



COMMUNITY KICK-OFF CELEBRATION

Monday, February 6, 2006



"I became a pediatrician out of a deep commitment to improving the health of children. Through research and education, we can best improve the health of children at home and throughout the world."

Thomas N. Hansen, MD

Children's Hospital president and CEO, Dr. Thomas N. Hansen is board-certified in neonatology, pulmonology and pediatrics and has an impressive background as a specialist, researcher, medical school professor and leader of growing pediatric medical centers.

Community Kickoff Remarks

Good evening, I am delighted to join you tonight as a participant in the life of Children's Hospital. You may have heard that I am from Texas... by way of Ohio.

I have not discussed this with Melinda but it seems to me that people from Texas have a lot in common with folks here in Seattle.

They are filled with optimism.

Both think big.

And clearly ***Texans and Seattleites*** both believe in possibilities

If Seattle did not believe in possibilities, we would not be here, tonight. A century ago, Seattle got behind what turned out to be an amazing possibility — that a Children's Hospital here could take on the challenge to prevent, treat, — and someday do away with the illnesses that plague children and devastate families.

It has been an eventful century.

Seattle Children's began a decade before the first research laboratory would open in any children's hospital... and a generation before a research team at Boston Children's Hospital would isolate the virus that caused polio —

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and lay the groundwork for the vaccine that WILL eventually take this dreaded disease off of the planet.

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So where does the story go from here?

Seattle Children’s Hospital intends to be the best in the world.

Why THE best?

Because it is what OUR CHILDREN deserve. As parents who bring our children to the Hospital, we never want to wonder if we should have gone somewhere else, ... or done something different to make sure our children receive the best care, anywhere.

The best children’s hospitals attract the best doctors ... the best nurses ... the best scientists ...

And that is what we want for our community.

Let’s talk about an example.

The research that I described earlier at Boston Children’s Hospital happened because they decided to be the best — and began to recruit the best scientists in the world to their institution. Fortunately, for them, one of those scientists was a microbiologist, Dr. John Enders. Enders and two pediatricians went on to earn a Nobel Prize for their work on the polio virus — and Boston Children’s went on to become known as the best Children’s Hospital in the US — and it remains so today.

Now I know more than a few in Seattle think we already are the best in the world. And they are at least partly right. We have every reason to be proud of what this community has achieved.

Our craniofacial, cancer, urology, cardiac and psychiatry programs are among the best anywhere and attract patients from all over the world.

Our residency and fellowship training programs are clearly among the best in the world and serve to guarantee that the next generation of pediatric health care providers in our community will be the best of breed.

Our hospital is financially strong and enjoys an incredible level of philanthropic support from the community.

Finally, we have two spectacular partners: The University of Washington — a world class medical school, and Fred Hutchinson Cancer Research Center — the best comprehensive cancer center in the country.

But there are other areas where we are good but not *yet* great.

Our research programs in immunology and infectious diseases, molecular genetics and outcomes research are excellent and are making significant contributions to improving the health of children everywhere. However, these programs have to grow substantially — and our focus has to expand into areas of importance to the health of children all over the globe.

As we become the best, we will find that more and more patients from farther and farther away will seek care from specialists within our institution. And this means that we will have to get bigger. We will need more subspecialists and other health care professionals, larger residency and fellowship training programs, and more physical space to treat more patients

And while we do all of this we can not lose sight of why we are here in the first place. We have to continuously strive to improve the quality of care that we provide to all children in our community. That care has to remain accessible, compassionate, and centered around the family, and most importantly that care must be available to all — regardless of their family’s ability to pay.

A tall order? I expect so — but perhaps no more so than

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the notion 100 years ago that we could build a hospital devoted only to the care of children in this community. Of course the payoff is big. After all, research is not only about laboratories and equipment.

Research changes lives.

In the 1960s, only 30% of the children diagnosed with all types of cancer became long term, disease-free survivors. Today, the 5-year survival rate for children diagnosed at Seattle Children’s is about 80% — a little higher than the national average. We all can be proud — but hardly content — with what we have been able to accomplish.

We are very good and we can get better. We know what to do. And how to do it. But getting it done requires both vision and strength of will.

We have to recruit the best and brightest pediatric scientists to Children’s and give them a place to work. That means creating a research campus with more space — perhaps up to a million square feet — built incrementally over the next 10 to 20 years.

Ideally this campus would be near Fred Hutchinson and the new University of Washington space where other bright minds are working on some of the same problems we are. Clearly it will not be in Laurelhurst.

To put this ambitious plan into perspective, our current Hospital complex in Laurelhurst totals about 1 million square feet. So that means that over the next 10-20 years, we could more than double Children’s Hospital’s footprint in Seattle.

As a pediatrician and neonatologist, I am often asked what I expect from research in my lifetime?

I say: Miracles.

Some of the biggest challenges in pediatrics right now arise from what we call single-gene disorders — small defects in DNA that result in terrible pediatric diseases such as sickle cell anemia, cystic fibrosis and muscular dystrophy.

We now know exactly what is wrong with that small piece of DNA in all of these diseases and in fact can make normal replacement DNA in the laboratory. The challenge is getting these normal strands of DNA into the cells of patients with these diseases and we are making amazing strides toward accomplishing just that.

This work is progressing to the point that I am confident that within my lifetime we will see these disorders vanish from the face of the earth — just like our parents witnessed the eradication of polio during the 50’s. This is not speculation. It is simply a logical extension of present-day fact.

Just like the extension of the discovery of the polio virus to the present day elimination of that disease. I think I know how John Enders felt some 60 years ago — because I believe that we are on the edge of another transformation in health care — a transformation in the way we treat these complex genetic diseases and a whole host of other disorders. And I am excited to join an institution and a community that is committed to be part of this transformation.

And as we transform ourselves into the best Children’s Hospital, the quality of care and service we provide will improve to the point that we will see ourselves move beyond our traditional five-state market. And get patients from other cities like Boston and Philadelphia. Why not? And why not from other nations?

We have an ambitious but I believe a noble goal To take Children’s Hospital — and the stories of so many children — to the highest level... by becoming the best children’s hospital in the WORLD – FOR ALL of our children regardless of their families ability to pay.

It will not be quick, simple or easy. The Campaign HAS to succeed. We have a lot of hard work in front of us. And I am confident that together we can do it. Thank you.