2013 STATE OF THE INSTITUTE REPORT

CHILDRESS INSTITUTE® *for* Pediatric Trauma

“If we save even one child's life, then it's all worth it.”

– Richard Childress

Help us save the lives of injured children.

Nearly 10,000 children die every year from serious injuries — more than all other causes combined. When we found out that traumatic injury was responsible for this many deaths and how little attention this crisis was receiving nationally, we knew we had to get involved.

It can happen to any child, anywhere, at any time, and there is no time to travel long distances to the “best” place for care. If your child doesn’t receive highly trained care immediately, then your family’s life could change forever.

We started the Childress Institute for Pediatric Trauma to find a solution to this problem. We can’t do it alone. We need your help to make an impact and save the lives of critically injured children across America.

Please help us by making a donation, and spread the word about the #1 killer of our kids — pediatric trauma.

Thank you,
Richard and Judy Childress

Richard and Judy Childress

From the Executive Director

J. Wayne Meredith, MD

The Childress Institute for Pediatric Trauma achieved several major milestones to help save the lives of injured children in 2013 with growth spurts in our three core initiatives: funding research, facilitating medical education and raising national awareness specifically about pediatric trauma.

Our first sizable impact was organizing and hosting the Childress Summit of the Pediatric Trauma Society in April, which brought together the nation's leaders in pediatric trauma care. It included health care professionals from Los Angeles to Boston to Florida and many states in between, a huge accomplishment. This group is leading the charge to save the lives of injured children in our nation and we are thrilled to be among their ranks.

We continued the year by seeing some of the research we helped fund gain public recognition. Dr. Joel Stitzel and his team had two papers published in the Annals of Biomedical Engineering for their study on head impacts in children playing football. This accomplishment placed them in the middle of this hot topic in the U.S., including coverage by the New York Times and NFL.com.

We were able to continue providing pediatric trauma-specific education around the world by hosting our second international web symposium and providing nationally-renowned guest speakers for the 4th Annual Wake Forest Baptist Health Brenner Children's Hospital Pediatric Trauma Conference. We also facilitated a training course for health care professionals in Homestead, Fla., with the help of our friends at the NASCAR Foundation.

Our ongoing partnerships with the NASCAR Foundation, Richard Childress Racing and AdvoCare helped us raise national awareness with visits to several well-known children’s hospitals in the U.S. Many of our friends on social media helped spread the word about our work when they saw photos of these visits, which led to the idea of hosting a Twitter chat with several of our pediatric trauma colleagues to discuss #KidsConcussions. You can now find me on Twitter @JWMerediw.

As you will see, we made many new friends this year with our colleagues around the world. Everyone we worked with shares our passion for saving the lives of injured children. We hope you will share our mission with everyone you know so we can continue to make connections and fund our life-saving programs.

Thank you so much for all you do for us throughout the year. Please let us know if you have any feedback or questions. We always appreciate opportunities to grow.

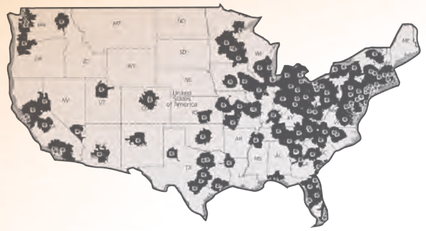
Sincerely,

J. Wayne Meredith, MD
Executive Director

The Facts About **Pediatric Trauma**

Level 1 pediatric trauma centers currently verified by the American College of Surgeons:[4]

42



Federal research dollars spent on:[3]

- $17.00 Cancer
- $7.00 Diabetes
- $4.00 Heart Disease
- $0.18 Childhood Injury

Nonfatal hospitalized injuries result in annual cost of over..[2]

$24 Billion

Traumatic brain injury is a contributing factor to

30.5%

of all injury-related deaths in the U.S.[3]

175,149

Number of injured kids were hospitalized in 2011[2]

Unintentional injuries[1] **6,190**

Child Abuse[1] **3,333**
(homicide and suicide)

51.7%	Motor vehicle
14.8%	Drowning
8.6%	Poisoning
5.3%	Fire/Burn
1.8%	Firearms
1.4%	Falls

1 The most updated numbers reported by Centers for Disease Control and Prevention for injury-related deaths in the U.S. are from 2010. Reports used include 10 Leading Causes of Death, Unintentional Injuries, Intentional Injuries.

2 The most updated numbers reported by the CDC for injuries in the U.S. are from 2011. Reports used include Overall All Injury Causes Nonfatal Injuries, Cost of Injury.

3 National Institutes of Health statistics for research dollars spent.

4 Visit facs.org/trauma/verified for a full list of verified pediatric trauma centers

Setting the Tone for National Collaboration

Pediatric Trauma Specialists Converged to Determine Future Outcomes for Injured Children in U.S.

A major milestone for the Childress Institute this year was a partnership with the Pediatric Trauma Society (PTS) to co-host a national pediatric trauma conference in Winston-Salem, N.C. Held in April, the Childress Summit of the PTS assessed the state of pediatric trauma care in the U.S. and began creating a 10-year plan for best practices in research, treatment and education.

"We will define and close the knowledge gaps in pediatric trauma through research, treatment and education strategies. The summit is unique in the breadth and depth of talent converging to address pediatric trauma," said Dr. J. Wayne Meredith.

Summit attendees included 56 representatives from 18 states representing children's hospitals, trauma centers, research facilities and government agencies across the U.S. including Dr. Valerie Maholmes, chief of the new Pediatric Trauma and Critical Illness Branch of the Eunice Kennedy Shriver National Institute of Child Health and Wellness.

"The membership of PTS includes the leaders in pediatric trauma throughout the country," said Trauma Program Manager of Cincinnati Children's Hospital and immediate past President of PTS Lynn Haas. "Our goal is to leave this summit with a plan to impact the No. 1 killer of children in America. It is up to us to lay out the changes needed and then find the funding sources to make those changes happen. Together, we will save the lives of more critically injured children."

Charting the Course

After the Childress Summit of the PTS, work continued throughout the year. The attendees were split into four groups to determine needs and next steps in the pediatric trauma field for improving treatment. Each group was tasked with writing a manuscript outlining their recommendations, which will be consolidated and edited for final submission to the Journal of Trauma in 2014.

The collaboration will continue with the Pediatric Trauma Society's first annual meeting in Chicago in November 2014, and plans have begun for another Childress Summit in 2015.

Childress Summit aligns diverse interests from across the U.S.

A. *Dr. Maholmes (Washington, D.C.), Dr. Barbara Gaines (Pittsburgh, Pa.) and Dr. Rachel Berger (Pittsburgh, Pa.)*

B. *Dr. Mary Edwards (Honolulu, Hawaii), Dr. Joseph Tepas (Jacksonville, Fla.)*

C. *Dr. Meredith, Kim Burton, DeLana and Kevin Harvick, Max and Tati Papis (N.C.)*

D. *Dr. David Adelson (Phoenix, Ariz.), Dr. David Mooney (Boston, Mass.), Dr. Robert Tasker (Boston, Mass.)*

E. *All attendees of the Childress Summit*

A

B

C

D

E

Research

Making Headway

The Childress Institute helped fund an important study that was recently published in the Annals of Biomedical Engineering and comprised 111 youth football players ages 6 to 18 – the largest ever conducted. Numerous studies in this area have been done on high school and college players, but those findings do not necessarily apply to younger players.

The researchers at the Virginia Tech-Wake Forest University School of Biomedical Engineering and Sciences found that contact in practice, not games, was the most significant variable when the number and force of head impacts incurred over the course of a season were measured. They concluded that less contact during practice could mean a lot less exposure to head injuries for young football players.

"Though more than 70 percent of the football players in the United States are under age 14, there is no clear, scientifically based understanding of the effect of repeated blows to the head in young players," said Steven Rowson, Ph.D., assistant professor at the School of Biomedical Engineering and Sciences and senior author of the study.

Coaching style also had a major influence on factors such as the types of drills used in practice and the plays called in games, which would likely contribute to the differences in the head impact exposure that players experienced, the authors reported.

"It is striking that you can cut head impacts for a player in half just by modifying practice, and it does not seem to change the game," said Alexander Powers, M.D., assistant professor of neurosurgery at Wake Forest Baptist Health and co-author of the study. "This may be very important in kids because their brains are still developing."

The researchers used instrumentation in players' helmets to gather data throughout a season of youth football games and practices. The sensors were installed inside the helmet so that they remained in contact with the head throughout the duration of head impact, allowing for measurement of head acceleration rather than that of the helmet. Data from the sensors were transmitted wirelessly to a computer on the sideline.

The key finding was that substantial differences existed among the three teams for both frequency and intensity of the impacts. For the entire season, players on team A experienced an average of 37 to 46 percent fewer impacts than players on teams B and C.

"We hope that the findings will help improve the safety of youth football through rule changes to limit contact in practices, coach training and equipment design, especially in developing youth-specific helmets to better reduce accelerations from head impacts," Rowson said.

The primary reason for experiencing fewer impacts was that team A had fewer practices during the season than teams B and C. In addition, team A competed in a league that had implemented Pop Warner rule changes, including a limit on contact during practice sessions. Teams B and C had no such restrictions.

"We would ultimately like to understand how these repetitive head impacts may affect the brain over the course of a season, career, or even a lifetime of football so that we can better determine how we can reduce head impact exposure and keep kids safe," said Jillian Urban, a graduate student who participated in the research.

More research and continued funding of this project is necessary to find answers and fully understand the risk to youth players.

Co-authors of the study: Jillian Urban, M.S., Joseph Maldjian, M.D., Christopher Whitlow, M.D., Alexander Powers, M.D., Joel Stitzel, Ph.D., Elizabeth Davenport, B.S., of Wake Forest School of Medicine; Stefan Duma, Ph.D., Steven Rowson, Ph.D., Bryan Cobb, M.S. of Virginia Tech.

CIPT's First National Research Award

In April, the Institute announced the availability of research funds for projects focused on improving treatment for pediatric trauma patients. After a rigorous nine-month selection process, Dr. Frederick Rivara's research project titled Development of the Pediatric Trauma Assessment and Management Database was selected to receive a $75,000 grant based on its overall impact to enhance standard practices in pediatric trauma management. Dr. Rivara is professor of pediatrics at the University of Washington in Seattle.

"The Childress Institute funds research to help health care professionals discover new ways of treating and saving seriously injured children," said Dr. J. Wayne Meredith. "We plan to support research across the United States and share that knowledge to improve care no matter where you live, and Dr. Rivara's project helps achieve that objective."

The goal of Dr. Rivara's project is to help reduce pediatric trauma deaths by developing a unique database created by the linking of two different sets of data on pediatrics trauma patients. His group will test the usefulness of the database by examining the care of critically injured children. Dr. Rivara believes this will lead to the development of appropriate quality of care indicators to assist those treating pediatric trauma patients.

The inaugural National Research Award was announced in April 2013. The process began with interested applicants submitting letters of intent. After the letters were reviewed, full applications were requested and reviewed. The final research project selection was made in December 2013 and funding began January 1, 2014. The letters and applications were reviewed by a research advisory group, which made the final recommendation for funding.

The Childress Institute will choose another research project in 2014. Instructions for the 2014 "Request for Application" will be distributed early this year.

Your investment is needed to create a comprehensive, national pediatric trauma research agenda and support collaborative research opportunities throughout the U.S.

Improving the Odds

Dr. Andrea Doud was named the CIPT Scholar for 2013-2015. On behalf of the Childress Institute, Dr. Doud is working with the Virginia Tech-Wake Forest Center for Injury Biomechanics on a study to improve the current automatic crash notification (ACN) systems in vehicles to provide information that can help emergency responders determine the severity of injuries for pediatric patients before they arrive on scene.

Studies show that timely transport to an appropriate trauma center can reduce death in motor vehicle crashes by 24 percent. Dr. Doud's work with the Center will hopefully add a component to their developing response system that assesses the crash to predict the likelihood that a child in the vehicle has sustained an injury requiring immediate transfer to a leveled trauma center.

Dr. Doud believes that although unintentional injury remains a leading cause of morbidity and mortality in the pediatric population, there are many aspects of the evaluation and management of such patients that can be improved upon.

Education

Intensive Training Courses

In an effort to improve care and treatment for injured children, The NASCAR Foundation and the Childress Institute partnered to provide a free continuing education course for health care providers at Homestead Hospital in Florida in November.

Budget shortfalls have forced health care providers to choose more general types of training, but when medical personnel are appropriately trained to meet the needs of pediatric patients there is a better outcome for injured kids.

With the help of funds from The NASCAR Foundation, the Institute facilitated the Pediatric Fundamental Critical Care Support (PFCCS) course for physicians, physician extenders, nurses, respiratory therapists, and other health care professionals. This program provides the vital tools needed to recognize a child's need for critical care, especially when a pediatric specialist is not available.

"The NASCAR Foundation is committed to providing enhanced medical care to children in need, particularly in our racing communities," said Lorene King, executive director of The NASCAR Foundation.

Pediatric Trauma Web Symposium

In March, the Childress Institute presented a second pediatric trauma web symposium, which was co-hosted by Executive Director Dr. Wayne Meredith. Participants received continuing medical education credit.

Achieved international impact:

- 27 countries participated, including Australia, Egypt, Iraq, South Africa and Vietnam
- 410 registered centers with multiple participants at each center
- Total audience was approx. 1,200
- Countless accolades and emails from grateful participants
- Shared key lessons via social media - #PedsTrauma2013 on Twitter

Pediatric trauma web symposium directed by Dr. Martin Eichelberger, Dr. J. Wayne Meredith, Dr. Todd Ponsky

National Perspectives

The Childress Institute's support of and connections in the national Pediatric Trauma Society helped secure two keynote speakers for the 2013 Wake Forest Baptist Health Brenner Children's Hospital Pediatric Trauma Conference in November. The goal of the conference is to assist health care professionals, who care for or have an interest in pediatric trauma patients, to gain knowledge about pediatric-specific trauma care from the pre-hospital phase through discharge.

Both keynote speakers covered how two pivotal national events in 2013 affected the treatment for pediatric trauma patients. Dr. Patrick Broderick from Danbury Hospital in Newtown, Conn., discussed lessons his hospital learned from Newtown and the Sandy Hook shootings. Trauma Program Manager Maria McMahon from Boston Children's Hospital addressed "Responding to the Unthinkable: Our Experiences from the Boston Marathon Bombings."

The Institute also provided funding to the North Carolina Office of Emergency Medical Services to provide a guest speaker for it's annual Emergency Medicine Today Conference. The mission of the Office of EMS is to foster emergency medical systems, trauma systems and credentialed EMS personnel to improve in providing responses to emergencies and disasters which will result in higher quality emergency medical care being delivered to the residents and visitors of North Carolina.

Emergency Medicine Today Conference
TV's "Emergency" star Randy Mantooth, left, addressed the attendees of the Emergency Medicine Today Conference held by the NC Office of Emergency Medical Services

Did you know?

- The "golden hour" is the time following a traumatic injury when prompt medical treatment has the highest likelihood to prevent death
- Injured children require a different and highly-specialized approach to treatment
- The risk of death for injured children is significantly lower when care is provided in pediatric trauma centers
- Budget shortfalls have forced EMS services and other pre-hospital care to choose more generalized training
- When medical personnel are appropriately trained, there is a better outcome - children's lives are saved

Help create more success stories for children across the U.S. by supporting our research, education and awareness initiatives.

Lessons Learned

I was off-duty when I came upon a motor vehicle accident. The incident had just occurred moments before my arrival. As I approached the scene, I noticed all occupants were out of the vehicles; however, there was a car seat lying in the ditch next to the smaller pickup. That single observation made my mind flash back to our class. I inquired about the car seat, and one of the drivers advised his daughters were in a bystander's vehicle.

The patients were a 4-year-old girl and an 18-month-old girl. Both were quite hysterical, however, thanks to what I learned during our Pediatric ITLS course, I was able to calm the children down, assess them and pass on detailed information to arriving paramedics. Furthermore, the tips given by Vickey and Becky proved to be invaluable during patient assessment (the "use your hand to show me where it hurts" worked like a charm). Luckily, both children were properly restrained in safety seats and incurred only minor injuries.

Prior to our PITLS course, I know I would not have been as confident handling this situation with such young children. Please pass along my sincere thanks to all the instructional staff that helped with our course. They each went above and beyond to make sure we all understood and absorbed the information presented...and it worked!

Many thanks to you for allowing us to participate in such an outstanding program!
Heidi

Awareness

AdvoCare Team Supports CIPT

AdvoCare International, LP (AdvoCare), a leading health and wellness company, donated $35,000 to the Childress Institute based on the performance of Richard Childress Racing NASCAR Nationwide Series driver Austin Dillon, pilot of the No. 3 AdvoCare Chevrolet, throughout the 2013 Nationwide Series season. AdvoCare pledged $5,000 for every win, $2,000 for every top-five finish and $1,000 for every top-10 finish.

In appreciation of the Childress Institute's mission and AdvoCare's contribution, Austin Dillon, Richard Childress, and several RCR drivers and crew members visited injured children at children's hospitals around the U.S. during the 2013 NASCAR season, including a visit by the entire No. 3 Nationwide championship team to Nationwide Children's Hospital in Columbus, Ohio.

Visits also included:

- Phoenix Children's Hospital (Arizona)
- Children's Hospital of Richmond at VCU (Virginia)
- Wake Forest Baptist Health Brenner Children's Hospital (Winston-Salem, N.C.)

To follow us, visit Twitter.com/InjuredKids

Twitter Chat

The Institute hosted a Twitter chat (#KidsConcussions) to discuss sports-related head injuries in children in October.

The @InjuredKids chat brought together prominent researchers, public advocates, certified athletic trainers, and medical professionals to discuss:

- Latest research about children's head injuries
- Education about how to protect young athletes
- Advocacy suggestions for parents, coaches, trainers and physicians
- How to recognize the signs and symptoms of a possible concussion
- Treatment options

Experts who participated in the chat included:

- Buddy Curry, former NFL player and co-founder of Kids and Pros Football Experience
- Dr. Gerry Gioia, Children's National Medical Center
- Dr. J. Wayne Meredith, Childress Institute for Pediatric Trauma
- Dr. Alex Powers, Wake Forest Baptist Medical Center
- Judy Pulice, National Athletic Trainers' Assoc.
- Jennifer Smith, Certified Athletic Trainer
- Dr. Joel Stitzel, Virginia Tech-Wake Forest University Center for Injury Biomechanics
- Dr. Mark Zonfrillo and Suzanne Hill, The Children's Hospital of Philadelphia, Center for Injury Research and Prevention

Results included:

- 1.4 million impressions
- 404 Tweets in one hour
- 75 participants

Fifth Anniversary

The Childress Institute celebrated its fifth anniversary with a visit by NASCAR team owner Richard Childress to Riley Hospital for Children at Indiana University Health in Indianapolis in July.

Blanket Program

The NASCAR Foundation and the Institute partnered this year to produce a co-branded fleece blanket that will be distributed to injured children in hospitals throughout the U.S. We hope to raise awareness about the need to ensure high-quality care no matter how or where a child is injured, as well as provide comfort and support for the children and their families during their hospital stay. Blankets were distributed by both organizations at Homestead Hospital in November to launch the program.

Media Coverage

This year our work was discussed via hundreds of newspapers, TV, radio, news websites and social media outlets around the world, including:

The New York Times · USA Football · Yahoo! Sports · Daily News · Medical Daily · Winston-Salem Journal · The Boston Globe · Yahoo! News · NASCAR.com · ScienceDaily · NFL.com · ScienceNewsline Medicine & Health Care · ESPN Channel

Events

Matt Gfeller Memorial Doughnut Run

The Matt Gfeller Memorial Doughnut Run, hosted by the the Matthew Gfeller Foundation, benefits multiple partner charities, including the Childress Institute. The 5th Annual Doughnut Run was held in November at R.J. Reynolds High School in Winston-Salem, N.C. A new record was set with 900 participants and $40,000 was raised for traumatic brain injury prevention, treatment and research.

The Institute also partnered with the Matthew Gfeller Foundation to support the NewBridge Bank Invitational Jamboree, an annual fundraising event for local high schools that includes preseason high school football scrimmages. The Jamboree is an opportunity to reach thousands of players and their families to raise awareness about traumatic brain injuries and make football a better, safer game for kids.

Visit matthewgfellerfoundation.org for more information about the Gfellers' mission.

T. Wayne Robertson Memorial Golf Tournament

The 7th annual T. Wayne Robertson Memorial Golf Tournament was held in October at Tanglewood Park in Clemmons, N.C., and benefited the Childress Institute. Thanks to everyone who supported the tournament this year. We had over 200 participants and raised $50,000.

The tournament honors the life of one of the most influential figures in motor sports history and a NASCAR Hall of Fame nominee. The T. Wayne Robertson Memorial Fund supports T. Wayne's legacy of giving by assisting North Carolina charitable efforts focused around children and public service.

Annual NASCAR Day

In May, the NASCAR Foundation partnered with the Childress Institute, Joshua's Friends Foundation, Richard Childress Racing (RCR), Brenner Children's Hospital and the Winston-Salem Police Department to surprise third grade elementary students from The Downtown School in Winston-Salem, N.C., and Joshua's Friends Foundation kids with 100 bike helmets. They also instructed the children about the importance of wearing a helmet and how it should fit properly, and educated them about the importance of head injury prevention and helmet safety.

The Joshua's Friends Foundation hosts an annual Bike Safety Day each May. They have distributed a total of 1,070 helmets for free over seven years.

CHILDRESS CARES for injured kids

"Childress Cares for Injured Kids" is a new program to support families of pediatric trauma patients that qualify for financial assistance at Wake Forest Baptist Health's Brenner Children's Hospital. Families will receive funds to help with necessities, including food, parking, and travel expenses.

We plan to launch this program at other children's hospitals across the U.S., depending on available funding. We hope you will help us provide this help to cover unexpected costs for these families.

Preslee's Story:

This summer, Lara received the call that every mother dreads. Someone from a hospital far away woke her at 6 a.m. to deliver the news that her 6 year-old daughter, Preslee, had been seriously injured in a car accident while visiting family near Winston-Salem, N.C. She was taken to the Level I Pediatric Trauma Center at Wake Forest Baptist Health Brenner Children's Hospital for treatment. Preslee's injuries were extensive: fractured skull; broken leg, arm and wrist; collapsed lungs; lacerated liver; thoracic vertebra compression fractures; and torn neck ligaments.

While Lara flew from Texas to North Carolina, Dr. Kristen Zeller performed a life-saving emergency bedside surgery on Preslee's abdomen a few hours after she arrived in the hospital. Once Lara arrived at Brenner Children's, she was told Preslee was unconscious and on a ventilator to breathe. They had to take it one hour at a time.

Over the next few weeks, Preslee received several more surgeries to repair her broken bones, along with the full care of the pediatric trauma staff for her other injuries. After almost a month at Brenner Children's, Preslee began to heal and was able to travel home with her mother. She received follow up care at Texas Children's Hospital in Houston. After only four months, Preslee is out of her casts, neck brace and other protective gear, including her wheelchair, and has started first grade. Although Preslee and her family still have some healing to do, her recovery has been stellar and she has even resumed gymnastics!

Preslee's success is due in large part to the highly-skilled and prepared pediatric trauma health care providers that were available at Brenner Children's Level I Pediatric Trauma Center, one of only 42 in the U.S. Help create more success stories for children across the U.S. by supporting our initiatives.

Financial Statements

Operating Account

FY13 July–June

Revenues	
Gifts / Pedges	$ 687,935
Interest	$ 188,509
Fund Raising Events	$ 13,315
Outstanding Pledges	$ 24,050
Sponsored Programs	$ (26,600)
Total Revenue	**$ 887,209**
Expenses	
Salaries	$ 241,692
Operating	$ 28,228
Marketing / Fundraising	$ 168,319
Contracts	$ 92,876
Education Summit	$ 95,804
Travel	$ 6,746
Total Expenses	**$ 633,665**
Total	**$ 253,545**

Endowment Accounts

FY13 July–June

	General Endowment	Pediatric Trauma Education
Revenues		
Gifts / Pledges	$ 691,018	$ 20,000
Capital Gain (Loss)	$ 46,971	$ 909
Income Re-invested	$ -	$ 3,887
2013 Outstanding Pledges	$ 36,000	$ -
Total Revenue	**$ 773,989**	**$ 24,796**
Expenses		
Salaries	$ -	$ -
Marketing / Fundraising	$ -	$ -
Operating	$ -	$ -
Contracts	$ -	$ -
Agreements	$ -	$ -
Travel	$ -	$ -
Total Expenses	**$ -**	**$ -**
Total	**$ 773,989**	**$ -**
Balance		
Beginning Balance	$ 3,334,072	$ 62,393
Total	**$ 4,108,061**	**$ 87,189**

An electronic version of this report can be found at InjuredKids.org

The Childress Institute for Pediatric Trauma was founded at and receives considerable support from Wake Forest Baptist Medical Center. The Institute was established through the generosity of Richard and Judy Childress.

Find our donor honor rolls, including our Winner's Circle members and our 2013 Childress Champions' supporters, at InjuredKids.org under the "About CIPT" section.

To learn more about the Childress Institute, find us on:

Twitter @injuredkids

Facebook.com/ChildressPediatricTrauma

YouTube.com/ChildressInstitute

InjuredKids.org

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