

CONVERSATIONS WITH MIKE MILKEN



Kurt Newman

President and CEO, Children's National Hospital

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Mike Milken: Kurt, thank you for joining us today.

Kurt Newman: It's wonderful to be here, Mike.

Children's National Hospital opened just after the end of the Civil War, in 1870. Today you're serving 220,000 children. You treat children from 25 different countries. What are the special challenges in treating children?

Children's National has been serving our community for over 150 years. If you think about it, going back over that time, there've been multiple challenges for children, and many of them were probably related to infections: polio, influenza, more recently H1N1, SARS, the Zika virus, and Ebola – and HIV, let's not forget that. So there's been a lot of experience accumulated over the years, but you never quite know what's going to happen. We've used our school-based nursing program effectively to increase the immunization rate and improve the health of children all across our community. But we do have this special responsibility being in the nation's capital and being the children's hospital to advocate for children. This virus has brought that out into stark relief.

One good silver lining here is that up to now, children haven't been as medically affected. They're getting infected as frequently, but they're not getting sick. So there's a lot of interesting questions in research opportunities to help people figure that out.

But at the same time, there's such impact on children and families. We have to think about all of the worry and anxiety as families are under economic pressure, and what kind of impact is that going to have on children? We have had to think differently and think about not just the medical side of things, but all of these different situations and impacts on children that are not just going to be now but on into the future.

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We're used to family-centered care in our hospital. We're used to having all of the family there, the siblings, their friends, even pets to come visit and make the experience in the hospital much more friendly and fun, if you will. But with this virus, we can't do that – it's not business as usual. So we've had to limit the visits and try and use technology to help bring some of the things into their rooms to the kids so they can see their friends and family. But we can really only have one family member at a time because we want to limit the impact on that child. We don't want them to potentially have something else brought in, and we don't want to have the family members infected. We also want to protect our staff and conserve all of the resources. So it's a very complex thing and we need to think about children and families differently from the standard approach.

Kurt, there's a lot of research going on, a number of hypotheses, as to why children don't seem to have the same reaction as adults. Do you have any theories or has your medical staff presented any ideas to you?

Most viruses attack children and the elderly, and that's where you see the biggest impact. In this one, although children are seeming to get infected at about the same rate, we see the clinical impact, the severity, more in the adults. So does that mean that maybe children are exposed to more viruses at an early age and so they're used to having these types of infections and they can fight them off? Maybe it's because they get a lot of immunizations to other viruses during their childhood and that confers some sort of a protective effect. I think this is going to be an extraordinary opportunity for research to see if we can take advantage of what we find out about children and how they're protected versus adults.

How would you go about it?

Well, I think, the key is to be doing as much testing as we can do to identify who's been exposed and who's becoming sick, and then compare this all across the age continuum. Then use that information to find populations, and then take it into the laboratory and do the research that finds what's protecting children.

We stood up a drive-through testing location so that pediatricians in the community could refer children to this site. So we're getting a broad look at the incidents and the prevalence of the virus in our community. And it's been going up. We learned from China and Washington state that maybe they were reporting about a 1% positive rate in their tests. We're seeing about a 10% positive rate. And just this last weekend, at the drive-through site, it was up to 15, 20%. So that means that the virus is in children and it can serve as a reservoir and infect other children, it can infect the family members.

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In fact, the older population, they're a reservoir. I don't think that's been as clearly understood, and we need to focus on that in terms of our prevention, our tracking and our quarantine strategy.

So you have a child that's tested positive and has no symptoms. What do you advise the family to do?

Well in that situation where the child has no symptoms but is testing positive, you have to create a quarantine scenario within the home for that child if the other family members are at risk. That's difficult to do, but you certainly would want to keep the older, vulnerable population – anybody that has an underlying disease – away from that child.

With the concern of a surge, have you also been treating older patients in the hospital?

We see a children's hospital, like Children's National, as being a resource for all of the adult health systems in our community. So what we've done is we've taken as many of the children at the other hospitals – and that could be a psychiatric hospital, a general adult hospital, a community hospital. Another way to do that for the adult health systems

in our community, we did a raise our age limit to 29 so that we can take a young adults, and that decreases the pressure on the adult health system.

Let's talk about your own staff. How are you protecting them? What's happened over the last month or so with your staff?

The key to protecting our staff is one, to have all of the protective gear that they need – masks, antiseptics, everything that's needed so that they don't get exposed unnecessarily. A second major approach is to have aggressive testing. We've tested hundreds of our employees if they get exposed or are symptomatic. We have a rapid turnaround on that, and we've tested over around 400 of our employees, with 70 of them testing positive. We think that they became exposed and infected in the community, but we don't want them to bring that back to work. So they're out on quarantine. I'm happy to say that 40 of those have already returned to work.

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We even had a nurse who returned to work – she had tested positive, went through the illness, returned to work – and we just started this program of collecting plasma from people that had recovered and had the antibodies. She donated her plasma to help take care of one of our patients. And it turned that child around. So that's the commitment and courage that these frontline workers have.

Kurt, have you lost a child in this crisis?

We have not lost a child to this crisis. We do have three children fighting for their life right now in our intensive care unit. But we're optimistic that they're going to recover. And we're not certain whether this is just the resilience of children or whether they have an innate ability or some other protective effect. But that's been a real positive thing that we haven't lost a child.

Now we're also worried about the kind of children that we take care of, because there's lots of kids that are in our hospital right now, maybe they've had a bone marrow transplant, maybe they've had a heart operation. We need to make sure that they don't get infected because their resistance would be so much lower. That's why we have special rooms where these kids are taken care of. We have a special ICU for any the children that are infected because we need to make sure that the staff in these facilities are totally separate and tailored specifically to the virus.

You've raised an important issue which we have been monitoring over the last two months. What happens to the patient that needed a heart operation? What happens to the patient that was dealing with cancer or other forms of disease? What happens to some of these patients whose immune system has been compromised as you treat them for another disease? How have your operations been affected?

If you could put something off, we would do that. But with children, a lot of the things that they need are not elective. They're urgent. That might be a heart operation. Maybe it's a treatment for cancer. In those cases we've moved ahead but very carefully, and we've used aggressive testing to make sure that those kids are safe, [along with] any of the staff that's working with them, and that they're completely protected from that.

For any surgeries that we do, before the child comes in, we test that child, even if it's an emergency surgery, because we want to know that – whether they're positive or not – we can take special precautions. Now obviously that's had a big impact on our finances, but we made the decision, you know what, this is important for our country, our region, and our children to take these steps. We'll certainly find ways to make up for that financial input in the future.

Well, I think you've outlined just the enormous financial challenge on the hospital system as it has geared up. Many hospitals have never seen the surge. The surge never came even though they had allocated. What is your capacity versus occupancy today?

We would ordinarily be budgeted for 300 children to be in our hospital on a daily basis, and we're running at about 200, 220 a day. The numbers of our operations that we're doing, the surgery, is about two-thirds. We're seeing about half the visits in the outpatients that we'd ordinarily see. A lot of that is telemedicine, so that's kind of becoming a good thing for the future.

But that decrease in the numbers has a severe financial impact and we're losing over a million dollars a day – not to mention all the supplies, the staffing, all the things we need to do to fight the virus. But you know, that's what we're here for. We've been around for 150 years and we want to be around for another 150 years. So we'll figure out a way to deal with the finances. Right now we're just focused on doing the right thing for these kids and families.

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We've also taken an approach, being in the nation's Capital, of thinking about the future, and using a new campus that we've created for research and innovation in children to be

a site for pandemic research and a coordinating center, and that's out at the old Walter Reed Army Medical Center.

When can you open and when do you think that that research and innovation campus can help us look at this coronavirus?

This campus will open in January. Johnson & Johnson and their JLABS and BARTA will be our first partners in there. They're already picking startup companies to focus on the virus research. And so that is going on right now so that those startup companies can inhabit the

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new laboratory space in January. We see this as a major opportunity. It's right here in Washington, DC with the NIH, the FDA close by, the Milken Institute, a lot of universities, Children's National where we can focus on the pediatric side of the research questions. Johnson and Johnson is a lead candidate for the vaccine. BARTA has a lot of funding to put into this type of research. So, we're really optimistic and excited to get this thing going in January to make some breakthroughs on this pandemic and potentially future ones.

So, Kirk, there's another part of Children's National in Washington that we haven't spoken about and that is you train more than 600 medical students annually. Many of our Milken Scholars over the past 35 years or so have been trained at Children's National. What is happening with that program as we deal with the coronavirus crisis?

You know, we have to keep going with medical education because that's our future. So we kept those kinds of teaching and courses going online. But one of the great things is, is you get to interact with some of the just most amazing young people. And one of those is dr Joelle Simpson for example. She was in Milken Scholar, and now she's leading our effort here at Children's National against the pandemic. She's working with the governors. She's working with all the hospitals.

We can't turn away from our future and what we need with leaders like that. So this creates opportunity. Some of these young people get excited, and they're working at our drive-through center volunteering. The residents have just been fantastic about stepping up and taking care of patients and being a part of their response. So, what I've seen is just this incredible idealism, enthusiasm, people wanting to help and finding ways, and I think that translates directly into our young people.

Well, Kurt, I want to thank you for joining us today. I also want to thank you on behalf of all the centers of the Milken Institute. Our interaction with Children's National has not been anything but fantastic. And the commitment that you have made to such a diverse community, both in demographics and socioeconomics has been amazing. And I think the data that you've given us here is enlightening in the fact that such a large percentage of children have had this virus in the community. So thank you for joining us today.

Well thank you Mike. I appreciate the opportunity to get our message out and all the great work we're doing. And in another way, all of the terrific work we do with the Milken Institute and the School of Public Health here – the Milken School of Public Health – is just fantastic and I love our partnership. Thank you.
