academic careers as basic science researchers. "In the 1980s," Dr. Hostetter said, "NIH was concerned about the pipeline of pediatricians entering research fellowships and funded the Pediatric Physician Scientist Program to locate, recruit and pay for pediatricians to be trained in quality research laboratories around the country." When Dr. Hostetter took over this program in 1998, she doubled the number of applicants and the number of positions filled. Because of this success, Dr. Hostetter recently received a \$10 million grant from NIH to support the program for five more years.

Dr. Hostetter's interests are not just in basic science research, however. She received the award for Outstanding Faculty Educator in Pediatrics while in Minneapolis, on four different occasions.

Dr. Hostetter is proud as well of her clinical activities. She began an International Adoption Clinic when she came to Yale. This Clinic, the first in the state, was modeled after the one she founded and directed in Minneapolis from 1986 to 1998. "I started the clinic in Minneapolis because I could not find the answers in the medical literature to a straight-forward question that my colleague asked me," she said. "He was planning to adopt a little boy from India and asked me, as an infectious disease expert, which diseases he should check for



*Dr. Margaret Hostetter is the new
 Chairman of the Department of Pediatrics*

INSIDE THIS ISSUE

Friends "Go Public"	2
International Adoption	3
Board Member Profile	4
Child Life 35 th Anniversary	5
Christopher Dodd	5
From the President	6
Touch a Truck	6
International Adoption Q & A	7

continued on page 2

The Friends "Go Public"

In March of 2003, the Friends will unveil one of its most ambitious and highest profile projects in its 13 year history. From 8 to 9 PM on Saturday, March 8, tune into News Channel 8 - WTNH and witness our first ever TELETHON. A second airing of this one hour fund raising event will be broadcast on Chanel 59 WCTX at 5 p.m. on March 9. The live telecast will feature pre-recorded segments highlighting Friends programs and promoting the Yale-New Haven Children's Hospital and Yale University Department of Pediatrics. Major sponsors will have the opportunity to present contributions live, on-air and be interviewed by Jocelyn Maminta, host of WTNH-News Chanel 8's week-end morning show and Friends Board member, and Bruce Barber, of Smith & Barber in the morning on WPLR, also a Friends Board member. The Telethon is a grassroots effort supported by businesses and their employees as well as by local community fund raising activities coordinated by area school children. The Telethon is being organized by a committee that includes Board members Harvey Adelberg, Charles Frey, Patti Gettner, Sandra Butler-Jones, Tracey Scheer, John Prior, Donna Gruskay, Jeff Teplitzky and Jocelyn Maminta. The committee also is benefiting from the invaluable expertise of Christopher Pates and Mike Watt. Volunteers will be needed to help back stage and to set up a calling schedule. If you are interested in getting involved in this exciting event, please call 203-785-6935.

Dr. Hostetter continued from page 1

in his adopted son. I remember going to the library and after a couple of hours (no computer searches in those days) I realized that there were no answers." So together Dr. Hostetter and her colleague founded the first International Adoption Clinic in the country and began to study the types of infections and the vaccination needs of adopted children. She also expanded the focus of the Clinic to help families understand the developmental needs of their adopted children.

Dr. Hostetter has served as a leader in the national pediatric community. She has been president of the Society for Pediatric Research, one of the two major pediatric research societies in the country. She presently is serving on the Council of the National Institute of Child Health and Human Development and last year was elected to the Institute of Medicine.

In addition, for two years Dr. Hostetter taught an English course to Yale undergraduates, entitled: *Infection in Fiction*, which focused on the metaphoric role of infectious diseases in 19th century novels.

So what does Dr. Hostetter have in store for the Yale Department of Pediatrics? Dr. Hostetter smiled and said, "I value research, clinical care and education. To make a difference in the lives of children and families - and that's what we are about - patient care will need to be the center piece of any departmental activities."

Dr. Hostetter has three major goals for the Department. The first is to maintain and expand

the Department's dominance in basic science and patient-oriented research studies funded by the National Institutes of Health and relevant foundations.

The second is to elevate the local and regional prominence of the Yale-New Haven Children's Hospital by expanding and establishing programs of clinical excellence. New initiatives in cardiology and inflammatory bowel disease have been awarded funding from the New Clinical Program Development Fund. Other such programs may include activities in liver transplantation, expanded hematology/oncology efforts synchronized with the Cancer Center, development of a clinic for long-term survivors of childhood cancer, and formal linkages with pulmonologists in internal medicine for adults with cystic fibrosis.

And third, she aims to increase public awareness that our Department is unique in this state because our pediatricians translate our NIH-funded research findings to the care of patients in the Hospital and in the clinics and to the homes so that children's lives are better.

The Friends welcomes Dr. Hostetter and looks forward to working with her to advance knowledge, support education and improve care. We wish her the best!

If you would like to contact Dr. Hostetter, she can be reached by email (margaret.hostetter@yale.edu) or through the Departmental Office (785-4638). Remember, new chairs receive over 100 emails a day, so be patient. She will respond.

Written and submitted by John Leventhal, M.D

INTERNATIONAL *adoption*

Q&A with Maureen DiNunzio, mother of Ilya Michael and Andre Joseph DiNunzio. In 2000 Maureen and her husband, Bruce, adopted two brothers from Russia when the boys were 18 months and 30 months old. The family lives in Norwalk and sought advice from the International Adoption Clinic at Yale.

Q. What is the most wonderful thing about adoption?

A. The most wonderful thing is being able to give our love to these two little gifts from God. And one of the most rewarding things is seeing the enormous, positive changes in these two little boys in the short time we've had them. I call them miracle babies. When Ilya first came home, he had no affect at all. He never smiled. He cried a lot and screamed when I changed his diaper. He was floppy and had no muscle tone. At 18 months, he didn't know how to walk, I think because he spent most of his time in a crib in the orphanage, receiving very little stimulation. It took us a long time to bond - I would say a good four or five months. The only person he trusted was Bruce, my husband. It was actually a blessing that I got laid off because I was able to be home full-time and really get to know him.

He's done a complete turnaround. He loves ice cream and dogs and isn't afraid anymore.

Andre, on the other hand, is Mr. Whiz Kid. He's very bright, curious and doesn't miss a trick. He was too affectionate. He didn't discriminate between us and total strangers. He would go to anyone, kiss and hug anyone. Now he's learning to temper that behavior.

We have lots of social services for both boys, like speech therapy. Andre goes to Pre-K four mornings a week. Ilya goes to home day care one day a week so that I can spend time alone with Andre.

Q. What is the hardest thing about adoption?

A. It was the waiting. The Family and Children Agency in Norwalk first accepted us in March of 2000. The adoption was approved in July of 2000 and we accepted the referral on the boys in October, but we didn't get the boys until August 2001. We had to go through a lot of red tape.

Q. What is the overall attitude about foreigners adopting Russian babies?

A. I think that some Russian judges are better than others and we were unlucky to get a woman judge who didn't believe in Russian babies leaving the country. She said that people want to adopt to use the babies as organ donors, for pornography, to abuse and neglect them. Can you believe it!?

Q. Do you know why Russians don't allow babies to be adopted as infants?

A. There is a six-month lag to allow Russians to adopt the babies themselves. If no one comes forward, then they can be adopted internationally.

Q. How has your life changed?

A. It's completely different. I used to live by the Palm Pilot and now I don't even know what day of the week it is! It's constant cooking, cleaning and playing with the boys. And I love it!

Q. What advice would you give to people looking to adopt internationally?

A. I would say talk to some families who have adopted internationally before and after you adopt.



Almost 40 trucks were in the lineup with an impressive variety of vehicles.

From the President

Dear Friends,

Pundits often cite the ancient curse, "May you live in interesting times". Our times have been interesting... and uncertain, particularly for children. The statistics are sobering:

In Connecticut, first in the nation in per capita income, where our State budget had a \$1 billion surplus only a year ago, we are told that we may soon be facing a \$1 billion deficit in the year ahead. In this wealthiest of states, over 10% of our children live in poverty and almost a quarter of our children qualify for free or reduced lunch. Of course, it is no longer news that there is a growing disparity between the wealthy and poor in our country. In Connecticut this discrepancy between rich and poor is higher than in the other 49 states. New Haven is ranked #7 on the list of our nation's poorest cities with populations over 100,000. In Hartford, 41% of the children live in poverty.

And these numbers do not begin to tell the story of the thousands of children and families whose lives are in turmoil. For example, the fact that less than 20% of Medicaid-covered children in our area receive needed dental treatment does not reveal the alarming reality of children living on a daily basis with tooth pain and infection, and the profound impact this has on their ability to eat, speak, learn in school and sleep through the night.

As resources become scarcer, the demand becomes greater, and the need for organizations like the Friends becomes ever more crucial. Our mission to improve the health and well being of children responds not only to governmental statistics and news of the day, but touches the lives of individual parents and children on a daily basis. Children with cancer, heart disease, diabetes and asthma (and their families) are among many who benefit from our programs through the actions of our dedicated volunteers, our outreach and our advocacy programs.

In such a time, the support and participation of each and every individual becomes all the more important. The Yale-New Haven Children's Hospital is world-recognized as an innovative leader in pediatrics and is an extraordinary resource for compassionate child health care in our community. It is a place where miracles, great and small, happen every day. But these miracles come at a cost. It is only through your continued participation and support of the Friends that these miracles can continue to happen.

As the Holiday Season beckons and the calendar year draws to a close, please accept my warm wishes and thanks on behalf of the tens of thousands of children whose lives have been made better through your ongoing support of the Friends.

Sincerely,

Donald Kohn, DDS, President

The Friends Touch a Truck event on October 6 in East Haven drew an enthusiastic crowd of future drivers. The happy faces of these kids show how great it was to get up close and personal with the big rigs. The lead sponsor was McDermott Chevrolet. American Medical Response, Calabro Cheese, and Town Fair Tires also provided support.



International Adoption

Each year, approximately 17,000 children are adopted into the United States from a variety of countries around the globe. This number represents a significant increase in international adoptions, which were 7,000 in 1990. The vast majority of children being adopted come from Russia, China and Eastern Europe, with smaller numbers of children coming from Korea, India and Central and South America.

The availability of children for adoption from former Soviet Bloc countries has brought significant changes to the types of care-giving environments that these children have experienced and therefore the characteristics of the children entering the United States. Prior to this period, more than 60 percent of internationally adopted children arrived from Korea, where they were generally raised in high quality, government-subsidized foster homes until the time of their adoption, typically prior to one year of age. In contrast, the recent increases in children from China, Russia and Eastern Europe has meant that the child has spent part or the entirety of his/her life in an orphanage and is typically older at the time of adoption with a mean age of 2 years on arrival. They may have suffered varying degrees of deprivation and neglect, often had inadequate diets, were susceptible to a range of diseases including parasitic infection, hepatitis and tuberculosis, and received substandard health care.

In the 1980s, a handful of pediatricians in the U.S. began to recognize some of the unique medical needs of this population and established some of the first clinics designed to evaluate and treat the issues of international adoptees shortly after arrival to this country. Dr. Margaret Hostetter, pediatric immunologist, chair of the Department of Pediatrics and Chief of Pediatrics at the Yale-New Haven Children's Hospital, pioneered this effort when she and her colleagues founded the first international adoption clinic at the University of Minnesota, where they evaluated more than 1,500 children over 12 years.

Four years ago, when Dr. Hostetter came to Yale, she founded the International Adoption Clinic at Yale. Since the clinic opened in September 1998, it has evaluated over 500 children from at least a dozen countries. Each child receives a comprehensive evaluation by a developmental-behavioral pediatrician (Dr. Carol Weitzman), a nurse practitioner (Betsy Groth), and an infectious disease specialist (Dr. Michael Cappello or Dr. Hostetter). To date, staff have observed that more than 25 percent of the children it assesses demonstrate varying degrees of developmental delay and approximately 20 percent have at least one additional medical or infectious disease. This confirms that the unique medical and developmental needs of international adoptees require the type of

highly specialized services provided by the International Adoption Clinic at Yale.

The medical evaluation of internationally adopted children begins with a thorough review of pre-adoption records from the orphanage or foster home. Often these records will indicate a prior medical diagnosis or condition that requires specific evaluation by specialists. In addition, each child receives a complete physical exam by nurse practitioner Betsy Groth and/or one of two infectious disease specialists, Dr. Hostetter or Dr. Cappello. The final step in the medical evaluation consists of a battery of screening tests designed to identify those medical conditions for which children adopted from abroad are at particular risk. Some of the more common medical diagnoses in the clinic include anemia, malnutrition and growth delay, as well as infectious diseases like tuberculosis, scabies, hepatitis and intestinal parasites. The results of these medical screening tests are always communicated to the child's pediatrician and parents in a follow-up letter after the clinic visit. The letter also includes guidelines for completing routine childhood immunizations and recommendations for additional testing if necessary.

The developmental evaluation of the internationally adopted child, conducted by Dr. Weitzman, presents a number of potential challenges but can help make a valuable contribution towards a child's successful integration into a family. It is an important way to begin to form a partnership with families. Often the assessment begins prior to adoption with a review of the pre-adoption record. Increasingly, this record includes both a brief medical synopsis and a video of varying quality. Despite the limitations of these records, they provide a glimpse into the functioning of the child and may identify potential risk factors that the child may have for adverse outcomes. This review allows staff to begin to counsel families about the consequences of prolonged institutional care and the work that may lie ahead for them to establish a healthy emotional life for their child.

Once the child arrives in this country and presents for evaluation, the most critical step is developing an alliance with the parents. The initial evaluation with the child is often limited by cultural and language barriers and any adjustment responses that may hinder the child's participation and engagement in the session. The assessment of the child's needs includes a brief evaluation of the child's developmental skills and establishes a broad profile of the child's functioning in multiple areas such as interpersonal relationships, coping, mood regulation, etc. This early assessment can be used to guide interventional strategies for the child and monitor progress over time. Any observations about the child can be shared with parents to help them successfully integrate the child into their family and maximally support their development.

The work in the International Adoption Clinic has reinforced the belief in the resiliency of children

continued on page 4

Board Member Profile

Bill Lacourciere



Bill Lacourciere receives the Dr. Babar Distinguished Service Award at the 2002 Annual Luncheon

Bill Lacourciere received the Dr. Babar Distinguished Service Award in 2002 in recognition of his dedication to the Friends' mission, his continued support of the Golf and Tennis Open and the key role his company, Respironics/Novamatrix, has played in sponsoring the Tournament. After talking to him about his career and interests, it's clear why he was a great choice for the award.

Board member Bill Lacourciere's career is a business success story, a medical innovation success story, a technology success story and, last but not least, a personal success story.

Bill entered the U.S. Air Force directly out of high school and went on to earn an electrical engineering degree at night at New Haven College. He joined a firm called Technical Measurement Company in 1961. TMC was one of the first medical technology companies in the area.

In 1968, Bill joined Corometrics. Working with Dr. Ed Hon, an Associate Professor of OB/GYN at Yale, Corometrics developed the first fetal monitor in the world and Yale-New Haven Hospital was the first hospital to use the monitor. The company was a success and held 60-70% of this market when it was sold to American Home Products in 1975.

But, said Bill, "I was disenchanted with the big company environment so a small entrepreneurial bunch of us founded Novamatrix in 1978." The new company focused on the need to measure mean airway pressure and blood gas in neonatal patients, which it succeeded in doing. It was, according to Bill, "...a significant invention."

There also was a need to develop a non-invasive way to measure blood gas in these infants because their finite supply of blood made blood testing impractical. Novamatrix found a transcutaneous way to measure oxygen and carbon dioxide. The company realized that there was a similar need for adults. "Nobody measured gases in

the early 80's," said Bill. Today, measuring gases is a standard procedure. Novamatrix developed a number of monitoring products and sensors that are primarily used in a hospital environment. It also developed a variety of products that assist clinicians in caring for premature and sick babies.

Bill has held every senior management position at Novamatrix and was President and CEO when the company was sold early in 2002 to Respironics, Inc., a leader in the respiratory medical device industry. The addition of Novamatrix will allow Respironics to provide a total system of patient ventilation management. Respironics is a large company with marketing skills that will help position the Novamatrix products.

Bill will stay with the company to assure a smooth transition. "It's exciting to develop products that help people," said Bill, when asked about the highlights of his career. "It's particularly great to work with neo-natologists. They really are dedicated and devoted people. We work in an intellectually stimulating environment. People who work for us are excited and turned on. It's a joy to come to work."

Through his business and its products, Bill was familiar with the Yale-New Haven Children's Hospital, but he got involved with the Friends through his "wonderful friends" Alice and Kurt Hummel who have been dedicated members of the Friends for many years. Bill has been a Board member since 1997. As he stated when he received the Dr. Babar Award, "The generosity of Friends's directors is beyond belief." He particularly is impressed with the work the Friends does in the community and hopes to be even more involved with the Friends in the future.

In addition to thriving professionally, Bill has an active family life with his wife of 44 years, 3 grown children and 8 grandchildren. "Things I did in my time can't be done now," said Bill. "It would be much tougher today for a kid like me with little background and a lot of enthusiasm." Bill expects to retire soon and will no doubt bring the same energy and vitality to that state as he has to all his entrepreneurial ventures.

Adoption continued from page 3

but also has raised many unanswered questions about international adoptees. Therefore, in addition to patient care, the clinic conducts research that will lead to a greater understanding of the impact of institutionalization on child health and development. Dr. Weitzman recently initiated a prospective research project aimed at assessing potential early predictors of long-term developmental disability. Dr. Hostetter has developed a network of International Adoption clinics around the country, which are currently collaborating on a prospective study of hepatitis in international adoptees.

With Dr. Hostetter assuming the Chair of the Department of Pediatrics at Yale, Dr. Weitzman has become Director of the Yale International Adoption

Clinic and Dr. Cappello has become Co-director. Betsy Groth, APRN, continues to provide medical evaluations and valuable support services for adoptive families. The clinic is actively engaged in developing plans to expand the range of clinical services that can be offered to children and families in Connecticut to more fully meet their needs. In the future, it hopes to offer comprehensive psychometric testing, psychological evaluations and mental health treatment to international adoptees. Further plans include expanding the range of pre-adoptive counseling for families with a regular series of educational seminars geared to parents considering international adoption. Ultimately, the goal is to provide the most comprehensive medical and developmental/behavioral care available to internationally adopted children and their families.

Child Life 35th Anniversary

Yale-New Haven Children's Hospital's (YNHCH) Child Life Program recently celebrated its 35th year of service to the Hospital's youngest patients. Child Life programs help children and their families cope with and adjust to hospitalization and illness or injury by providing play experiences, presenting developmentally appropriate information about events and procedures, and establishing therapeutic relationships to support family involvement in each child's care.

"The hospital can be an intimidating place for a child," said Ellen Good, manager of Child Life services, "but if we can help support and prepare children and families for various experiences, we can help make their hospital stay less stressful and more positive."

The first child life program established was in 1920 at C.S. Mott Children's Hospital in Detroit. "Our forerunners were early childhood educators, play volunteers, child development specialists. We have a rich history which spans many decades. Child Life Specialists can be found working, teaching, researching and advocating in over 35 countries. Child Life Specialists support children and families faced with a health crisis in traditional settings such as hospitals and clinics, and also are found in hospices, schools, dental offices, in the child's home and in many other sites."

All Child Life Specialists hired by YNHCH are certified, which means that each specialist has had a supervised internship of 500 hours in order to sit for a certification examination which tests their knowledge, skills set, standards of practice and other appropriate competencies. The specialists have either

undergraduate or graduate degrees in child psychology, child and family studies, or child life.

When asked about the current challenges facing her department, Ellen Good responded, "We continue to be plagued with staffing challenges. There are never enough staff for the work we do and the numerous children who need to be seen. The American Academy of Pediatrics strongly recommends that the patient staff ratio for a child life specialist in an inpatient setting be 1:15. Our ratio is closer to 1:33. In future years, we may be fortunate enough to receive more funding for staff. Everyone in our field is plagued with this problem however."

Nonetheless, Child Life Specialists continue to support children and families in all of the inpatient units, outpatient specialty clinics, in the surgery center, in the Pediatric emergency dept. and in special programs such as Books for Babies, Reach Out and Read and the sibling program.

One exciting initiative in the Child Life area is the Arts, Education and Cultural Enrichment program which recruits and trains local artists, musicians, puppeteers, and other creative individuals to work with pediatric inpatients on a monthly basis. "Bringing the outside world to the patient, using art and music as a healing modality, would be extremely beneficial to our young patients," commented Ellen Good. "I would like to expand upon this and other complementary programs like this but will need to wait to learn if a funding proposal I have submitted to the Starlight Foundation can help us achieve this."



Christopher Dodd

On August 28 Connecticut's senior senator, Christopher Dodd, presented Pediatric Grand Rounds at the Medical School. Senator Dodd is the chairman of the Children and Families Subcommittee. In June he held hearings related to newborn screening in Washington, D.C. at which Scott Rivkees, M.D., associate professor of pediatrics, director of the Yale-Child Health Research Center and an advisor to the Genetics Advocacy Committee for the CT Department of Public Health, testified.

The "Newborn Screening Saves Lives Act" addresses the inconsistencies in newborn screening across the country. Its goals are to provide funds for research in newborn screening and to develop methods for improving parent and practitioner education of the importance of newborn screening and the



options in screening that currently exist. By identifying at birth disorders, such as sickle cell disease, PKU, congenital hypothyroidism, disorder of fatty acid oxidation and many others, serious complications related to the disorders can be avoided.

Shown above from L-R are U.S. Senator Dodd, Margaret Aostetter, M.D., Scott Rivkees M.D., and Margretta Seashore, M.D.