The Heart of the Shriners Hospital Beats to the Child's Rhythm

The OrtHopedik

Volume 2, Number 1 Spring 2007

Telemedicine, A New Way of Reaching Our Patients

Donna Fitz-Gerald

In 2004, the Shriners Hospital in Montreal was given funding by our head office in Tampa, Florida, to start a telemedicine program using audiovisual equipment, such as computers, telephones and cameras, to look after the health of patients where they live instead of having them come to the hospital to receive care.

A full-time nurse coordinator, Nathalie Thauvette, was hired for the project and currently has her hands full with this exciting mandate. There were a number of issues that needed to be address such as the confidentiality of transmitted information, equipment standards, physician licensing between provinces and health care settings, and the presence of the doctor with patients and the responsibility for decisions are examples of matters in the development of the telemedicine initiative.

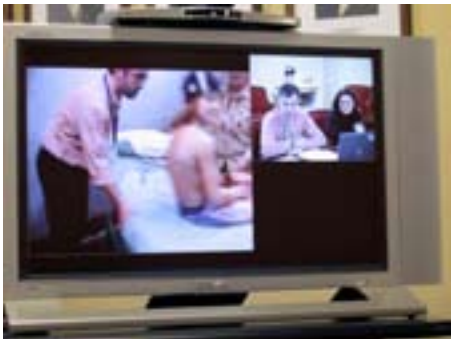
Our first telemedicine consultation using this innovative technology took place in February 2004 between a patient located in the Îles de la Madeleine and Shriners Hospital chief of staff, Dr. François Fassier, who was in a specially equipped room in a Montreal hospital. In December 2006, we acquired our own state-of-the-art telemedicine equipment as a result of a very substantial donation from the Mazol Shrine Center in Newfoundland, epitomizing the generosity of the Shriners and their support of the Shriners Hospital in Montreal. On February 5, 2007, the enthusiastic Montreal team held its first video conference with a patient located in Saskatchewan.

Telemedicine in itself is not new. A call to a doctor's office to get medical advice, or a patient in New Brunswick who sends x-rays to a Montreal Shriners doctor because of a suspected bone fracture are examples of telemedicine. What is new to our hospital is that we can now use audiovisual equipment to actually see patients at a distance.

Telemedicine will not eliminate all traditional patient visits to the clinic in Montreal or to our outreach clinics, but will work in conjunction with them. "Teleconsultations" help to decrease transportation costs for patients and families and Shrine Centers. Shriners physicians can examine patients with urgent problems, so that decisions can be made about treatment or transfer to Montreal. Finally, telemedicine improves access to orthopaedic care in areas where this specialty does not exist.

Although our hospital will mainly be using telemedicine to enable doctors to examine patients, there are other applications for this technology. Examples include education (i.e., presentations, conferences and workshops), administration (i.e., interviewing potential employees who live far away, meetings), and patient case discussions between various professionals from our hospital and those in the patient's community that ensure continuity of care.

Each of us has been touched by technological developments in the field of communications over the years, and it is not surprising that this technology is now making new ways of practising medicine possible. The College of Physicians of Quebec stated that "telemedicine could profoundly change medical practice and the organization of health care offered to the population," and the Shriners Hospital is right there on the cutting edge of these exciting initiatives.



In Montreal, Dr. François Fassier and Nathalie Thauvette consult with a patient in Thunder Bay, Ontario.

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- Clinical research on Botox
- A Valentine from the Greek community

Clostridium difficile... at the Shriners?

Gayla Dial Dionne

"C diff.", or C. difficile as it is often called, has been increasingly present in the media and is certainly a growing problem in our hospitals.

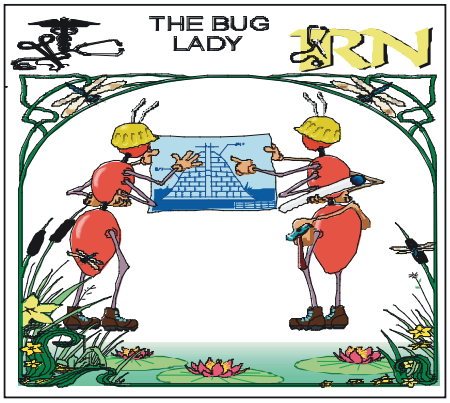
In Quebec, where a more virulent strain was noted, specialists began to study the transmission of this illness to better prevent outbreaks and treat the patients who get it. Guidelines have been published, and Quebec is one of the first jurisdictions to maintain statistics on the activity of this disease in all provincial hospitals.

C. difficile is a spore forming bacteria. In its spore form, it is very resistant to the cleaning methods typically used in hospital settings. It can persist for long periods unless proper disinfection techniques are used.

Changes in a person's normal bowel environment, caused by such things as antibiotics, can allow the C. difficile bacteria to overgrow and begin secreting a toxin (poison) that induces symptoms that include severe diarrhea and colitis, possibly even leading to death. C. difficile is very infectious. It can be spread by people who have the illness or from contaminated environmental surfaces where it can survive for days or weeks.

About 5% of the adult population carries the bacteria in their gut without symptoms of illness. This number is much higher in the young paediatric population, where the active disease is more rare. The symptoms of C. difficile infection are seen more frequently in adolescents than in young children, and the resulting illness is especially problematic in the elderly. It is the most important cause of nosocomial (health care related) diarrhea in adults. Even after appropriate treatment with antibiotics against this illness, relapse may occur and the patient may require additional evaluation and treatment.

In the hospital setting, a person with C. difficile is usually placed in "contact isolation." This practice alerts everyone entering the room to use specific protective clothing (such as gloves and long-sleeved gowns) to help prevent its spread. The bacteria can spread very easily in hospital settings. Special attention is paid to hand washing, as this is the most effective preventive practice. It is important to note that the use of popular alcohol-based rinses is less effective in preventing the transmission of this type of bacteria. Infection control personnel have recommended the use of a diluted bleach solution for cleaning hospitals, since the disinfectants normally used do not kill the spore form. At the Shriners Hospital for Children in Montreal, we are very fortunate to never have had transmission of C. difficile among our patients, and this is thanks to the team effort by our staff, visitors and patients, combined with appropriate education for maintaining healthy hospital hygiene.



Remember that in your own community as in hospitals, the most important practice for preventing infection is proper hand washing.

Additional information is available on the following Web sites:

- http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2004/04-209-01A.pdf
- http://www.phac-aspc.gc.ca/c-difficile/index.html#skipfirst
- http://www.cdc.gov/ncidod/dhqp/id_CdiffFAQ_general.html

Dr. François Fassier, Chief of staff, sharing his singing and musical talent with some kids on Valentine's Day.

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Standing Up for Michael

Karl Stensson

What is the connexion between a young, severely handicapped boy from Jamaica, Shriners Hospital in Montreal and an Ontario-based company?

Sheridan Nurseries is Canada's largest nursery and garden centre group, with 10 stores and 1,500 acres of growing farms located in Georgetown, Ontario. My family has been involved in this business since its inception. Each year, our nursery brings in 80 "off shore" agricultural workers from Jamaica and Mexico through a government program. Ron Campbell is one such worker who started in 1973 and has faithfully returned for eight months each year for the last 34 years.

Over the years, Ron became part of the family, endearing himself to everyone he came in contact with. We knew that Ron had put three of his children and two nephews through school all the way through college (school is pay-as-you-go after grade 4 in Jamaica) and supported his family in Jamaica.

Two years ago, my cousin Bill Stensson went to Jamaica on holiday and visited Ron at his home. Bill returned and asked us if we knew that Ron had a handicapped son. We did not. When we asked Ron, he acknowledged this and told us Michael's story.

Karl Stensson (Senior VP of Retail Operations, Sheridan Nurseries), Michael Campbell and Valerie Stensson on their visit in November 2006.

Michael had a difficult birth and was subsequently diagnosed with scoliosis. Costs were extremely high and medical expertise in Jamaica was limited. Ron and his wife Margaret tried unsuccessfully to get help for Michael in Kingston Jamaica. A cousin in Canada tried on their behalf with the Hospital for Sick Children in Toronto and was turned down. They were directed to the Shriners Hospital in Montreal.

It is now been a year since Michael and Margaret flew to Montreal. He has had four major surgeries, including the extension of the tendons in his legs, a shunt to drain fluid in his head and spine and major back surgery. Michael is now walking and his spine has been corrected from a 79° curvature to a 20° angle.

Michael is a determined and courageous young man with a bright future. From the many stories we hear, Michael has won over the hearts of many of the staff at Shriners. Some have said of him that "he is the most determined child we have seen" and "he is my hero."

We are proud of Michael and especially proud of our fundraising efforts. While my wife, Valerie, took on the logistics and communications for Michael's care, I took on the coordination of the fundraising. We developed the "Stand up for Michael" campaign. Our staff met the challenge in many remarkable ways, and they have raised $121,000 so far. To date, we have spent $101,000 on medical and living expenses. Shriners Hospital has donated recovery stays in the hospital, rehabilitation physiotherapy for the year, custom braces, travel to and from the hospital for therapy and a HUGE amount of love and support for Michael.

When Valerie and I visited the hospital in November 2006, we were literally blown away by the kindness shown to us. Without exception, everyone at Shriners spent time with us and genuinely cared about Michael, their jobs and the Shriners Hospital. We learned all about applying casts, smelled the great cookies made in Le Parc, and even saw the "secret drawer" in the records department.

When Michael goes home to Jamaica in a couple of months, we are flying him and his mother through Toronto so they can meet all the people who have made this fundraising effort a success.

We are truly thankful for what has been accomplished, and I would like to sincerely thank everyone for "standing up" for Michael. You have ALL made a difference.

December 2006

February 2007

March 2007

On the Journey Toward Independence

Joanne Ruck

Adolescence is a period when all teens are slowly adapting to their new bodies, emotions and responsibilities. Teens with physical disabilities face even greater challenges during this time of preparing for adult life. The Shriners Hospitals are known their role in assisting and fostering adolescents and their families in achieving the independence and autonomy required for a productive, participative life in society.

The transition program at the Canadian Shriners Hospital in Montreal, which was initiated in 1999, has grown over the years. In all, 185 teens ranging in age from 14 to 21 have benefited from this interdisciplinary and coordinated approach to patient care.

At 14 years of age, the teen and their family meet with the transition coordinator to identify their concerns, such as community resources, sexuality and intimacy, fitness, adult health care providers, vocation and higher knowledge, driving evaluations, and independant living. The transition coordinator ensures that the adolescent meets with professionals from each discipline to address these issues.

Team members include occupational therapists, a nutritionist, nurses, social workers and physiotherapists. Referrals to the community are made as necessary. The adolescent's transition plan is reviewed approximately once a year until they are discharged (between 18 and 21 years of age).

Pediatric hospitals, particularly the Shriners Hospitals, are known for their mothering and protective environments. The transfer to adult health care facilities is intimidating for these physically challenged patients and they are often very apprehensive. In order to smooth the way for this transfer, we host information seminars and hold individualized inter-establishment transition conferences for some clienteles.

Physicians from the adult health care system, who have agreed to follow these adolescents when they are between 18 and 21 years of age, meet the teens during the transition process either on a group or individual basis. An official link has been established with the Montreal General Hospital for patients with osteogenesis imperfecta. A second link, called the Spina Bifida Continuum, facilitates the transfer for all medical and rehabilitation care to the Constance Lethbridge Rehabilitation Centre and Montreal General Hospital.

> **"I thought tonight was amazing. It's great that people are trying to make us more active. It was just great meeting new people and getting out for change."**

The Transition Committee has developed resource binders of pertinent transition information from across Canada, including adult health care providers, independent living centers, vocational rehabilitation programs, community resources, leisure fitness centers and technical aid departments. This up-to-date information assists us in ensuring a seamless transfer for our out-of-town and out-of-province patients.

For that purpose, the Shriners Hospital for Children has also been hosting social events for teens and their friends. At first, the events were held at the hospital, and over the past year, the parties have been held at other wheelchair accessible venues.

To broaden our horizon, our most recent wheelchair sports event was held in collaboration with the Mackay Rehabilitation Centre. Teens and their friends as well as volunteers from a church group all played wheelchair soccer and basketball. We look forward to our next outing at a local multifunction entertainment center. We have observed that the teens are becoming more at ease socializing together in the community.

We Care So We Share

Linda Chipp

The CN/MC was created in 2003 based on the principles that health care professionals share a passion for patient care despite their different scopes of practice and that working together facilitates creativity in a dynamic and synergistic fashion. The council represents occupational therapists (OT), physiotherapists (PT), social workers, radiology technicians, respiratory therapists, child life educators, and nurses. The role of the council is to oversee the practice of these professions and to make recommendations for improving the hospital's administration. The multidisciplinary nature of the council is vital in facilitating communication and collaboration among professionals and departments. In the past, for example, the council organized a journal club where staff came together to read and discuss current articles from the scientific literature.

With this in mind, the council's theme for the next two years is "enhancing interdisciplinary collaboration." The theme was introduced on January 31 at the year's first lunchtime conference with a presentation about interprofessional practice by Susan Takahashi, Clinical Nurse Specialist. Susan described the importance for members of the health care team to communicate and work together effectively in order to provide our patients with the best possible care. This includes understanding and respecting each other's roles, learning how to problem solve, and coming together to set common goals centred on the wishes and needs of the patient and their family. She described the Interprofessional Education Program, a pilot project offered at our hospital in May 2006, through which nursing, PT and OT students were given a chance to learn and work together as a team.

Clinical Research – Botox for Orthopaedic Use

Kathleen Montpetit

How can Botox, the popular anti-wrinkle drug of cosmetic fame, alleviate post-operative pain and improve quality of life for children undergoing limb lengthening or orthopedic correction?

A multi-centre study funded by the Clinical Outcomes Studies Advisory Board (COSAB) that is usually known as the BOLLD study, examines this question.

Dr. Reggie Hamdy is the principal investigator and the Shriners Hospital in Montreal is the lead site.

Botox is a muscle-relaxing agent that reduces rigidity or spasms. Over the past 10 years, Botox has been used successfully to treat spasticity in children with cerebral palsy.

The goals of the study are to determine if Botox (Botulinum Toxin Type A) will reduce pain, improve quality of life and help children return to full activity sooner.

The BOLLD study started in 2004 as a pilot study involving mainly the Montreal and Honolulu Shriners Hospitals. The pilot study of 50 participants is now near completion. Due to the success of the pilot, excellent collaboration across sites, preliminary results indicating positive trends for Botox and a strong team, COSAB awarded the BOLLD study group over $200,000 annually to complete a full study with 150 participants over three or four years.

The BOLLD study group now includes six hospitals: Shriners Hospitals in Montreal, Honolulu, Philadelphia and Portland, Alfred I. duPont Hospital for Children in Delaware, and Toronto's Hospital for Sick Children.

In February 2007, 16 people representing these sites met in San Diego, California. The multidisciplinary team from Montreal includes Dr. Reggie Hamdy, Kathleen Montpetit, Mario Rinaldi, Susan Takahashi and Joanne Ruck-Gibis. The group spent a full day reviewing the pilot study results and standardizing the procedures for the full study.

This study is unique and deserving of recognition not only because it is one of the few studies in orthopaedics with randomized and double blinded clinical trial design, but also because of the unique teamwork among orthopaedics, nursing, physiotherapy and occupational therapy that it involves.

St. Patrick's Day Parade in Montreal on March 18: lots of fun for the small and the big kids!

The Way We Train Our People

Nathalie Dulude

At the Shriners Hospital, one of our goals is to provide education of physicians and other health care professionals. In doing so, every Shriners Hospital uses the Shriners Hospitals International Network for Education (SHINE). This system wide program consists of a computer-based learning management system administered by the Shriners Hospitals' head office.

Using this system, employees can access courses or read articles on topics of interest. Following any training course, the system allows PowerPoint presentations to remain posted if needed so other employees can consult them at a later time.

As the program is available on any computer in the hospital network, employees are able to follow courses at any time, 24 hours a day. This a great opportunity for them to manage their own learning schedules. Another great aspect of this program is that it allows managers to track and monitor their employees' participation in mandatory or optional courses.

Shriners Hospitals International Network for Education

Considering that every Shriners Hospital has different educational needs, each one of them is responsible for operating part of its own system. For this reason, they are able to:

- display their own educational content
- advertise new courses
- post articles of interest
- assist staff and managers in using the system
- track and manage educational needs
- do online surveys
- provide training to new staff.

The SHINE system is not only user-friendly; it is also an efficient and cost-effective way of training the Montreal Hospital's staff.

Hockey Lifts Our Kids' Spirits

Guylaine Ouellet

Dear Alex Kovalev,

Thank you for giving us hockey tickets while we were at the Shriners Hospital. We appreciated it very much. It kept our minds off surgeries and appointments.

Thank you for giving me a hat, key chain and Montreal Canadiens pennant. It was my first NHL game ever. I'm from Kelwood, Manitoba, with a population of about 70 people. I'm a huge hockey fan. I go to my local rink daily. It works as my physiotherapy. I have 20 of your cards and 1,567 cards in all. You always put on a good game for your fans. You're an amazing player.

Thank you very much for everything.
We appreciate it.

Dustin Grudeski

Dustin Grudeski in May 2005.

Thank you so much for the tickets to the Montreal Canadiens hockey game on January 9, 2007. Thanks to the Shriners Hospital for thinking of us, and to Alex Kovalev for putting smiles on the children's faces. I know Dustin wanted to be at the arena by 3:00 p.m., and game time was 7:30 p.m.

You have helped to relieve some of the stress that the children and parents face. For a little while, we forget our problems and the kids had fun.

Thank you also to the waiter in the suite who made us very comfortable with food, drinks and a tour. We appreciate it.

I am happy to say that Dustin is playing hockey this year. He loves every minute of it.

My thanks to Alex Kovalev for giving Dustin a dream to play hockey, and to the Shriners Hospital for being there for us and giving us a chance so that dreams may come true.

Yours truly,
Brenda Grudeski (Dustin's mom)
Kelwood, Manitoba

Guillaume Jalbert-Deshais, age 16, Montreal (Quebec), Spencer Randell, age 6, St-John (New Brunswick), Margot Vignal-Garcia and twin sister, Anik, age 8, Montreal (Quebec), and Dustin Grudeski, age 12, Kelwood (Manitoba) in January 2007.

Tony Burke, age 17, Pasadena (New Foundland), Nicholas MacPhail, age 10, Cornwall (P-E-I), William Boshkaykin, age 9, Thunder Bay (Ontario) in February 2007.

These kids had the privilege of attending a hockey game in the luxury suite of number 27, Right Wing for the Montreal Canadiens, Alexei Kovalev.

This year, Alexei Kovalev has taken over the rental of the suite from former Canadiens goalie, Jose Theodore, who had opened his personal luxury suite a few years ago to pediatric hospitals in the Montreal area.

The children are treated like kings and queens for the evening, leaving the arena with bags full of all sorts of goodies and, of course, a dream come true!

Thank you Alexei Kovalev for your big heart and we wish you all the best for the play-offs.

A Big Valentine from Montreal's Greek Community

Guylaine Ouellet

Co-Chair Christina Antoniou, Co-Chair and AHEPA President George Vassilas, Daughters President Asimina Georgaras, Honourary Chairperson Jim Constatacos (President Constant America), Daughters District Governor Penny Daminakos, AHEPA Canada President Frank Antoniou, John Mavridis (Newhouse Legal Council), Chairman of Shriners Hospital Gary Morrison, Daughters Canadian President Eleni Inglis, AHEPA District Governor Emmanuel Revelakis, Consul General of Greece Maria Karnoutsou, John Evdokias (President Vis A Vis Investment), Helen Tyros (VP TD Bank), Tony Loffreda (VP RBC), Mary Deros (City Councillor)

Montreal AHEPA (American Hellenic Educational Progressive Association) Family showed its heart while raising $35,000 for the Shriners Hospital during its 8th Annual Valentine's Fundraising Ball on February 10, 2007.

To date, AHEPA has donated $126,000 to the Shriners Hospital as part of its $250,000 pledge to support the school facilities in a new Canadian Shriners Hospital in Montreal

"By extending a helping hand to our neighbours in the greater Montreal community, the AHEPA Family's goal is to perform a philanthropic act rooted in Hellenic ideals and values," said George Vassilas, Chapter President of AHEPA Mount Royal Chapter and co-chair of the event.

"We share with AHEPA a compassion for the children and families we serve and a mutual passion for improving their lives. As part of our family-centred environment, we focus on a multitude of factors beyond their medical needs, including their ongoing education, another vision we share with AHEPA," said Gary Morrison, Chairman of the Board of Directors for the Shriners Hospital.

AHEPA is the largest and oldest Greek-American association in the world, with 523 chapters in the United States, Canada, Greece and Cyprus, and sister chapters in Australia and New Zealand. AHEPA was established in Canada in 1928, and now includes chapters in 14 cities with approximately 2,000 members in the AHEPA Family. AHEPA Canada promotes a mutual understanding of Greek and Canadian cultures, and encourages members to participate in the civic and philanthropic activities of their communities and country. In Canada, the organization donates more than $300,000 a year toward education and charities at the local, national and international levels.

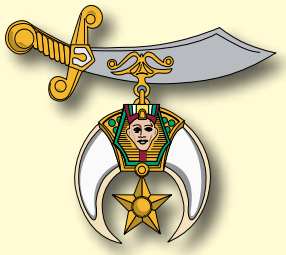
The mission of the AHEPA Family is to promote the ideals of Hellenism, education, philanthropy, civic responsibility and family and individual excellence. The AHEPA Family consists of four organizations: AHEPA, Daughters of Penelope, Sons of Pericles, and Maids of Athena.

Max Flies Us Home

Guylaine Ouellet

Since April 1998, Max Aviation, a charter aircraft Quebec company, has flown more than 150 children home following treatment at the Montreal Shriners Hospital. These children need special attention during the trip and their stretcher takes a space of three seats on the six-seat plane. Some of the kids have to travel for up to eight hours, lying on their back, with one parent at their side. Thanks

go out to the Shrine Centers, who take care of the high travel costs, and to Nancy Lemay, Vice-President of Chartering at family-owned Max Aviation, who, for the second consecutive year, arrived with her daughter to present a cheque for $4,000 to Sharon Brissette, Interim Administrator, and Audra Smith coordinator, Transport and Accommodation at the Hospital.



The Shriners fraternity is known for its Crescent, or "Jewel of the Order." Carrying on the Near East theme, the emblem is composed of the claws of a tiger, united in the middle with the head of a sphinx. On the back of the emblem are a pyramid, urn and star. Additionally, the emblem bears the motto "Robur et Furor," which means "Strength and Fury." The Crescent hangs from a scimitar, while a five-pointed star dangles from the sphinx.
The scimitar stands for the backbone of the fraternity, its members. The two claws are for the Shriners fraternity and its philanthropy, Shriners Hospitals for Children. The sphinx is representative of the governing body of the Shriners, while the star hanging beneath it represents the thousands of children helped by the philanthropy every year.

The purchase of a videoconferencing system in December 2006 for the Shriners Hospital for Children in Montreal was made possible by fundraising activities organized by the Mazol Shriners that brought in $22,000.

Shriners Corner

The Mazol Shriners – St. John's

William W. Smith

Mazol Shriners are spread out over a vast land mass called Newfoundland and Labrador. We are small in number, with only 560 Shriners, but what we lack in numbers, we make up for in spirit. Even Mazol, the Arabic name of our Shrine Center, means isolation. So, the choice of this name when we received our charter 25 years ago was likely no accident.

We are starting a very busy and historic year. As already mentioned, we will be celebrating our 25th anniversary as well as hosting the Northeast Shrine Association field days in September 2007. We receive calls every day from people inquiring about rooms and schedules. A very dedicated group of Nobles has the plans well in hand, and judging from the early response, the event promises a great time for one and all. It is the perfect opportunity to come and visit our fair province and spend some time with us in St. John's. By checking your history books, you will quickly discover that St. John's is the oldest city in North America. There are many historic sites to visit and a wealth of unique scenery and culture to discover. Our province has a rugged beauty that leaves a life-long impression. Newfoundlanders are noted for their down-to-earth friendliness and generosity. Everyone remembers the tragic events of 9/11 when numerous planes were diverted to our province, and hundreds of stranded passengers were taken into our homes and whatever other accommodations could be found until the immediate crisis was over.

The generosity of our people is evident in our constant efforts as Shriners to raise large sums of money. These funds are used to transport our patients along with one parent each to our hospital in Montreal, where they receive the best possible care. It is a constant challenge to come up with new fundraising ideas.

We have a tremendous relationship with the hospital staff in Montreal. We certainly appreciate the efforts of the volunteer drivers who wear their Red Fez to meet the children and their parents at the airport. For a great number of our patients, this is their birth flight, and the friendly greeting upon arrival alleviates the stress of the trip. We are so proud to be part of this great system of caring for our clients.

The Rameses Shriners – Toronto

Robert S. Whitmarsh

As Potentate of Rameses Shriners, I am proud of many things, but none more so than the total effort our Nobles put forth for the children in our care.

At present, we have over 700 kids receiving treatment at our Montreal Hospital. All the services we provide are free of charge and our reward is seeing the child walk out of the hospital in much better shape than when they came to us.

Rameses is one of 12 Shrine Temples in Canada and is the largest, with a membership of 4,733 Nobles. Our charter was granted in 1888. There are now almost 20,000 Shriners in Canada, with almost half of this total in the province of Ontario alone. Mocha Temple, whose charter was granted in 1908, contributes to this number with a current membership of 3,572 Nobles, as does our third Temple, Tunis, chartered in 1976, with a current membership of 881 Nobles.

In 2006, Rameses Shriners and our friends gave well in excess of one million dollars to our Montreal Hospital. In addition, we gave $23,000 to our Boston Hospital and $10,000 to our Erie Hospital. We provided $15,000 for a special child's electric wheelchair and a further $37,000 to the Botox Clinic in Sudbury so that the children in this area id not have to travel to Montreal for their treatment.

Rameses Shriners are a hard working dedicated group of noble gentlemen whose only purpose is to give some of their good fortune back to those less fortunate. Our Clubs and Units work extremely hard on our charitable fundraising projects and in 2006 a new idea, at least for us, was born. A gala event runs by two separate Clubs generated a huge sum of money all of which went directly to patient care and research.

Our hope is that 2007 will be even better, so rest easy. You are not alone, for while you sleep, our Nobles are dreaming up bigger and better ways to raise the funds our kids will need to give them an equal chance in life with all children, and so long as there's a need, we will be there for them.