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Rotary Club of Seattle

Joyce Jackson, CEO and president of Northwest Kidney Centers

"Coffee, Computers and Kidneys: Seattle at the Forefront"

Good afternoon, fellow Rotarians!

I've been a member of Seattle Rotary for almost 12 years now, and I have to admit that I get a special sense of pride when I tell people that I belong to the largest Rotary Club in the world. Even the most modest among us would admit that it feels really good to think of ourselves as the first or the best or in the top 10 of this or that list. So before I begin to talk to you today about kidney subjects, I thought I'd remind you of a few of the honors and distinctions that we share here in Seattle.

It will come as no surprise to anyone in the room that we are the number one best coffee city in America, according to Travel & Leisure magazine. We have the biggest coffee-house company and the biggest online retail company and the biggest charitable foundation in the world – all right here within our borders.

Seattle is rated as the second best farmers' market city in America, the third best beer city in the nation, the fourth happiest city in the country, and the fifth best city for small business. We're also in the top 10 when it comes to pedestrian safety, physical fitness, green technology and boating.

And finally, just so we don't begin to get too full of ourselves. We keep it all in perspective to know that Daily Finance labels Seattle as the seventh most expensive city in the nation to park a car, while Forbes magazine named Seattle the most miserable sports city in America. What does Forbes know, right?

Any way you look at it, Seattle is an amazing place to live. It's also an amazing place to be sick. Seriously. If you have to be ill, you are fortunate to live in a place where you have access to world-class health care.

But it hasn't always been that way.

Before the early 1960s – which for some of us in this room doesn't seem like all that long ago – if you had the misfortune to have kidney failure, you died. Period. Kidney failure was a death sentence. Not just for people here in Seattle, of course, but wherever you happened to live. The late 1950s and early '60s were certainly not the dark ages. We had already developed treatments and even cures for many previously deadly diseases and conditions. But permanent kidney failure was not among them – until 1960.

That year, right here at the University of Washington, a life-saving discovery was made. Dr. Belding Scribner created a blood access device that made long-term dialysis possible for the very first time. Finally, people whose kidneys no longer worked well enough to filter out impurities, waste and excess water from their bodies could replace that function with dialysis.

Kidney failure was no longer a death sentence.

And 50 years ago this month, Northwest Kidney Centers opened our doors to put Dr. Scribner's discovery into action, benefiting not just our community but the entire world. Seattle became the very first home of outpatient kidney dialysis.

Something else very Seattle-like happened back in 1962 when dialysis first began. Dr. Scribner did not want to see his discovery patented and sold. He wanted everyone who needed care to have access to it. So, Northwest Kidney Centers was established as a community-owned nonprofit organization and began to share the technology and process of this life-giving gift of dialysis far and wide. People came from all over the world to learn how we did it, and as a result, over the past five decades millions of people have lived fuller, longer lives thanks to the therapy that Northwest Kidney Centers birthed into reality.

Like any start-up endeavor, the fledgling nonprofit Northwest Kidney Centers had growing pains. Our first location was the basement of what was then the nurses' residence at Swedish Hospital. Only three beds were available and we could treat just nine patients a week.

Space wasn't the only thing that was limited. So was funding. Only a very few fortunate people could be treated. So a committee of community members was formed to determine who would receive this life-saving treatment. Among other things, patients couldn't have heart conditions. They needed to be financially self-sufficient, and they couldn't be any older than 45 or any younger than 18.

Life Magazine even ran an article about the committee – probably one of the very earliest public discussions of biomedical ethics – with a photo of seven men and women in silhouette –they were anonymous--entrusted with the serious responsibility to make the decision of who would receive life.

Most of the time, the committee gave this "golden ticket" to middle-class men in their 30s who had genetic kidney disease, reasoning that these bread-winners needed to stay alive to support their families. But one lucky person didn't fit the typical profile. She was only 19 years old and her name was Nancy.

As a young girl, Nancy contracted a virus that affected her kidneys. For a decade it kept her from doing many of the things a young girl should do. But by the time she reached the age of 19 – and despite the best efforts of her physician, the famous Dr. Scribner – her kidneys were failing completely. When Nancy's case was presented to the committee, she was chosen to receive dialysis.

Over the next two and a half years, Nancy came into Northwest Kidney Centers three times a week for four hours for dialysis. Of course, that's a major downside of this treatment – it's annoyingly time-consuming. But more is better when it comes to dialysis – the more you get, the better you feel.

Nancy also gave herself dialysis at home, which Northwest Kidney Centers coordinates for our patients. And, she received four kidney transplants, returning to Northwest Kidney Centers or to home dialysis in between those surgeries.

Most people are surprised to learn that a transplant is not a forever cure. First of all, not everyone is medically suited for a transplant. You must be relatively healthy. You can't smoke. If you have had cancer in the past, you must be a survivor of more than 10 years. And you must be able to withstand ongoing immuno-suppressant drug treatment for the rest of your life. Secondly, not nearly enough donor kidneys are available. And finally, transplanted kidneys have an average life span of about eleven years. So people often have multiple transplants to live a long life.

That was the case with Nancy. And through it all – dialysis, transplants, a return to dialysis in between transplants – Nancy raised two children, became a single mother and worked as a teacher. When her children were pre-schoolers, she started studying to become a nurse – a career that subsequently spanned almost 30 years.

Without dialysis, Nancy would have died while she was still just a teenager.

Without dialysis, her two children, Josh and Sarah, would never have been born. Her grandchildren, Eli and Jacob, would not be alive.

The hundreds of K-12 students who she taught would have lost out on her wisdom. The hundreds of patients she helped as a rehabilitation nurse would have lost out on her care.

Nancy contributed immeasurably to her family, her students, her patients, her community. And today, nearly 50 years after receiving her first dialysis treatment, Nancy is still a friend of Northwest Kidney Centers, helping us to celebrate this 50 year milestone year in our existence. I invited her to join me today – Nancy, please stand up and let everyone meet you.

Nancy is a wonderful success story. She represents the people we've treated over the past 50 years. And she represents the 400 thousand people in our country today with kidney failure – defined as having 15 percent or less kidney function. Think about that: 400-hundred thousand people who need dialysis. And less than 20 years from now, that number will double to 800-thousand.

Another 30 million people in the United States are suffering – not from kidney failure – yet – but from some form of kidney disease. One in seven adult Americans has chronic kidney disease. That should be classified as an epidemic.

Look around at the people at your table.

The odds are that one or more of you will have kidney problems at some point in your lifetime, and some of you are at a higher risk for kidney disease than others.

If you are overweight, you are at risk for diabetes and therefore at greater risk for kidney disease.

If you have high blood pressure, you are at greater risk. And if you have a family history of kidney disease, high blood pressure or diabetes, you are at greater risk.

If you are a person of color – African-American, Asian/Pacific Islander or Hispanic – you are at greater risk.

If you are over 60 years of age, you are at greater risk.

If you eat large quantities of processed, high-sodium foods liked canned foods, microwave meals or fast food, or if you use too much prescription or over-the-counter painkillers, you are at greater risk.

It's because of the fact that many of the risk factors for kidney disease are largely preventable that Northwest Kidney Centers focuses on more than providing care. We invest nearly three-million dollars each year into efforts to prevent kidney disease, improve care and increase quality of life. And we do that through public health education, research, training of kidney physicians, and emergency grants for our patients' life crises.

We take our position as a community-owned nonprofit organization very seriously. And although we're a nonprofit, Northwest Kidney Centers has survived and thrived for 50 years because we operate our nonprofit business like all of you operate your businesses: by focusing on our customers and out-performing our competitors.

For example, many of our customers – our patients – want to continue working. But needing to spend four hours a day, three days a week, hooked up to dialysis can be a huge obstacle. So our centers are open in the evenings and we're open on Saturdays and Sundays. In fact, to our knowledge we're the only outpatient dialysis center in the country open on Sundays.

That's also important for families, to give them the option of being able to choose the times they get to spend together as a family. It helps them live their lives and not let kidney disease rule their lives.

We also work collaboratively with every medical center, every kidney doctor and multiple nursing school programs in the region. More than 100 nephrologists in the area have credentials to practice at Northwest Kidney Centers. And we partner with the three transplant programs at Swedish, UW Medicine and Virginia Mason.

These alliances are vital to our mission and are a core part of our culture. We made a conscious decision early on not to align ourselves with one hospital, one health insurance provider, one exclusive set of physicians, one college or university. I guess you could call us the Switzerland of kidney care. ☺ We have embraced and led this collaborative style of health care – which is all the more important as reforms are instituted to further streamline and integrate care – and cut costs.

Our national for-profit competitors – two dialysis giants – simply cannot respond to patient and community needs the way we can as a nonprofit because we know this community. We have 50-year roots here. We plan to stay here. And we know how to use resources collaboratively to standardize care and cut costs. It may be more complex to deal with many different health care providers. But that's OK because, again, we are local and nonprofit.

Don't get me wrong. We are financially sound and are good stewards of our resources. Our budget is largely funded by taxpayers through Medicare and Medicaid, and we all know the stresses on government funding these days. But because we are a nonprofit and can rely on our community for support, you keep us strong through your volunteerism, your advocacy and your financial contributions.

And we give back to you. From those humble beginnings in a basement 50 years ago, today, Northwest Kidney Centers is the largest community-based nonprofit dialysis providers in the United States. Eight out of every ten King County residents who need kidney dialysis are treated at Northwest Kidney Centers – that's 226-thousand dialysis treatments a year in 25 locations: our 14 centers across the county – plus a 15th to be built in Enumclaw next year – as well as 11 area hospitals.

With 560 employees, 100 physicians and nearly 100-million dollars in revenue, we are among the ten largest nonprofit organizations in the Puget Sound region. Northwest Kidney Centers is everywhere, contributing to the economic vitality of the region as well as to its good health.

And we don't just provide kidney care to a great many people, we do it with exemplary results. Federal ratings – which are available government and journalism websites as well as our own – show that Northwest Kidney Centers is a national leader in providing high quality care.

Our survival rate is 9 percent better than the national average. Our transplant rate is 75 percent higher than the national average. And who in this room likes going to the hospital? Neither do our patients, and we have 12 percent fewer hospital admissions than the national average, which also saves money.

We also give back to our city, state, nation and world by being on the forefront of kidney disease research. We've been doing research and development for 50 years, and we were the world's first research site where Amgen's blockbuster drug EPO was tested with kidney patients, its primary users.

To push us forward faster, in 2008 we founded the Kidney Research Institute as a collaboration between Northwest Kidney Centers and UW Medicine.

In just three years, the Institute already has nearly 20 studies under way and more than 20-million dollars in NIH grant funding. Our researchers work collaboratively with many other organizations and researchers across the United States – all to advance the goals slowing kidney disease, stopping kidney disease, providing the best treatments possible for people who have kidney disease, and ultimately curing kidney disease forever.

I'm sharing this information not to brag or to seek your support – OK, I am bragging a bit – but because Seattle deserves to be proud of what it has built.

You are responsible for what we have done for the past five decades. This community has created and sustained Northwest Kidney Centers. From Board members with names that we all recognize – Elmer Nordstrom, Phil Smart Senior, Evans Wyckoff, Frank Pritchard – to benefactors who've supported our cause – like Sam and Gladys Rubinstein and PACCAR – to the thousands upon thousands of supporters and partners over five decades, all have contributed to enhancing and extending life for people with

kidney disease, not just here but all over the world. As members of this community, you can all take some credit for that accomplishment.

But because you are part of the community that owns Northwest Kidney Centers, you also bear some responsibility for our kidney health mission. So I am going to leave you with three things that I hope you will do to support that mission:

First, watch the salt! Don't worry about removing the shaker from your kitchen table, but do be aware of hidden sources of salt in fast food, restaurant food, microwave food. It's all full of the stuff! Read the labels on canned foods and be wary of high sodium counts. Salt causes high blood pressure and that's terribly hard on your kidneys. Focus on no more than 400 mg of sodium per serving, because these magic little organs are every bit as important as your heart or your lungs. Treat them well.

Second, evaluate your risk factors. These include high blood pressure, diabetes, being overweight, a family history of kidney disease. Change the habits and conditions that you can change. And ask your doctor to test you for kidney disease if you fall into high-risk categories you can't change. And, these tests are inexpensive.

And finally, please consider becoming an organ donor. More than 100-thousand people in America are awaiting transplants today, including 25 percent of Northwest Kidney Centers' patients. Although blood relatives are still the best match and first choice as a living kidney donor, we are now able to transplant kidneys from unrelated donors – a husband, a friend, a co-worker or even a stranger.

But there are just not enough donors. So if you don't have that little heart on your driver's license, it means you've not signed up as an organ donor when you die. It's easy to do, and I've left organ donation information cards at your tables if you'd like to pick one up before you leave today.

In another 50 years, I hope Northwest Kidney Centers is out of business. I hope the members of Seattle Rotary are listening to another speaker who can boast that right here in Seattle, we were first in the world to find a cure for kidney disease. Until then, I hope you're as proud as I am that we live in the best place to learn about, prevent and treat this disease. Thank you for listening.