Driscoll Children’s Hospital has always been to offer hope and healing in an environment of trust, compassion and care. Recent events along our South Texas border have caused me to reflect on the broader role of our mission for the children and families of South Texas as well as for all children who find themselves in our region, regardless of their legal status.

The dramatic influx of children through our borders has created many challenges, not only in how to meet their basic needs of food and shelter, but in how their health care needs are addressed while they are here. There is not one easy answer to this complex situation; however, understanding our fiduciary responsibility in a situation that calls for a humanitarian response is a delicate balance. Driscoll is working collaboratively with many local leaders and organizations to care for these children in the most compassionate and effective way possible.

While our capital projects like the opening of our Driscoll Children’s Valley Dialysis Center in McAllen and the current expansion/renovation of our Emergency Department are visual signs of our increased presence and services in South Texas, the real test of our ability to fulfill our mission extends beyond our physical walls. To this end, we have created a way for providers through our Driscoll Health Plan to volunteer their professional services to children at the mobile clinic in McAllen.

While there is still much to be done to alleviate the current crisis on our border, we at Driscoll Children’s Hospital will continue to reach out to the communities we serve and discover new ways to fulfill our mission in South Texas.
A Message from
The Driscoll Development Foundation
Board President

As I reflect on the all of the years I have been a volunteer, I am so thankful for Driscoll Children’s Hospital, the gem in our own backyards. Those who have been here know what an amazing place it is and how lucky we are to have it. Those that have not been here, let me just tell you, it is one of a kind. Driscoll’s Children Hospital is truly an asset to the quality of life in our community. It plays a critical role in providing extensive primary care to a large number of the children in South Texas, a community commitment that is central to its mission. Not just a single healthcare facility, it is a network of clinics that helps to ensure a healthy infrastructure for the children in this region. I have also discovered it to be a place that many people call home, a professional home that is. The tenure of the many employees I spoke with ranging for more than 20, 30 to even 40 years of service.

From the nurses to the doctors, to the techs and to the desk staff, everyone goes above and beyond to make your child happy and healthy. And as a parent there is nothing more you could ask for. We would never be able to afford to build a children’s hospital in our community today. So let’s nurture Driscoll’s Children Hospital, our crown jewel, one dollar at a time.

Having been involved with Driscoll Children’s Hospital’s fundraising efforts and serving on the Foundation board for several years, I have experienced first-hand the passion and tremendous impact individuals in the non-profit world have when working toward specific goals and outcomes. Serving in this role as president is indeed an honor to represent and advocate for this outstanding children’s hospital that I have come to know and appreciate.

Wes Hoskins | President
Driscoll Children’s Hospital Development Foundation Board
It’s a fact. 75% of wounds at Driscoll Children’s Hospital today are treated at some point with Manuka Honey, a honey made from the nectar of the Manuka tea tree, a plant found only in New Zealand and Australia. “It used to be,” explains Roxana Reyna BSN, RNC-NIC, WCC, Driscoll Children’s Hospital Skin Wound Care Specialist, “when all else fails, try honey on a wound that would not heal.

Now,” she smiles, “it is instead one of the first treatments we use for wound care at Driscoll.”

“We have been treating wounds at Driscoll with honey since 2007,” says Oscar Solis, Driscoll wound-care coordinator. “Driscoll was the first pediatric hospital in the nation to use honey as a wound treatment, and we have found it to be very successful.” But the use of honey as a natural healing agent is nothing new. In fact, it is one of the oldest forms of medicine: its use traces back to ancient Egyptian days, and also was used in World War II, but its current broad use has only come back around recently.

“I first learned about the use of honey at a conference,” recalls Reyna, “and then I wanted to try it here.

“It initially took some time to get everyone on board to use honey as a treatment,” explains Reyna. “The shift happened here in a specific case of a patient’s wound that would not heal. I convinced a physician to give it a try, and it worked. Now,” smiles Reyna who recently won a national—MakerNurse Award for her wound care innovations—“honey is among the first treatments requested. We often use honey as a preventative, so wounds don’t have a chance to get to an extreme stage.”
Manuka Honey actually is used to treat hundreds of wounds, including cancer patient wounds, dialysis and hemodialysis wounds, catheter exit sites, MRSA wounds, leg ulcers, skin grafts, surgical wounds, burns, acne, eczema and ring worm. The high sugar content of honey makes it almost an inert substance which in turn makes it unavailable for the growth of bacteria.

“When antibiotics are used in wound treatment,” explains Reyna, “they kill all of the bacteria. Manuka honey does not. It only affects the bad bacteria. The sugar content of the honey also pulls out the fluid in the tissue, as a result we see less swelling in the wound. It aids in the growth of healthy tissue and healing; plus the honey only cleans out the necrotic, non-viable tissue and leaves everything else intact. And with the honey,” adds Reyna, “we only have to change a wound dressing every three to five days, which is good for the patient and cuts down on medical costs.”

“We used to use honey in 40 to 50 percent of our cases,” explains Solis. “But now that usage has jumped from 75 to 80 percent. And a lot of that has to do with Roxana because she has been such a proponent of it, and for good reason. In fact,” he smiles, “she is known around Driscoll as ‘The Honey Queen.’ ” Interestingly, Manuka honey comes in a variety of forms including adhesive and non-adhesive dressings—some of which are actually in honey-comb strips as well as gel, and a paste.

They also share that even though you can’t buy Manuka honey off the shelf, it is purchasable online. So besides using honey for major wound care at Driscoll, they agree that it’s not a bad idea to have a bit of Manuka honey on hand at home for minor scrapes, cuts or burns, as it has certainly been proven—one more time—that the Egyptians got it right. There is no doubt that the use of honey for healing is definitely back.

**MakerNurse – In the White House to Show Off Their Creations**

Driscoll Children’s Hospital nurse Roxana Reyna was at the White House recently for the White House Maker Faire. President Barack Obama and his staff invited innovators—what the White House calls “Makers”—from across the country for a visit to show off their creations.

Reyna, who is a skin and wound care specialist, is part of the MakerNurse program at Driscoll Children’s Hospital, which is just one of five hospitals and the only children’s hospital to be chosen as a MakerNurse Expedition site. The MakerNurse Initiative is an effort led by the Little Devices Lab at Massachusetts Institute of Technology with support from the Robert Wood Johnson Foundation to honor the inventive spirit of nurses across America. When leaders from the Little Devices Lab visited Driscoll Children’s Hospital, they saw Reyna’s creativity when she rolled up a blanket and held it together with tape to create positioning devices to better serve her patients in the Neonatal Intensive Care Unit. She also found different ways to use wound dressings—usually made for adults—on pediatric patients.
On a Thursday morning in February a year ago, Mayra Manos who was five months pregnant at the time, went to have a sonogram. No big deal, really. It was all part of her plan. She would be flying out to Indiana the next day to say goodbye to her husband who was to be deployed to Afghanistan in a week-and-a-half, and her family would be taking care of her 2-year-old son Aden while she was away. Everything was set and ready to go. But that plan never happened. Mayra never got on that plane and she never made it to Indiana to say goodbye.
I had decided I wanted to have a sonogram of the baby before I left for Indiana,” explains Mayra, “that way I would have pictures to give my husband Ryan to take with him to Afghanistan. I knew those pictures would keep him going while he was there. On that Thursday, my mom went with me for the sonogram. All was fine, and going well, “until the doctor began actually doing the sonogram.

“His face, I noticed, suddenly went from smiling to very serious. I started asking him what was wrong, and he wouldn’t say, but I knew, just from his face, everything was definitely not OK.

“Then all of a sudden he stopped,” recalls Mayra, taking a moment herself to pull a Kleenex from her purse as her eyes fill, and she becomes overwhelmed with the memory, “and then he said, ‘Your baby is dying inside of you.’

“I was in total shock and asked, what do you mean? What’s wrong? He said, ‘Your baby has very little blood in his body; his heart is three times the size it should be. At 5 months his heart should be the size of a grape. His is the size of an orange. He has fluid in his lungs and around his heart, and his heart is pumping very fast and it could stop at any time.’

“I couldn’t even talk. I couldn’t respond; I didn’t know what to say. He said that I needed to go see my obstetrician immediately. We left his office and I called my husband,” and she paused pulling out another tissue as she did her best to collect herself and keep her emotions in check, “and I had this knot in my throat and for 10 minutes I just sat there on the phone with him. I couldn’t say a word.”

“I just waited,” Ryan Manos recalls soberly, “until she could talk. Then she told me what was going on, and I asked her to send me the pictures and I would call the doctor.”

A month prior to this sonogram Mayra had tested positive for Fifths Disease virus, a mild childhood illness caused by the human parvovirus B19 that causes flu-like symptoms and a rash. It is called Fifth Disease because it was fifth on a list of common childhood illnesses that are accompanied by a rash, including measles, rubella or German measles, scarlet fever (or scarlatina), and scarlatinella, a variant of scarlet fever. Even though it is a mild childhood illness, it can cause significant problems for unborn babies exposed to the disease through the mother.

When Mayra’s obstetrician got the news, and saw the sonogram photos, he didn’t waste any time; the next morning Mayra was on her way from the Rio Grande Valley to Driscoll Children’s Hospital. There, she would be placed under the care of Driscoll’s maternal fetal specialist group, a group of four, highly-specialized physicians of which there are only 1,200 nationwide.

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For Mayra, it was unbelievable that on that Friday, instead of getting on a plane to see her husband off to fight for his country she was on the highway driving from Brownsville to Corpus Christi, her baby was fighting for his life and her husband was on a plane from Indiana to Corpus Christi. And once she arrived at the hospital, the situation became even more surreal.

“When I arrived at the hospital” explains Mayra, “they told me that my baby did not have enough blood in his body, and he was going to need an intrauterine blood transfusion. In fact, he was going to need two transfusions, and the first one would be done today.”

“When we first saw Mayra,” explains, Ryan Loftin, MD, maternal fetal specialist, “her baby was very sick, and as sick as he was, that meant the risk of intervention was greatly increased. It was a dire situation, and we needed to prepare for an emergency delivery. The transfusion procedure had to be performed for her baby to even have a chance, but the risks were very great as well. And it was important for us to share that with Mayra.”

“They were very honest with me,” recalls Mayra. “They said, ‘There are no guarantees that he will survive. But if we don’t do this procedure, we do know that he will not make it, as he is in complete heart and liver failure.’”

“What happens with Fifths Disease,” explains Dr. Loftin, “is that the baby does not produce red blood cells. It shuts down red blood cell production completely. Because there are no red blood cells being produced, the baby becomes anemic. The heart has to pump harder and faster and eventually the heart goes into failure and fluid builds up in the abdomen and the heart. That condition is termed fetal hydrops. That is exactly where Mayra’s baby was prior to the intervention procedure.”

At that point, everyone knew there was nothing else to do, but go forward with the procedure in spite of the risk.

“That day, we transfused the equivalent of one ounce of blood into the baby,” explains Dr. Loftin. “We did not know how he would react, so we were in the operating room, ready for delivery. There are dire consequences if you overwhelm the heart and the heart fails. Then we have a baby that we have to deliver that not only is very ill, but he has so much fluid in the lungs, they can’t inflate. The survival rate of a child, even with excellent care in this situation is only one to two percent. But,” he says nodding and smiling, “we all believe that miracles can and do happen.”

The first transfusion was successfully accomplished in the operating room. And then when Mayra woke up in her room, she had another gift waiting for her; her husband, Ryan, was right there beside her.

“I thought I must be dreaming,” Mayra smiles, “but when I woke up in my room, there he was, and then I realized that he had actually been with me in the operating room. I had not been dreaming after all.”
Now all Mayra and Ryan could do was wait until the next day to see how their baby would do, and if he could handle the next necessary transfusion.

“We gave their baby a smaller transfusion the first day,” explains Dr. Loftin, “to address the anemia and to see how his body would react. The entire blood volume of a baby at this point is 79 – 90 milliliters or two-and-a-half to three ounces. So we gave him about an ounce of blood the first day.”

Fortunately for the Manos family and their baby, all went well overnight, and the next day the second procedure was set to take place.

“We transfused the remaining blood the next day,” explains John Visintine, M.D., maternal fetal specialist. “In Mayra’s case, the baby’s heart function improved quickly after the transfusion. We replaced his entire blood volume, and his condition began to improve dramatically.

“It is a rare case that requires intervention. But we have seven clinic locations throughout South Texas—Victoria, Harlingen, Edinburg, McAllen, Laredo and two in Corpus Christi—and we do handle at least five or six fetal interventions a month as compared to most big fetal intervention centers that only do five or six of these types of procedures a year.

“In the majority of cases, babies do make a turn around and improve,” adds Dr. Visintine. “We know we can’t always fix everything, but he smiles, “we are always cautiously optimistic and we have an expectation of a good outcome.”

“But,” explains Dr. Loftin, “we couldn’t do what we do here without all of the sub-specialty groups at Driscoll, from surgery, radiology, neuro-surgery, pulmonology to cardiology. We work together to create opportunities for babies like Mayra’s to survive and be born. We are always hopeful.”

In Mayra Mano’s case, while there were no guarantees, everything seemed to be hopeful. Mayra and the baby were on the road to recovery. Ryan, who had been given leave to stay with his family for five days in Corpus Christi, was on his way once again to Indiana and Mayra’s dad was on the way to take her back home. But true to form for Mayra, that plan didn’t happen either.

On the day that Mayra was to be released and head home, she began bleeding and leaking amniotic fluid. Needless to say, Mayra did not go home that day, instead she stayed in the hospital under the care of Driscoll’s maternal fetal specialists for another full month.

“At six-and-a-half months, I got to go home,” she smiles. “They told me I would be monitored carefully and I was on complete bed rest, but everything was looking positive and the baby’s survival chances were looking good.”

However, even though all was heading in the right direction, there was still some doubt and uncertainty concerning the baby’s condition once he was born.

“They still couldn’t tell me if he would be OK, or if he would have any issues,” recalls Mayra, “like developmental delays or brain damage. We just wouldn’t know until he was born.”

On May 16 that did happen. At 38 weeks, Julian Manos was born weighing 6lbs and 7 oz., with no brain damage, no disabilities and no developmental delays.

“We couldn’t believe it,” recalls Mayra still a bit incredulous. “We really didn’t know what condition Julian would be in when he was born. He was a little jaundiced because of all his liver had gone through, but that, was all everything else looked great.”

At that moment, as if on cue, leaving no doubt that he had come through with flying colors, 18-month-old Julian, followed by his big brother Aden, comes bounding in the room shouting, “Mama, Mama, look, at what I have,” proudly showing Mayra his new toy. And once he shows her, just as quickly, he runs over to Ryan, saying, “Dada Dada, look,” as he holds up his prize, and hops easily on his dad’s lap.

“I can’t wait,” Mayra says, smiling as her eyes fill once again, “to tell Julian the story one day, how he survived when no one knew if he would, and how so many people helped him get here. He was given a gift of life. And there is no way this would ever have been possible without Dr. Loftin and their group of doctors at Driscoll.

“Honestly,” Mayra reflects thoughtfully, “I don’t know why Julian is here, why he made it, or what his purpose will be in life. But,” she smiles, looking at her husband and then back at their young son playing and laughing with his brother as they run full-tilt out of the room once again, “God knows why he is here, and,” she nods, “that is what matters most of all.”
Miracles are Celebrated
30th Annual

$2.8 million

Thanks to YOU the 2014 Children’s Miracle Network Telethon was a record-breaking, miracle-making success for Driscoll Children’s Hospital.

More than $2.8 million was raised during the 2014 fundraising year. The total was announced during the 30th annual Children’s Miracle Network Telethon held May 31 and June 1. In addition, $100,000 was raised through phone pledges during the Telethon that will be used to support programs, services and equipment that benefit Driscoll Children’s Hospital.
Brownsville Auxiliary Giving Back

Donation for Playscapes for the Harlingen and Brownsville Clinics

$3,306.00 RAISED!

Front row (L-R) Rosie Infante, Guadalupe Nieto, Suzy Spencer, Adelina Garza, Katie Salinas, Nora Garza
Back row (L-R), Rich Garcia, Shirley Muenzel, Gloria Ayala, Margie Rodriguez, Elizabeth Hernandez, Nicho Garza

Brownsville Auxiliary Christmas in July

$16,635.50 RAISED!

McAllen Auxiliary Giving Back

$4,000.00 RAISED!

Front Row (L-R) Gloria Martinez, Oralia Rodriguez, Becky Guerra, Aida Escobar
Back Row (L-R) Ellen Carruthers, Kimberly Ortega, Gilda Guzman, Carmen Jackson, Sonia Chapa, Sally Moron, Betty Korthaus, Zeke Perez, LaHuan Guthrie
We are pleased to announce the hiring of LaHuan Guthrie as our new Rio Grande Valley Development and Volunteer Coordinator. LaHuan comes to us from the Ronald McDonald House Charities in the Rio Grande Valley where she was the Development Manager. She has 15 years of experience in client development, fundraising, project management, advertising and marketing.

LaHuan will be coordinating all fundraising events such as South Texas Cattlemen’s Roundup in Rio Grande City and Edinburg, as well as promoting Children’s Miracle Network’s campaigns and directing all other special events. She will be recruiting and supervising volunteers in the Rio Grande Valley clinics, assisting in the coordination of media coverage for fundraising events, managing development-related tours and open house events in the Valley Clinics and responding to public information requests.

“Driscoll Children’s Hospital recently had a ribbon-cutting ceremony for the new Driscoll Children’s Valley Dialysis Center. Driscoll Children’s Valley Dialysis Center is a dedicated, state-of-the-art, 4,155-square foot clinic that includes four dialysis stations. Board-certified pediatric nephrologists and a board-certified pediatric surgeon who performs kidney transplants will combine with dedicated pediatric dialysis nurses, dietitians, social workers and office staff to provide the same hands-on, personal care that patients are used to receiving at Driscoll Children’s Hospital in Corpus Christi. Driscoll Children’s Valley Dialysis Center complements other pediatric kidney care services provided at this location. It is the area’s first world-class pediatric kidney care center and serves the cities of McAllen, Edinburg, Mission and Weslaco, as well as the lower Valley cities of Harlingen, San Benito, Brownsville and all the cities in between.

There is currently a service area of approximately 1.5 million people, with about 10-15 pediatric patients per million annually diagnosed with end-stage renal disease,” said Samhar I. Al-Akash, MD, pediatric nephrologist and Medical Director of Driscoll Children’s Hospital’s Kidney Center and Renal Transplant Program. “These patients need high-quality, specialized care, and thanks to our well-established and very successful dialysis and renal transplant programs, they no longer have to travel as far or live away from home in order to receive appropriate care.”

Driscoll Children’s Hospital began offering nephrology services in 1999, dialysis services in 2004 and performed the first transplant of any kind, in an adult or child, in South Texas in 2007. Today, Driscoll remains the only pediatric transplant program in South Texas and has performed 75 pediatric kidney transplants.
Stripes® and Laredo Taco Company®

Exceed $1 Million Fundraising Goal

Stripes® and Laredo Taco Company® are proud of their customers and employees for surpassing their goal of raising $1 million for Children’s Miracle Network Hospitals during their 10th annual Miracle Balloon icon campaign from March 31 to April 27. Stripes Stores raised a total of $1,177,804.27 in more than 580 store locations, which will flow directly to 13 member children’s hospitals throughout Texas, Oklahoma and New Mexico.

“What an honor it is to present more than $1.1 million to Children’s Miracle Network Hospitals,” said Sam L. Susser, Chairman of the Board of Directors and Chief Executive Officer of Susser Holdings Corporation (parent company of Stripes LLC), at a check presentation ceremony to representatives from CMNH. “Together, with the support of our generous customers and our passionate team members, we surpassed our highest expectations. The grand total of this campaign will impact 13 different pediatric hospitals in our Stripes communities and they will be able to offer more hope and healing for many children. They are the true Miracle Makers.”

As with all Children’s Miracle Network Hospitals fundraisers, dollars generated from Stripes in-store campaigns stay local to benefit sick and injured kids in the community in which funds were raised. These funds help create miracles by funding medical care, research and education that saves and improves the lives of millions of children treated at Children’s Miracle Network Hospitals each year.

“We are so thankful for Stripes Convenience Stores for another record-breaking fundraising year,” said John Lauck, president and CEO of Children’s Miracle Network Hospitals. “Funds generated through these annual campaigns provide life-saving care and needed treatments for 13 of our member children’s hospitals. These donations are vital for hospitals to continue to provide the best possible medical care for sick and injured kids.”

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Photos of the check presentation ceremony where representatives from Stripes and Children’s Miracle Network Hospitals gather.
**South Texas Cattlemen’s RoundUp**

The South Texas Cattlemen’s RoundUp is well on its way to exceeding last year’s $200,000 grand total. Thanks to Lyssy and Eckel Feed and Seed, the many local 4-H clubs, FFA Chapter, County Extension agents, farmers and ranchers, local companies and the communities that make this event so successful.

**Driscoll cancer patients enjoy annual fishing tournament**

The Chemo Kids Fish Off is an annual excursion that allows cancer and blood disorders patients at Driscoll Children’s Hospital to take their minds off treatment and enjoy a morning of fishing. Approximately, 50 children rode in boats that were driven by fishing guides who donated their time to fish with the children at Driscoll Children’s Hospital. After fishing, trophies were awarded to the children in various categories.
This year, nine very talented artists will have their artwork featured on holiday cards that are for sale now through December 31st. Besides Corpus Christi, this year’s artists come from other areas such as Edinburg, Brownsville and Ingleside.

Each pack of 18 unique cards sells for $14 and 100 percent of the proceeds go toward the Marcia K. Wilcox Scholarship Fund, a program designed to send Driscoll cancer patients to college. Last year, this exciting project raised over $25,000.

Each design can be ordered in bulk quantity. Custom corporate printed messages are also available for bulk orders.

For more information on our Holiday Card Project, please contact Kathy Kramer 361.694.4797 or email her at Kathryn.Kramer@dchstx.org

Sponsors

CLK Architects  •  The Wilcox Family  •  Navy Army Community Credit Union  •  Rabalais I&E Constructors
Coastal Community and Teacher Credit Union  •  Hearts and Bunnies Benefit  •  Nueces Electric Cooperative Inc.

Cancer survivors earn scholarship from Driscoll Christmas Cards

Andrew Laury and Denali Huff each received the scholarship, which is named after a devoted Driscoll Children’s Hospital volunteer and is given to students who are former or current Driscoll Oncology patients.
What better legacy can there be than to provide healing for future generations? Gift planning is a way for you to personally help advance pediatric healthcare and achieve your retirement and estate planning goals at the same time. Make Driscoll Children’s Hospital a part of your legacy by including a gift of any size in your will or living trust.

A charitable bequest involves giving through a will, and it is the most common method of planned giving. Driscoll Children’s Hospital will work with you and your attorney and/or financial advisor to develop a flexible bequest plan that could provide you with tax incentives, while creating a lasting legacy that demonstrates your generosity.

Our staff can help you develop a giving plan that is as specific or as general as you prefer. Your gift plan will be tailored to meet your financial situation and your vision for the health and well-being of our community’s children—now and for years to come. For more information, call 361-694-6405.

Marc Beeson
This Illinois native and 20 year Nashville veteran has had more than 100 cuts including songs recorded by Reba McEntire, Jason Aldean, Kenny Rogers, Martina McBride, Peter Cetera, Diamond Rio, Billy Currington, LeAnn Rimes, Lady Antebellum, Garth Brooks and Chicago, among others.

Allen Shamblin
Allen Shamblin was born in Tennessee and grew up in Huffman, Texas. In 1989, it was Randy Travis’ #1 version of “He Walked On Water,” which brought Allen to the forefront of the songwriting community seemingly overnight. Allen also has co-authored two children’s books (Don’t Laugh At Me and A Chance To Shine). Don’t Laugh At Me has been translated into several languages and is being used by teachers throughout the United States and other parts of the world as an aid against bullying.

Victoria Shaw
This Nashville-based, New York-born triple threat has either written or produced some of music’s most memorable tunes and performed on the world’s biggest stages. Her compositions include six #1 hits for superstar Garth Brooks (“The River” and “She’s Every Woman” among them), Ricky Martin and Christina Aguilera’s multi-format smash “Nobody Wants to be Lonely” and John Michael Montgomery’s “I Love The Way You Love Me,” which won an Academy of Country Music Award as Song of the Year.

Singer Songwriter Showcase
Thursday, October 2, 2014
Harbor Playhouse
Doors open 7 pm
Concert 8 pm

Singer Songwriters

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Save the Date

9th Annual Singer Songwriter Showcase
Thursday, October 2, 2014

19th Annual Golf Classic
Friday, October 3, 2014

Six Points Kiwanis Club Apple Sale
Saturday, October 25, 2014