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LOCAL NEWS

Bredesen offers school funding reform plan | **B1**

THE COMMERCIAL APPEAL

167TH YEAR | TUESDAY, MAY 1, 2007

AIRLINES

Pinnacle lands Delta flights | **C1**

SMOKY BLUES

These cigars pay royalties | **M1**

Not ready to give up



Pediatric neurosurgery puts an overwhelming strain on its practitioners. "Some of what we do is horrible," said Dr. Robert Sanford (left).



Gabriel Valladee, 11, has been fighting cancer since he was a baby. After doctors in Arizona exhausted their options, his mother, Estella Gomez, searched the Web for a doctor to take the case. She e-mailed 10; two responded. A week later, she and Gabriel flew to Memphis, where he had his seventh brain surgery.

Neurosurgery program lures patients with glimmer of hope

Story by **MARY POWERS**

Photography by **KAREN PULFER FOCHT**

IT'S JUST AN HOUR before surgery when the boy in Room 5607 is finally asked something interesting.

"Robin needs to be his own man," explains Gabriel Valladee, in response to a question about Batman's sidekick.

At age 11, Gabriel knows Batman. His room back home in the Phoenix-area is a shrine to the Caped Crusader. In comparison, sixth grade or even talking basketball is boring.

To Estella Gomez, Batman is a fitting hero for Gabe, because there's something almost superhuman about her oldest son's survival.

He was diagnosed with a malignant brain tumor shortly after his first birthday.

Doctors warned he probably wouldn't live long enough to start kindergarten.

The tumor was wrapped around his brain stem.

The last best
HOPE
Le Bonheur brain surgery program

Removing it, they cautioned, might leave him paralyzed.

That didn't happen, but the six earlier procedures have damaged his hearing and left him weak and unsteady on his left side.

He was once dependent on a feeding tube for eight years. He'd sit with the family at meal time, chew his food, then spit it out.

Estella still hopes for a cure. Doctors talk about giving him more

time.

Gabriel's presence on 5 South, the 20-bed Le Bonheur unit reserved for neurosurgery patients, is a sign of how the Internet has revolutionized patient care and helped make Le Bonheur Children's Medical Center home to the nation's busiest pediatric brain tumor surgery program.

The week of March 5, Gabriel was the third of four patients whose brain tumors were removed by surgical teams led by Dr. Frederick Boop or Dr. Robert A. Sanford. That's roughly the number of brain tumor surgeries an average children's hospital does in a month.

A year earlier, Gabriel's doctors at Phoenix Children's Hospital told Estella her son's brain tumor had returned and they had exhausted their options.

She went home, Googled "ependymoma" and spent a few days

*Please see **HOPE, A4***

IN THIS SERIES

LAST OF THREE PARTS

SUNDAY: Uncertainty and hope surround Anna, 2. Dr. Boop doesn't know what kind of tumor has grown in her frontal lobe, but he and his team will remove it.

MONDAY: Leia is no stranger to surgery. At age 8, this is her third operation on a malignant tumor that keeps growing back.

TODAY: Gabriel, 11, is battling the same cancerous tumor that first threatened his life after his first birthday. This time he's in Dr. Sanford's skilled hands, but the surgery is extremely risky.

ON THE WEB: View a photo slide show and watch an AppealTV segment on the series at commercialappeal.com.

MLGW gets bill for Lee lawyer

Deal avoids approval by board, City Council

By **TREVOR AARONSON** AND **MICHAEL ERSKINE**

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As City Council members called for his resignation in late March, MLGW president and CEO Joseph Lee III quietly struck a deal to have his personal legal bills paid for by ratepayers.

Documents obtained by The Commercial Appeal show Odell Horton Jr., vice president and general counsel for Memphis Light, Gas and Water Division, provided Lee with an attorney engagement letter. It authorized Lee to hire Robert Spence at the public utility's expense to represent him during an ongoing federal investigation of possible malfeasance at MLGW under Lee's leadership.

Spence has so far billed MLGW \$61,698.50.

The FBI is investigating why MLGW staff allowed City Councilman Edmund Ford to amass more than \$16,000 in

*Please see **LEE, A7***

Vehicle may have hit limo

Police probe weekend crash that killed four

By **WILLIAM C. BAYNE**
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The limousine in which four people were killed in a traffic accident Saturday morning may have collided with another vehicle before going off Interstate 55.

DeSoto County Coroner Jeffrey

INSIDE

Victims: G'town family was on a birthday trip.

A3

Pounders said Monday there appeared to be wheel and tire marks on the limousine, lending credence to speculation that another vehicle struck the limo before it crashed.

A Mississippi Highway Patrol spokesman said, however, that nothing had changed as far as having any knowledge of a collision with another vehicle.

The limousine, from Gold Strike Casino in Tunica, left I-55 between I-69 and the Nesbit Road exit early Saturday, short-

*Please see **LIMO, A3***



A warm one

High should hit 86, with partly sunny skies.

DETAILS, D6

IN TODAY'S NEWSPAPER

Trial a study in terrorism — and chilling alienation

Evidence of al-Qaida links: Five men are sentenced to life for plotting to stage a wave of attacks against fellow Britons that included fertilizer bombs, poisoned beer. | **A12**

At loss for words: Some emotional moments as cancer-stricken White House Press Secretary Tony Snow returns to duty after a month gone. | **A2**

To 'cause havoc': Police say a Kansas City mall shooter who killed two before being shot had a plan after he was rejected for a private security license. | **A3**

High-speed help: The Supreme Court backs officers in road chases, ruling against a Georgia teen left paralyzed after his car was run off the road. | **A8**

'Severe failure': In extraordinarily strong terms, a government panel blasts Israeli Prime Minister Ehud Olmert over the war in Lebanon. | **A9**

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A B C D



A complete index to today's newspaper appears on page A2



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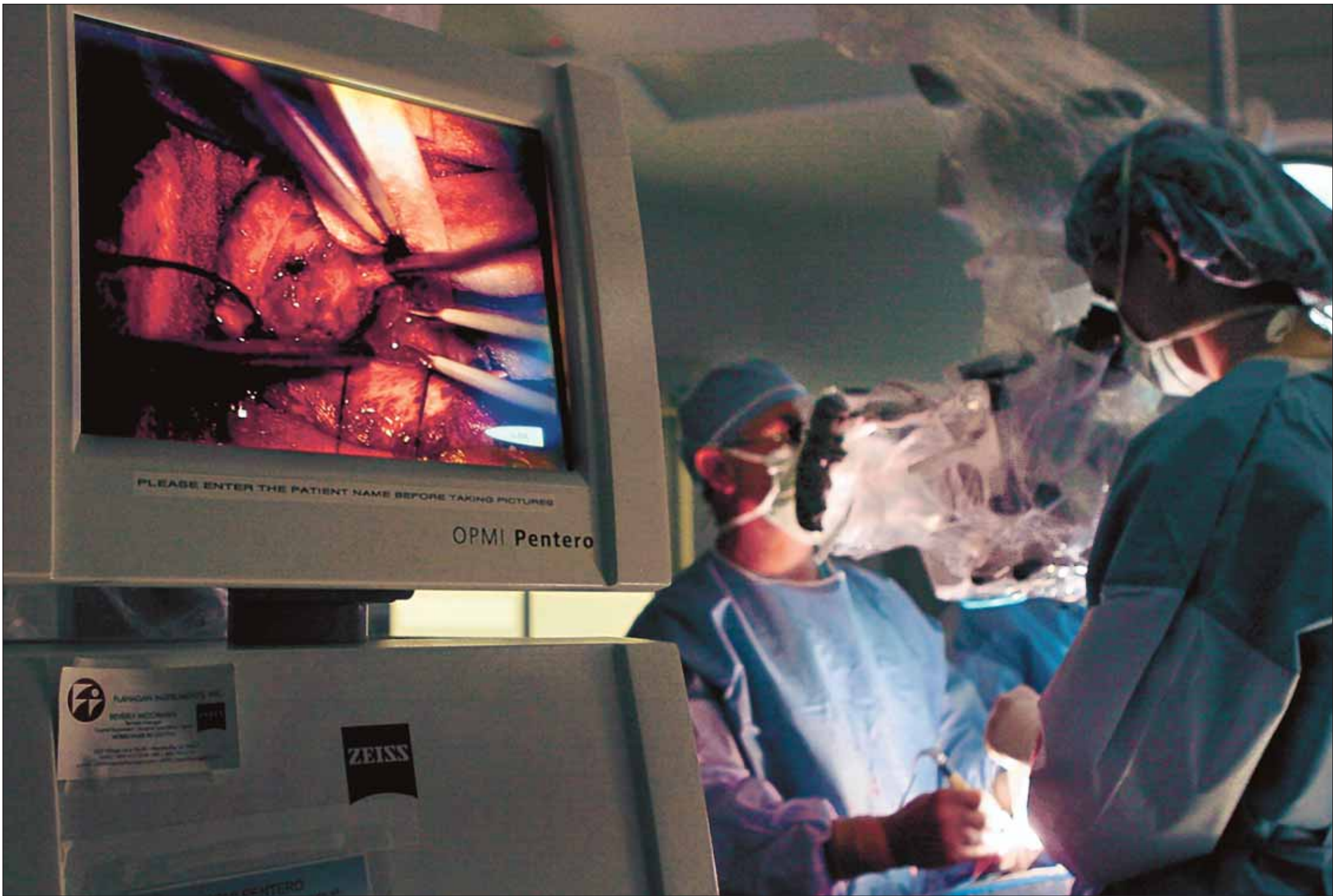
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THE LAST BEST HOPE | LE BONHEUR BRAIN SURGERY PROGRAM

“I like to see the brain surgery,” says surgical tech student Vincent Holmes, watching through a window. Each year more brain surgeries are done at Le Bonheur as the program becomes better known throughout the country.



A vice-like device holds a patient's head in place while the surgeon performs the extremely precise procedures for the brain tumor program that is collaboration between St. Jude Children's Hospital and Le Bonheur.



Photos by Karen Pulfer Focht/The Commercial Appeal

Technology has revolutionized neurosurgery, making it safer. The overall cure rate for young brain tumor patients is now 60 to 65 percent. For certain tumors, it is as high as 80 percent.

National reputation grows

HOPE, *continued from AXXX*

sorting through thousands of hits. She eventually e-mailed doctors at 10 U.S. children's hospitals describing her son's medical history and asking for help.

Two wrote back.

A week later she and Gabriel flew to Memphis to meet with doctors at St. Jude Children's Research Hospital. The brain tumor program is a collaboration between the two children's hospitals.

Once or twice a week Boop hears from desperate parents.

"A lot of them just need encouragement their local doctor has told them the right thing," he said. For those who have been told the tumor is inoperable, he'll offer to review the brain scans.

The program started in 1985 in the spirit of St. Jude, which treats children regardless of their ability to pay. The surgeons still go to great lengths to be helpful.

Last year parents flew to Memphis from Britain and Germany to meet with Sanford. Doctors back home had judged both tumors inoperable. Both found Sanford through colleagues at St. Jude.

Sanford wound up taking one father to dinner and then giving him a ride to the airport.

He eventually operated successfully on both children.

At 9 a.m., 8-year-old Leia Fraley climbs into a wheelchair for the trip down to radiology on the ground floor.

Leia spent Wednesday morning in the same operating room where Gabriel is headed. That's where Boop removed the ependymoma growing into her frontal lobe.

It was her third brain surgery, but the first time she and her mother were so far from their Clintwood, Va., home.

When she's feeling well, Leia loves doing arts and crafts. When she's not, she turns shy and very, very quiet.

This morning she's still just whispering to her mother. "Her head's starting to hurt," explains Deanna Fraley, her mother.

Now she's scheduled to undergo an MRI. The question is: Did Boop get it all?

Parents may want a pediatrician who is warm and cuddly. But they want a neurosurgeon they can trust with a drill.

Confidence is one thing young doctors are supposed to learn during their eight years of neurosurgery training. But the pressure doesn't diminish. The key is learning to cope.

These days Sanford is like a college scout, always on the lookout for talent, always trying to recruit doctors to the relatively small and demanding field.

Earlier this year, he attended a weekend symposium in Memphis for 25 doctors nearing the end of their neurosurgery training. He tried to woo some into pediatrics.

The week of Gabriel's surgery, two Florida State University students who are aspiring doctors are spending spring break as volunteers at Le Bonheur. Sanford does a sales job that a car dealer could appreciate.

"I look for confidence in what they are doing and what the outcome will be. I want them to think of Gabriel as their child. I want them to have a heart."

ESTELLA GOMEZ
Said about her son's surgeons

But when Sanford's oldest daughter expressed an interest in the specialty, he talked her out of it.

"Her family is very important to her. It is hard to be a pediatric neurosurgeon and be a good mother," he says. "You take all the patients home with you, especially at first. It's hard to be in the moment for your own children."

It's a skill that took him some time to learn. Sanford is the father of three adult children, as well as daughters ages 14 and 10 from his second marriage.

"With my second family, I'm a much better father."

His oldest daughter is now an obstetrician gynecologist.

Even Boop's father, who helped establish the University of Arkansas's neurosurgery department, tried to steer him into a different specialty. He told his son there were easier ways to earn a living.

For some, the emotional toll of treating young brain tumor patients who aren't going to survive is too great.

Sanford's eyes well up when he tells the story of a young doctor he was trying to interest in a career as a pediatric neurosurgeon. Sanford offered to save him a spot in the training program.

In response, the doctor told him about leaving the hospital several weeks earlier when he saw a woman standing outside in the rain holding a baby. He spoke to her and asked if she needed help. She

told him her child had a brain tumor and would not leave the hospital. "I just wanted her to feel the rain on her face," she explained.

"I can't do that," the younger doctor told Sanford.

Sanford admits that "some of what we do is horrible." But he is enthusiastic this morning.

Overnight, Dr. Marike Zwienenberg-Lee, the pediatric neurosurgery fellow, performed emergency surgery to remove a blood clot from a child's brain. This morning the 37-year-old helped Sanford with a second surgery on a teenager with a potentially deadly tangle of blood vessels growing in her brain.

"I can see it is not for everyone," he says. "But look at what she did last night and this morning. It was one important thing after another."

"It is a good way to live."

Sanford's belief in routines means that on days he is scheduled to operate he always rises at 5:15 a.m. Breakfast is always cereal. He always skips coffee. Then he makes the drive to the hospital from his Collierville home.

Gabriel is his second scheduled surgery on March 8 and, partly because of scar tissue, could be the week's most difficult.

By 11:30 a.m., the anesthesiologist has put Gabriel under. He is lying on his stomach and almost invisible beneath the blue surgical drapes. His head is positioned out and slightly down, exposing the back of his head and neck. The black hair around the scar from previous surgeries already has been shaved away.

Sanford straps a head lamp in place on his own forehead and steps to the

Please see **HOPE**, A22

Hope is the thing with feathers, that perches in the soul, and sings the tune without words, and never stops at all. — EMILY DICKINSON

THE LAST BEST HOPE | LE BONHEUR BRAIN SURGERY PROGRAM



As Gabriel is taken to surgery, it's an emotional time for little sister Penelope Mendoza, held by her grandmother Anna Blanco. Several relatives have traveled to be here for his operation.



Photos by Karen Pulfer Focht/The Commercial Appeal

Dr. Frederick Boop works long hours each week, often having his sleep interrupted when he is on call. It is not uncommon to be called in the night for emergency surgery, and then follow that with a full day that includes rounds with his patients and pre-scheduled surgery. A single operation can take as long as 20 hours.

HOPE, continued from AXXXX

operating table. At 11:32 a.m. he says “incision” and they begin.

Today he’s operating with Dr. Jody Helms, a doctor in his third year of neurosurgery training. The pair are nearly surrounded by tables holding trays of instruments, anesthesia equipment and the surgical microscope.

There’s no music in Sanford’s OR, but there is conversation.

“The first order of business on a re-do is to find out what the (other) surgeon put back. There are often holes in the bone” or even absorbent gel left behind, he explains. Pressing the scar above the spinal cord, Sanford tells Helms, “This is like concrete here.”

He has warned Gabriel’s family the procedure might last six or seven hours. “That’s a chip shot,” Sanford says later of the relatively short time. In his career,

there have been a half dozen cases, including one in April in which he and a colleague operated for 20 hours, woke the patient, took a 24-hour break, and then finished the procedure. “Twenty hours is about my limit,” he says.

Today it takes only three.

The tumor comes off the brain stem and blood vessel nicely. But he can’t get a pinkie-sized bit that’s grown into the skull through a membrane.

■

Sanford grew up poor during the Depression, the son of a farm manager. He was on an engineering track in college when he decided to study the mind and go into medicine. Lacking the patience for psychiatry or neurology, he chose neurosurgery.

“There is not a month that goes by I don’t learn something new,” says Sanford. His professional toolbox

includes the ability to think critically about a patient’s case, remain flexible and know when to stop.

Boop, he says, is better at organization. Sanford credits him with building the program.

At age 65, Sanford is beginning to think about retirement. He still puts in about 60 hours and is on call two nights a week.

Yet when Dr. Stephanie Einhaus, another pediatric neurosurgeon and one of his partners, offers to take a couple of his Friday cases, Sanford declines, even though he’d like to get out early. His son is in town for the first time in three months.

“What I should say is yes,” he says.

“But if you develop a rapport with a family, you really can’t pass the patient off to a partner. If you get a complication, the family just doesn’t understand. And, we (neurosurgeons) have such a high litigation rate.

“I neglected him all through his growing up, so he’s used to it,” Sanford says regretfully of his son. “We don’t have very good balance.”

■

Estella is sleeping in Gabriel’s room with the curtains drawn when Sanford knocks on the door after surgery. The grandparents have taken Gabriel’s brother and sister outside to play.

“We’re all done,” Sanford says, as she sits up, rubbing her eyes and smoothing her hair.

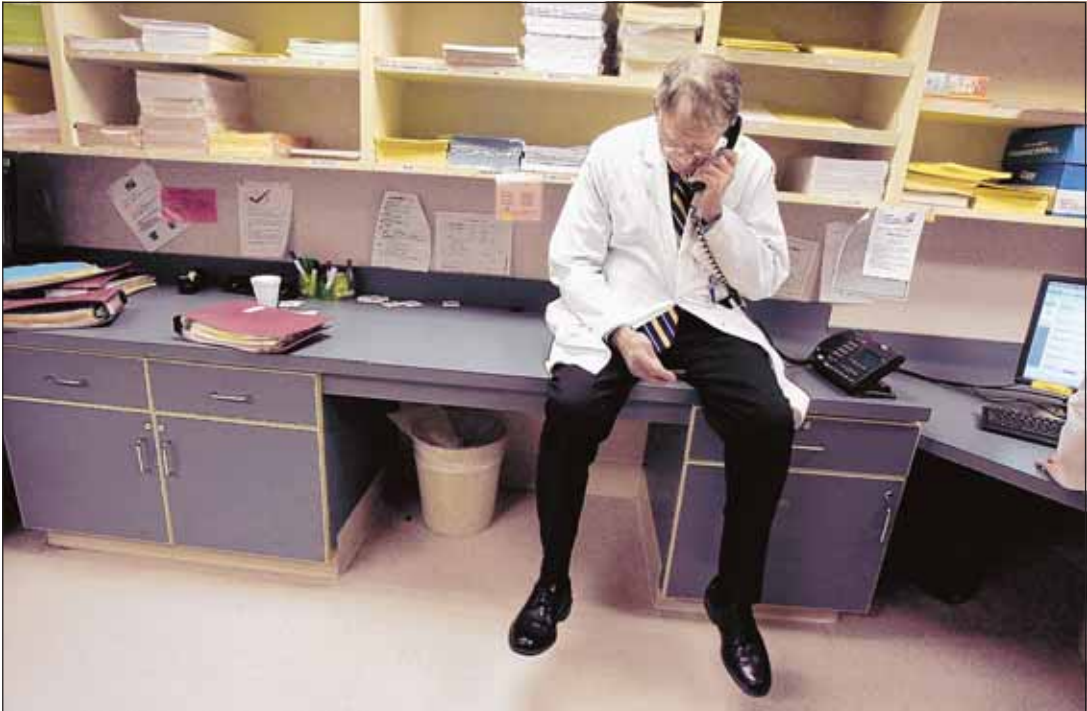
“Everything went well,” he continues, ticking off the complications he thinks Gabriel has been spared.

Then he mentions the piece of tumor left behind.

“Another surgery?” she asks.

Possibly, he tells her. “But let’s get him over this one.”

Please see **HOPE, A23**



Often Le Bonheur is the last stop for patients whose doctors have told them there is nothing more that they can do. The team including Drs. Sanford and Boop, offer them a ray of hope. But at age 65, Sanford is beginning to think about retirement.

Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all. – DALE CARNEGIE

POST-SURGERY UPDATES

Three families move forward



Photos by Karen Pulfer Focht/The Commercial Appeal
Anna Ives enjoys lunch with her friends while at her day care last week. With little trace of her surgery, she plays and acts like the other 2-year-olds in her class, happy again.

LEIA FRALEY

Leia Fraley is back in Virginia playing Barbies with her sisters.
Her recovery from the March 7 brain tumor surgery has been gradual.
She spent the second week of April hospitalized in Virginia battling pneumonia.
It took a few weeks to find medicines to ease the side effects of her chemotherapy. The experimental drug she’s taking to combat a cancerous tumor gave her a stomach ache.
But feeling and control have returned to her right foot and ankle. Leia’s tumor was growing close to the motor strip, the cells in her brain that help control movement. Two earlier surgeries had left her wobbly, her right side weaker than her left. She awoke from the third even worse.
“It kind of freaked me out,” Deanna Fraley,

Leia’s mother, says. But Dr. Boop believed those symptoms would ease along with swelling inside her brain. Time proved him right.
There’s been more good news. The latest MRI showed no evidence of a brain tumor.
Leia’s already returned to St. Jude twice from her Clintwood, Va., home. The trips are to adjust her chemotherapy and do tests to check for cancer or other problems.
At the end of her most recent visit, Leia was seated in the St. Jude lobby gluing a bead “nose” on the finger puppet she was making. Her surgical scar was disappearing beneath her dark hair.
For the first time in months, she’d wanted to play on the hospital’s playground. And, when she smiled, she revealed front teeth nearly in place. But she still wasn’t talking much.



After a bout of pneumonia and some foot and ankle problems, Leia Fraley (on a recent St. Jude visit with mom Deanna) is doing better. Her latest MRI shows no trace of a tumor.

ANNA IVES

Anna Ives and her mother were playing at a Cooper-Young neighborhood park when the call with the pathology report came.
Two weeks earlier Dr. Boop removed a brain tumor growing into the 2-year-old’s frontal lobes.
When Amy Ives looked up to see her husband and mother-in-law pull up in separate cars she thought, “Either the news is really good or really bad.”
It was really good.
Testing at both Le Bonheur and St. Jude showed the tumor was a benign meningioma. It wasn’t cancer. It is a rare tumor in a child, arising from cells in one of the protective layers covering the brain. No other treatment was recommended.
Anna has returned to day care. Her surgical scar has disappeared almost completely beneath her hair. Her eyes still sometimes roll toward the back of her head. That’s what sent her parents to the doctor looking for answers last fall.
Anna will see Boop regularly during the next five years.
In the next 12 months, she’ll have four brain scans to check for signs of the tumor’s return.
Fifteen percent of meningiomas grow back. But Boop cautioned against focusing on statistics, particularly involving a tumor rarely seen in children.
“So,” Amy says, “We have to find a place to shelve the anxiety and go on with life.”



Gabriel Valladee, losing hair from chemotherapy, turned 12 a week after his successful surgery and is now home in Arizona.



GABRIEL VALLADEE

Gabriel Valladee is headed back to school this week for the first time in almost two months.
He celebrated his 12th birthday in Memphis shortly after undergoing his seventh brain tumor surgery March 8. Eleven days later, he and his mother flew home to Buckeye, Ariz.
He’s due back at St. Jude next week for another round of chemotherapy and a brain scan to see if his experimental treatment is still working to keep the brakes on the tiny piece of tumor the surgeons couldn’t reach.
“All he knows is to go into the hospital and then come back out,” says Estella Gomez, his mother. He was first diagnosed just after his first birthday.
This time he was home less than three weeks before he was diagnosed with meningitis and hospitalized again.
Even when he’s not facing a new health crisis, his life is punctuated by regular trips to Memphis. His current schedule has Gabriel and Estella flying from Phoenix to Memphis about every three weeks for chemotherapy.
The drug has cost him most of his hair and sapped his energy, but Estella says he still has managed to build a 1,000-piece LEGO Bat Mobile.
A LEGO Bat Cave is next.
“He’s in good spirits,” she says. “He’s just so happy to be home.”
Meanwhile, Estella’s thinking ahead. If this latest St. Jude drug doesn’t work, she already has talked to researchers at Cedars-Sinai Medical Center in Los Angeles about an experimental treatment there.
“I do research every couple of months. You always want to keep a look out for chances.”

Success brings thrills; but pain of failure haunts families, staff

HOPE, continued from AXXXX

over this one.”
“Can I give you a hug?” she asks, reaching up. As he leans in, he tells her: “We aren’t out of the woods yet.”
■
In Leia’s room around the corner, the push is on to get her to drink orange juice and eat a banana. Her potassium level is low, leaving her weak and vulnerable to heart complications.
Deanna Fraley is more concerned about the morning’s brain scan. There was an unexpected spot. Deanna worries it is a tumor.
She knows successful treatment is closely tied to removing even microscopic pieces to stop, or at least delay, the cancer’s return.
She is also worried because Leia can’t move her right foot or wiggle her toes. The tumor was growing dangerously close

to the brain cells that control movement.
“It will get better,” says Tracy Tidwell, the nurse practitioner for Le Bonheur’s brain tumor program.
“But it’s never happened before,” Deanna says.
“It will come back. She’ll do good,” Tidwell says again and then turns to Leia. “You know I love you. Right here in my heart.”
Leia gives her a smile.
■
On Friday morning, Boop leans against the wall near the entrance to 5 South and says it’s been a pretty good week.
Leia and Deanna are back at the Ronald McDonald House. Boop says the previous day’s scan showed scar tissue, not tumor. Although Leia left the hospital using a walker and wearing an ankle brace, he expects her walking will improve as brain swelling eases.
Gabriel is back in his room. “His head

and neck hurt a lot,” Estella says, but she’s almost giddy with relief. “He looks really good. His eyes are open. He’s not all attached to wires.”
“Last night he was asking me how the surgery went. He told me he loved me three times. That shows me he understands and can still think.”
Shortly before lunch, Estella and her fiancé, Eric Mendoza, will get out of the hospital for the first time since Wednesday for some air and a quick shower. Eric sat up all night next to Gabriel’s bed in the recovery ward.
“I don’t look in the future,” Estella explains before she leaves.
“Right now it’s in God’s hands.”
When Gabriel asks, that’s what she tells him.
■
The overall cure rate for young brain tumor patients is now 60 to 65 percent. For certain tumors, it is as high as 80 percent.
On 5 South, Le Bonheur’s neurosciences unit, the staff emphasizes the positive. “We win more than we lose,” says Tidwell.
Former patients often stop by with their parents to show off their progress. Others send photos. Boop and Sanford talk about getting graduation and

wedding announcements from patients they’ve watched grow up.
But not everyone’s cured.
Some days that means Boop hugs his own kids a bit tighter.
“The ones who break your heart are the ones who you thought would do well,” he says.
Some weeks Tidwell says a quick little prayer: “God, we need to have some good news today.”
Like Estella, Sanford believes his patients are destined for a better life in a better place.
“The problem for children is they are leaving their parents. It is horrible for their parents.”
Sanford tells the story of a conversation between his longtime nurse, who was devastated when she lost her own child to cancer, and a patient’s father, whose words reflect Sanford’s own feelings.
“We had a patient from Chile. He was bringing his child in, his second child with a tumor. He was going to die from the tumor. My nurse asked him, ‘How do you deal with this?’
“He told her: ‘God gives us children to be with us for a period of time. If we are lucky, it is a long period of time. It is not mine to decide how long they will be with me.’”

— Mary Powers: 529-2383

Even now I am full of hope, but the end lies in God. – PINDAR