

LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD

ADVANCING CARE FOR CHILDREN





THIS PAGE: Jonathan, Packard's Center for Cancer and Blood Diseases

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COVER: Sofia, born at Lucile Packard Children's Hospital

Dear Friends,

Lucile Packard Children's Hospital has completed its 15th year of caring for children and expectant mothers. This annual report gives us the opportunity to tell you how proud we are of Packard Children's momentum, to share news of ongoing progress, and to celebrate together the hospital's achievements.

Our theme this year, *advancing*, reflects the dedication that propels Packard Children's toward new horizons. In 2006, we designed award-winning patient safety programs, enhanced treatment options through new services, and with pediatric faculty from the Stanford University School of Medicine, sustained a broad spectrum of innovative research initiatives that will ultimately advance the care provided to our patients.

Honored by our recognition as one of the safest possible environments for patients, Packard Children's continues to improve its already outstanding safety methods and outcomes, offering a model for improving other children's hospitals nationwide. Through constant self-assessment, exacting standards and practical systems innovations, Packard Children's has raised the bar for reliability across the industry.

2006 was also a year of genetic discovery at Packard Children's. Our pediatric faculty and researchers from the Stanford University School of Medicine identified the genetic basis for cognitive decline in Down syndrome and the embryonic culprit in cleft palate. Other doctors and researchers at Packard Children's continue to explore ways to modify the defective genes responsible for spinal muscular atrophy, cystic fibrosis and deadly metabolic disorders.

Innovations in clinical services have forged new frontiers for patients and caregivers. The opening of Packard Children's new pediatric emergency service brings the expertise of our emergency care specialists into a setting that reduces stress and better supports our young patients and their families. At Packard's new Down syndrome clinic, patients suffering from the complex combination of health issues affiliated with Down syndrome now have a single location for comprehensive and personalized care. And patients with lung disorders from asthma to cystic fibrosis can obtain the comprehensive treatment they need in Packard's Cystic Fibrosis and Pulmonary Diseases Center.

The brisk pace at Packard Children's is set by the hard work and dedication of our talented medical and hospital staff, on the shared vision and generosity of our donors, and on the confidence and support placed in Packard by the thousands of patients and their families who rely on us for care. Their trust is the highest honor we can hope for and the inspiration that motivates us. At Lucile Packard Children's Hospital, our goal is to make a profoundly positive impact on the lives of our patients and their families. We hope this report will reflect the many ways that we have realized that goal and continue to pursue it.



John Lillie
Chair, Board of Directors



Christopher G. Dawes
President and Chief Executive Officer

OUR THEME THIS YEAR,
ADVANCING,

REFLECTS OUR COMMITMENT TO PROVIDING
HEALTH CARE OF THE HIGHEST STANDARDS



PACKARD CHILDREN'S – A NEW STANDARD IN SAFETY AND QUALITY

SAFETY FIRST

Hospitals are trusted places of safety and healing. But in 1999 the Institute of Medicine reported that about 98,000 hospitalized Americans were dying each year from preventable medical errors. The statistic was jarring.

Several years ago, Packard Children's made patient safety the hospital's top priority — initiating new ways of investigating not only sources of errors, but also fail-safe prevention methods. 2006 saw our commitment to excellence rewarded on many levels. We not only reduced the already low numbers of adverse events occurring at Packard Children's, we also found ourselves lining the mantle with national awards and recognition for our efforts. Now other hospitals are taking note of our successes.

"Our patient safety track record is remarkable," said the hospital's Chief Clinical Patient Safety Officer Paul Sharek, MD, MPH, "particularly considering the complexity and high-risk nature of the patients we treat at Packard Children's. Other children's hospitals now frequently turn to us to learn how to effectively implement patient safety best practices."

Best practices like scheduling pharmacists around the clock every day of the week; adhering to effective infection-prevention methods; ensuring adequate nursing staffing; and properly informing patients of procedure risks, for example. These are just four of 30 "Safe Practices for Better Health Care" identified by the National Quality Forum—a private, non-profit organization dedicated to devising ways to rate a hospital's performance.

The Leapfrog Group, a nationwide consortium of nearly 200 health care purchasers dedicated to rewarding excellence in health care safety and outcomes, used these best practices and other quality measurements in their 2006 Hospital Quality and Safety Survey of more than 1,000 short-term acute and pediatric hospitals. Packard Children's perfect score vaulted us to the top spot in the survey and ensured our standing as one of Leapfrog's 'Top Hospitals' for the year.

Our achievements don't stop there. Packard Children's patient safety efforts have also been recognized with the Child Health Corporation of America's RACE for Results Award in both 2005 and 2007; and with a perfect score on the Joint Commission's triennial survey, which heavily emphasized patient safety. Finally, four of California's leading health care plans selected Packard Children's as a recipient of their "Excellence in Patient Safety & Health Care Quality Award."

Although we're pleased with such recognition, we haven't lost sight of our primary goal: providing the very best care for children and expectant mothers. In addition to meeting and surpassing established standards, physicians at Packard Children's are conducting original research aimed at improving patient safety. Dr. Sharek recently led a multi-center study of unreported adverse events in neonatal intensive care units across North America to identify how the naturally high-risk environment can be made safer for patients in hospitals nationwide.

"We've become thought leaders in pediatric patient safety," said Sharek. "The theory is that all errors are ultimately preventable. So if you're not at zero, you're not there yet."



BY PROMOTING
A CULTURE OF
SAFETY IN WHICH ALL HOSPITAL STAFF
ARE PARTICIPANTS AND ALL
PATIENTS ARE BENEFICIARIES,
PACKARD CHILDREN'S HAS
ESTABLISHED NEW GOALS AND
ACHIEVED UNPRECEDENTED
RESULTS



As medical care grows increasingly complex, opportunities for error abound. Packard Children's has found that the best way to ensure patient safety is to involve the entire hospital community in improvement efforts—from the housekeeping staff to the hospital's chief executive officer.

"We are absolutely committed to provide the very best care for our patients," said hospital CEO Christopher Dawes. "We complement the skills of our world-class physicians and nurses with proven ways to reduce or eliminate medical errors and implement best practices."

Packard Children's all-for-one approach to patient safety turns the traditionally private, closed-door method of dealing with errors on its head—placing the emphasis on prevention rather than blame. Our working partnership between hospital staff and executives encourages us to address patient safety issues in our hallways, stairwells and board room and creates an atmosphere of learning.

"The leadership of Packard Children's should be commended for promoting a world-class culture of safety," said Sharek. "The consistent message throughout the entire hospital is 'patient safety first,' and it's a commitment shared by the entire medical, nursing, and ancillary staff."

The emphasis has paid off. For example, by streamlining medication ordering, better managing high-risk medications and involving front-line staff in patient safety efforts we reduced adverse drug events in the hospital by about 70 percent—despite starting with one of the lowest complication rates in the nation.

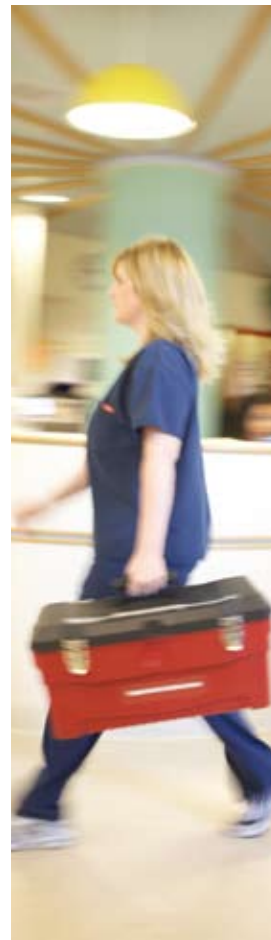
Packard Children's computerized physician order entry system further reduces the likelihood of dangerous cross-reactions or dosing problems that can occur with handwritten prescriptions. Simulation-based training allows our staff to hone their skills on sophisticated mannequins or computers, and initiatives in self-assessment reporting and transparency provide new levels of accountability and opportunities for improvement.

Through it all, we continue to strive to create effective, efficient and error-proof systems. More than any award or ranking, Packard Children's values how our culture of quality and safety envelops each of our young patients.

"The unwavering dedication to providing the highest quality of care and patient safety promoted by the medical and administrative leadership of Packard Children's benefits patients and staff alike," said Sharek. "Our dramatic successes are no accident."



SOMETIMES, A VERY EARLY SIGNAL THAT SOMETHING ISN'T RIGHT MAY BE THE OPPORTUNITY TO SAVE A PATIENT'S LIFE



RAPID RESPONSE

A hospitalized child's condition can sometimes worsen with little warning. Packard Children's Rapid Response Teams take moms and dads seriously, and save lives in the process. The multidisciplinary teams, made up of a critical care physician, an ICU nurse and a respiratory therapist, are available at a moment's notice to evaluate potentially unstable patients anywhere in the hospital. With timely intervention they can prevent or mitigate life-threatening complications in a child who may have seemed stable to a more casual observer.

This progressive, pro-active system for responding to crises before they happen is another example of how Packard Children's puts children first. Providing the advanced level of care that patients and families need to feel secure and well-supported is an essential element of our patient safety and quality program. The rapid response program has been so successful that the hospital was chosen to receive the 2007 RACE for Results Award from the Child Health Corporation of America. The award annually recognizes outstanding performance improvement achievements at children's hospitals across the U.S.

Rapid Response Teams are called when staff members become concerned about subtle physiological changes in a patient or when a parent simply feels that something isn't right with their child. The teams are available around the clock, 7 days a week, and can be a patient's bedside within minutes to calm fears or take action.

The program was implemented in September 2005 and almost immediately proved to have a positive impact on patient care and patient outcomes. In fact, the results were remarkable: a 17% decrease in pediatric mortality rates hospital-wide and an 80% decrease in cardio-respiratory arrests outside of the intensive care unit.

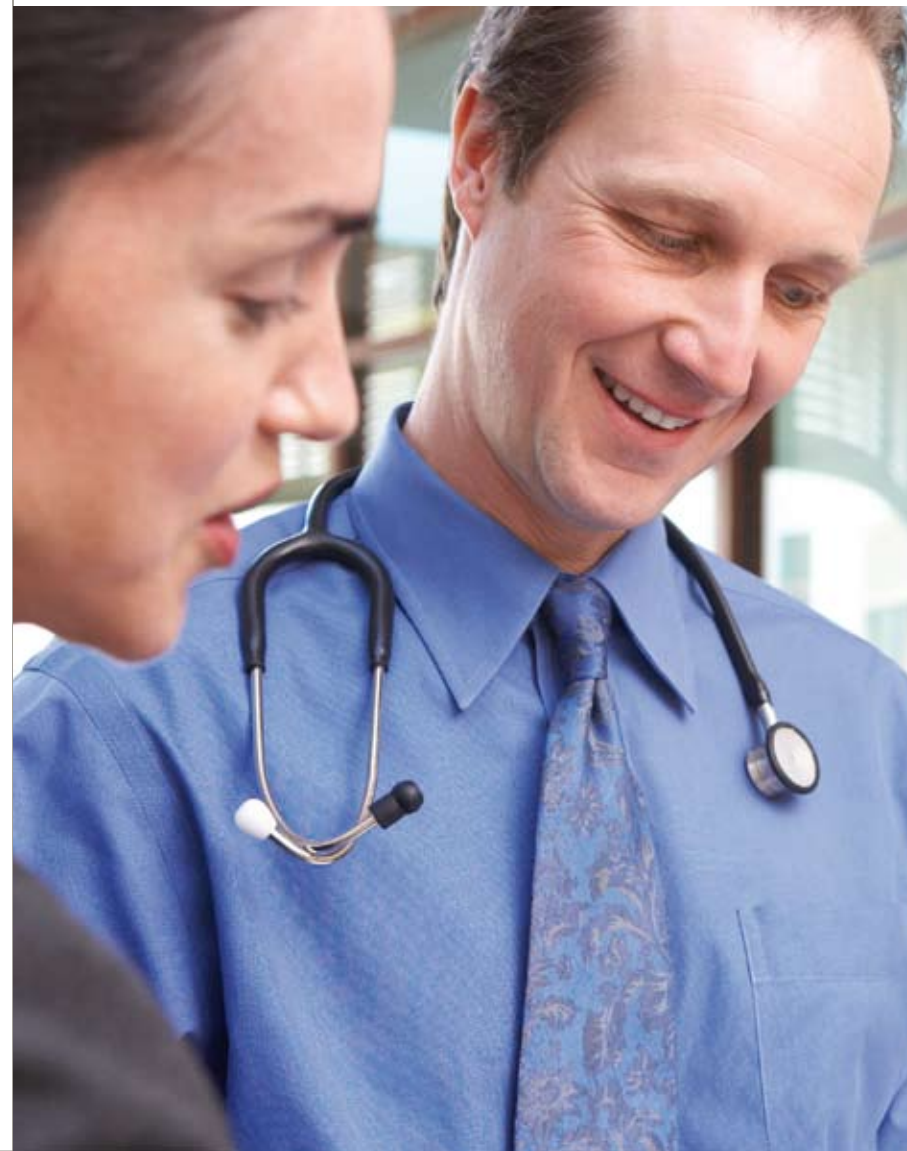
"Parents, who know their child better than anyone else, observe closely and often pick up on subtle signs or symptoms requiring urgent care," said Susan Flanagan, Chief Operating Officer. "The Rapid Response Teams exist to provide immediate support to patients and families."

LEADERSHIP INVESTED

Outcomes research and quality control aren't terms that make most people's eyes light up. But Paul Sharek, MD, MPH, isn't an ordinary physician. He's Lucile Packard Children's Hospital's Chief Clinical Patient Safety Officer and its Medical Director of Quality Management and he is passionate about his job.

"The strides we have made as a hospital in patient safety and monitoring," said Packard Children's Chief Executive Officer, Christopher Dawes, "would not have happened without Paul's leadership."

Yet, Sharek, who is also an assistant professor of pediatrics at Stanford's School of Medicine, would argue that the success of the hospital's patient safety program is largely due to the direct involvement of hospital leaders like Dawes. "The depth of support and dedication to continuous quality and patient safety improvement by Packard Children's Board of Directors, administrative leadership and medical leadership is phenomenal,"



says Sharek. "As a result of their combined efforts, Packard Children's has emerged as a respected leader among North American children's hospitals in quality and patient safety."

With Sharek's help, Packard Children's has begun an effort to identify common preventable errors and previously unreported adverse events in children's hospitals around the country. Pinpointing problems and determining why and how often they occur is the first step to improving patient safety at Packard Children's and elsewhere.

Unlike preventable errors, which can often be avoided by changing processes of patient care, adverse events, defined as harmful results of hospital care, are sometimes unavoidable. Rather than throwing up his hands, though, Sharek points out that knowledge is power.

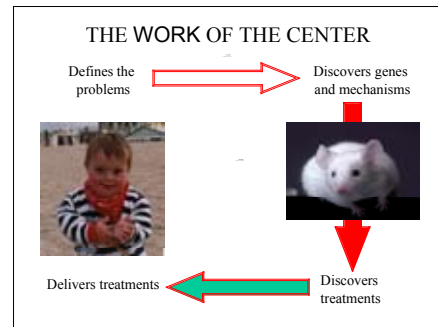
"Many of the adverse events we identified in our most recent study are not currently thought to be preventable," said Sharek, citing as an example a life-saving medicine with adverse side effects. "But it's still vitally important to document these events so we can establish future priorities." In Sharek's example, significant side effects for a particular treatment or drug may spark physicians and drug developers to begin researching new alternatives.

Sharek's respect for both patients and staff and his emphasis on involved leadership reflect the new spirit of participation and communication that defines Packard's patient safety and quality program. "It's an honor," he says, "to lead this charge toward high reliability for such a committed organization. Our patients and families deserve nothing less."

FROM GENES TO THERAPIES

While Lucile Packard Children's Hospital clinicians tend to the whole child, researchers at the hospital and Stanford's School of Medicine delve into underpinnings of what makes each young patient unique. Their investigations into how genes and proteins work, or don't work, in conditions like schizophrenia, metabolic disorders and Down syndrome, translate into clinical advances that directly benefit children. What's more, fetal therapies arising from the identification of molecules important in embryonic development may prevent a lifetime of anguish. The unique partnership between Packard Children's and Stanford ensures that the hospital's patients will always have access to treatments emerging from the intersection of research and medicine—which often occurs right down the hall.





BILL MOBLEY, MD, PHD: DISSECTING DOWN SYNDROME

Although it's clear that Down syndrome is caused by an extra copy of chromosome 21, it's been far from obvious which of the hundreds of genes is responsible for the complex constellation of symptoms experienced by people with the disorder. Particularly troubling is the near certainty that adults with Down syndrome will develop Alzheimer's disease. By the age of 40, their brains show the changes of this disease and most will go on to further cognitive decline by their 60s.

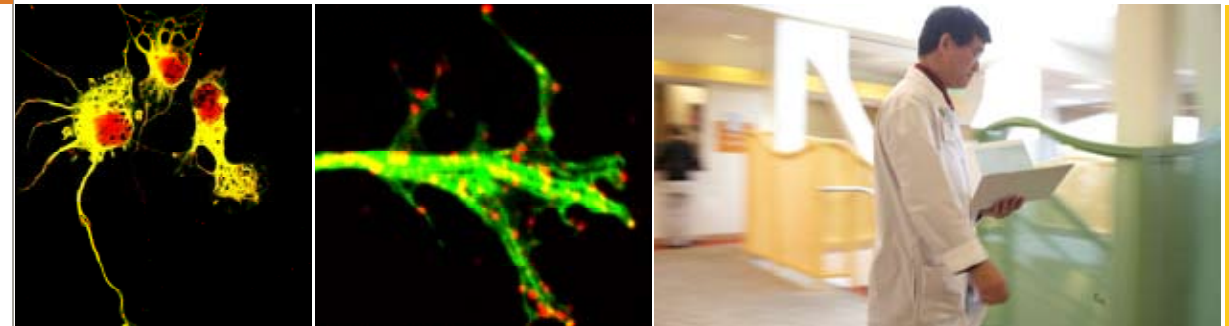
Now William Mobley, MD, PhD, Director of Packard Children's Down Syndrome Research Center and of Stanford's Neuroscience Institute is using mice with Down syndrome symptoms to home in on the gene responsible for this and perhaps other cognitive difficulties faced by adults and children with the disorder.

"We've done what many people thought was impossible: We've dissected Down syndrome genetically to correlate one of the most troubling symptoms – cognitive dysfunction – with one particular gene," said Mobley's colleague Ahmad Salehi, MD, PhD. "While it's not the only gene involved, its presence in three copies makes a significant difference." The researchers found that, when overexpressed, the gene, known as App, causes neurons responsible for attention and memory to shrivel and stop functioning normally.

Although mutations in App can cause early-onset Alzheimer's disease in otherwise healthy people, Mobley's research marked the first time the gene had been linked directly to degeneration of a specific group of neurons in the brains of those with Down syndrome. Mobley's team found that App is an integral component of the signaling between neurons that encourages cell growth. Their finding confirms an idea suggested by previous research: neuronal degradation in people with Down syndrome is the result of an interrupted conversation between nerve cells in a specific part of the brain.

"If we can decrease the expression of this gene," Mobley explains, **"we may now have the opportunity to make a difference in people's lives."**

CHING WANG, MD, PHD: HOPE IN NEW SMA STUDY



Spinal muscular atrophy, or SMA, is a heartbreaking disorder. Children with the most severe form of SMA rarely live past toddler-hood; and SMA is the leading genetic cause of death of children under 2 in this country.

Pediatric neurologist Ching H. Wang, MD, PhD, has been researching ways to treat SMA for more than 15 years—ever since, as a pediatric neurology fellow, he stood by helplessly and watched a four-month-old infant lose her battle with the disorder. "It was devastating," said Wang, who directs Packard Children's neuromuscular disorders clinic. "She died right in front of me. I decided then that I had to do something about this." Wang is an associate professor of neurology and pediatrics at Stanford's School of Medicine.

Wang has turned out to be a formidable foe. His groundbreaking trial of the drug hydroxyurea to treat SMA is generating some startling results: some children have regained voluntary muscle movement and a few have even spoken for the first time.

"Things are happening that aren't supposed to be happening in our patients," says Wang.

About 1 in 10,000 children are born missing a gene called SMN1, which makes a protein necessary to maintain the spinal nerves that control movement. Their nerves begin to degenerate soon after birth, leaving them with little muscle control and difficulties breathing. Older infants and adults diagnosed later in life are usually less affected and exhibit varying degrees of weakness.

Wang found that hydroxyurea, which is currently used to treat blood diseases like sickle cell anemia and thalassemia, can significantly increase the expression of functional SMN protein in cells from patients with SMA. Now his study, the only FDA-approved, double-blind, placebo-controlled study of hydroxyurea to treat SMA, is bringing results he didn't dare dream of. At last he, his young patients and their families, have a reason to hope. "It's not here yet, but with proper funding and research," Wang says, "I think we could be heading towards a cure."

JILL HELMS, DDS, PHD: GIVING FACE TO BRAIN FUNCTION



Though it's hard to believe, the heads of birds and humans are virtually indistinguishable in the earliest stages of embryonic development. After just a few short days, however, the primordial tissue has formed recognizable profiles. Any misstep in the intricate genetic dance responsible for this remarkable transformation into beak or nose can lead to skull or facial deformities ranging from cosmetic to life-threatening.

Jill Helms, DDS, PhD, a specialist in craniofacial development at Lucile Packard Children's Hospital and an associate professor at Stanford's School of Medicine, is studying facial variations in pigeons, which sport an amazing variety of beak shapes and sizes, to learn more about how different structures are formed and what happens when things go wrong. Ideally her work will lead to new interventions or prevention methods for birth defects in human fetuses.

When it comes to facial development, Helms says, any disruption in the genes and proteins directing the action can cause a range of malformations from a barely noticeable cleft lip to holoprosencephaly—a condition that, in its most severe form, can leave infants with only one eye in the center of their forehead, one central tooth and little or no separation between the two hemispheres of the brain. Helms has found that interfering with key signaling pathways disrupts brain and face development in a time-dependent way: earlier interference often results in a more severe defect.

"We're finding that individual pathways function throughout the body like a web," says Helms, "and that limb and facial development use many of the same genes. In fact, there is a huge group of birth defects characterized by abnormal limbs and faces. Now we understand how that could occur."

Currently the only treatment for birth defects like holoprosencephaly and cleft lips and palates is palliative at best. The long-term goal of research like Helms' is to find ways to diagnose craniofacial abnormalities early enough during gestation to allow effective intervention. Similar techniques might one day be used to correct damage to the face and skull caused by trauma or disease, knitting bones and mending skin with the flip of a molecular switch.



ALLAN REISS, MD: PINPOINTING THE PATH OF MENTAL ILLNESS

It's painfully apparent that some mental disorders like schizophrenia are strongly influenced by genetic factors. Pinpointing which children are most likely to develop the disorder may allow physicians to help them even before symptoms start.

"The hope is that we will one day be able to identify the highest-risk groups and intervene early to prevent a lifetime of problems and suffering," said child and adolescent psychiatrist Allan L. Reiss, MD.

Reiss and his colleagues have found that a gene that regulates levels of dopamine—an important chemical messenger in the brain—is involved in development of schizophrenia in some children. Reiss is the Robbins Professor of Psychiatry and Behavioral Sciences at Stanford and director of the department's Center for Interdisciplinary Brain Sciences Research.

Dopamine levels have been implicated in many neurological conditions, including Parkinson's disease and psychosis. Data from this and other studies suggest a kind of Goldilocks effect for the molecule: too little or too much can dramatically interfere with normal cognition, behavior and motor skills. Nudging these levels back into the "just-right" range may help treat or cure some conditions.

The researchers studied children with a small deletion of DNA in one copy of chromosome 22. About 30 percent of children with this deletion develop schizophrenia or a related psychotic disorder by early adulthood. One of the missing genes encodes a protein that breaks down dopamine in the brain, causing the researchers to wonder if the children's problems were the result of too much of the chemical messenger.

Their hunch was correct. Reiss and his colleagues found that natural variations in the copy of the dopamine-disposing gene remaining on the intact chromosome could explain why only some children develop schizophrenia: those whose remaining gene was highly active were less likely than those with a less active version to have psychotic symptoms five years later or to show abnormal brain development as revealed with MRI. The distinction is good news for parents and children living under the shadow of mental illness.

"As we gain a better understanding of these disorders," said Reiss, "we can design and try new treatments that we hope will be more specific and effective."



MICHAEL LONGAKER, MD: BABY STEPS TO PREVENT BIRTH DEFECTS

Immunizing pregnant women to prevent birth defects may seem like science fiction. If so, pediatric craniofacial surgeon Michael Longaker, MD, is a visionary. He and his colleagues have shown that mice engineered to have cleft palates can be rescued in utero by injecting the mothers with a small molecule to correct the defect.

“This is an important baby step that opens the door to the development of fetal therapies,” said Longaker, the Deane P. and Louise Mitchell Professor and a leader in the Stanford Institute for Stem Cell Biology and Regenerative Medicine. “There are tremendous implications to the idea of preventing conditions in unborn patients rather than trying to treat them before or after birth.”

He should know. Before coming to Packard Children’s Longaker spent several years working to design surgical approaches for fetuses with life-threatening defects. The concept of non-invasively preventing these defects by treating the mother was unthinkable when he first began his work. “This is a great example of expectations changing as technology evolves,” he said.

Longaker and his colleagues were able to rescue the mice with a novel technique known as chemical genetics, in which a small molecule is used to modify gene expression or protein function. The research was the first to show that a compound administered to a pregnant animal can not only be transported to the fetus, but also function effectively once it arrives. Because the researchers also found that the technique can identify the specific times during development that the protein’s function is required, it’s possible that it could be used to create a series of molecular snapshots of embryogenesis.

Although promising, direct human applications of the research will require several key advances: an ability to predict which women are likely to have fetuses with birth defects before the defects occur; knowledge of an effective, small-molecule based therapy that can prevent the defect; and an accurate method of tracking fetal development to allow time-appropriate administration of the therapy.

“Over time, I expect we will overcome these obstacles,” said Longaker. “We have one of the best children’s hospitals in the country integrated within a school of medicine renowned for its research capabilities. With teamwork, we may be able to develop a whole new way to prevent birth defects.”

GREG ENNS, MB, CHB: INTERVENING AGAINST DEADLY DISORDERS



Associate professor Gregory Enns, MB, ChB, Director of Lucile Packard Children’s Hospital’s biochemical genetics program, is making a big difference in the quality of life for children suffering from lysosomal storage diseases. Caused by a build up of cellular refuse, most of the more than 40 rare disorders result in irreversible damage to the central nervous system. Many also affect the lungs, heart, bones, liver, muscle and spleen.

Detecting lysosomal disorders as early as possible is critical to providing treatment before irreversible damage occurs. Although Enns has been outspoken about the need to include lysosomal diseases in expanded newborn screening, it has not yet begun to occur routinely. In extreme disorders, such as Batten disease, children are “basically born with a death sentence,” Enns says. Children with the most severe form of the disease usually die in a vegetative state in early childhood. Although there is not yet a clinically proven therapy for Batten disease, Enns is hopeful that new treatments, such as neural stem cell transplantation, can help children with this devastating disorder.

Enns is optimistic about the potential of enzyme replacement therapy, or ERT. Although it doesn’t cure the conditions, ERT works by intravenously replacing the missing or defective enzymes that help rid the cell of excess waste. While the blood-brain barrier prevents ERT from reaching the central nervous system, it can make a tremendous difference in a patient’s quality of life by keeping peripheral organs healthier. Many patients feel better and live longer. Enns hopes that ERT delivery into the brain, either through injection or cell-based therapies, or other specially designed drugs, may positively impact disorders that affect the central nervous system.

Although the weekly or biweekly ERT sessions require many hours, families are thrilled to finally have an option for treating these physically and emotionally devastating diseases. Enns is equally pleased. “I can’t wait until I can look into the eyes of parents and not have to tell them about a fatal disease, but about one that we can cure.”

UNPRECEDENTED ABILITY TO ATTEND TO EVERY ASPECT OF A PATIENT'S CARE

DOWN SYNDROME CLINIC

The array of medical complications associated with Down syndrome can present a maze of appointments and logistics as trying for the patient as it is for the parent. Packard Children's new Down Syndrome Clinic simplifies life for families and physicians, too, by providing a single site for diagnosis and treatment. This concentrated attention helps physicians coordinate their care.

The comprehensive, multidisciplinary clinic—the only one of its kind on the West Coast—offers more than just convenience, however. It's closely associated with the university's Down Syndrome Research Center, which is devoted to basic laboratory research on the condition. Families throughout California and across the country are eagerly following the work of center scientists like neurologist William Mobley, MD, PhD, who studies mice with Down syndrome symptoms. Mobley's recent identification of a gene involved in the condition's cognitive difficulties provided what is for many parents the first glimmer of hope that there may one day be a treatment for Down syndrome.

Mobley, who directs both the research center and Stanford's Neuroscience Institute, says, "If we can change the expression of this gene we may be able to provide something more than supportive care to people with Down syndrome."

Supportive care is what the Down Syndrome Clinic at Packard Children's does best. Like air traffic controllers, clinic organizers schedule diverse medical specialists to meet with a child at each visit. This coordinated yet individualized approach to a child's medical care allows the physicians to become familiar with the family and ensures that the child's past medical history is considered when planning any needed medical, genetic, developmental or psychological tests, or therapies.

Help doesn't stop when the patient walks away from Packard Children's, either. Clinic specialists interact with each child's primary care physician, work to educate families and referring physicians about the particular needs of children with Down syndrome, and advocate for children and their families in the larger community. Together Packard Children's Down Syndrome Clinic and Research Center work hand in hand to improve the lives of affected children, both now and in the future. "Relatively few places in the world integrate research and clinical care like we do," said Mobley. "We're committed to doing every thing we can to help these kids."

"When our son Aram was first born we were told about the Down syndrome research program at Stanford. For four years we have followed all the new happenings and were determined to take part in the Down syndrome clinic when it opened at Packard Children's, despite our distance in Orange County, CA. We were very grateful to all the specialists and doctors who conducted the evaluations and provided us with their expert recommendations. Our experience was wonderful. We felt proud that, through our participation in the clinic, we may possibly be a part of history, because we strongly believe that Dr. Mobley is going to achieve success with his research. We plan to come back every two years no matter where we are."

Pearlene Varjabedian, Orange County

CLINICAL SERVICE INNOVATIONS

At Lucile Packard Children's Hospital, we continually look for new ways to make health care more convenient and more effective. We learn more with each patient about the courage it takes a child to face treatment, the effort and coordination it takes for families to manage and support that care, and the unique way that children experience a medical environment. These factors inspire our clinic coordination and design with consolidated services that combine novel research in child-centered settings.

SPECIFICALLY BUILT FOR AND DEDICATED TO CHILDREN

PEDIATRIC EMERGENCY MEDICINE

Bewildered. Frightened. Anxious. A dash to the emergency room with a worried parent can strand a sick or hurting child seriously out of his or her comfort zone. It can even complicate diagnosis and treatment efforts. The new emergency medicine department shared by Lucile Packard Children's Hospital and Stanford Hospital & Clinics alleviates this problem by combining Packard Children's trademark kid-friendly atmosphere with a coterie of pediatric emergency medicine specialists familiar with their young patients' needs and anxieties.

"No physician can do an adequate lung or abdominal exam on a screaming child," explained Bernard Dannenberg, MD, emphasizing that children respond differently than adults to the institutional, utilitarian feel of many emergency facilities. "We are now able to reduce a child's anxiety through play and distractions such as movies and games, which allows us to get a better exam and ultimately arrive at the answer we need much faster." Dannenberg is the Director of Pediatric Emergency Medicine at Packard Children's.

The new emergency facility is a triumph of partnership. Packard Children's Hospital, Stanford Hospital & Clinics, the Lucile Packard Foundation for Children's Health and more than 50 individual donors from the community banded together to make a child's unplanned hospital visit less scary and more efficient. In the process they created a new standard of pediatric emergency care.

Now, rather than waiting with sick adults in a non-descript room, most of the 11,000 children per year who visit the 24-hour facility follow a blue river pattern in the floor to a brightly-lit and colorful waiting room decorated with familiar storybook artwork and whimsical patterns, and stocked with toys and activities for the children. Each of the seven exam rooms has a television, computer games, music, movies and Internet access.

The pediatric emergency department is staffed by teams of pediatric specialists, from physicians and nurses to child life specialists, to respond to medical problems ranging from minor to life-threatening. Dannenberg himself has completed medical residencies in both pediatrics and emergency medicine—rendering him uniquely able to treat medical emergencies in the smallest of patients in the new facility.

"We have everything necessary to take care of children," explains Dannenberg. "Monitors in every exam room allow constant observation of a patient's vital signs from a central nursing station, and the exam rooms' headboards are equipped with the latest in medical technology. In addition, two of the exam rooms can function as isolation rooms, providing negative air pressure to isolate children with communicable diseases."

Although most children can be adequately cared for in a 'normal' emergency department, pediatric emergency departments affiliated with children's hospitals have some unique advantages above and beyond the child-friendly atmosphere. Packard Children's tertiary care facility represents all pediatric specialties and routinely accepts severe pediatric trauma and pediatric intensive care cases referred from surrounding community hospitals.

"All of us who work in emergency medicine are thrilled about what this means for kids and their families," said Stanford Hospital emergency medicine chief and associate professor of surgery Robert Norris, MD. "This new department will also enable us to advance the research and teaching of pediatric emergency medicine through training programs and fellowships."

"We have listened to the community and now have a facility specifically built for and dedicated to children," said Dannenberg. "Most people who have seen the space say 'Wow. The kids will never want to go home.'"

Bernard Dannenberg, MD, and Steven, Packard Emergency Medicine

CLINICAL PROGRESS OCCURS WHERE THE MARGINS OF DISCIPLINES INTERSECT

CYSTIC FIBROSIS AND PULMONARY DISEASES CENTER

David Cornfield, MD, has waited long enough. Since the discovery of the cystic fibrosis gene 18 years ago, he and other pulmonary specialists have been anticipating gene-based treatments or maybe even a cure for the complicated disorder. Now, with the opening of Packard's Cystic Fibrosis and Pulmonary Diseases Center, Cornfield and his colleagues may finally see the kind of advances that will make both physicians and patients breathe easier.

The Center links together three separate, formerly unrelated divisions: Pediatric Pulmonary, Allergy and Critical Care Medicine. The aim is to promote synergy between experts to cultivate novel approaches to the treatment and research of chronic pulmonary disorders from cystic fibrosis to chronic colds.

"There is a tremendous blurring of what we used to think of as very distinct disciplines," said Cornfield, who directs the new center and serves as the hospital's chief of pulmonary medicine. "I'm convinced that true research and clinical progress occurs where the margins of these disciplines intersect." Cornfield is also the medical director of the hospital's pediatric intensive care unit and director of the division of critical care medicine at Stanford's School of Medicine.

Together, specialists at Packard Children's have an unprecedented ability to attend to every aspect of a patient's care. Experts in pulmonary medicine are complemented by ear, nose and throat specialists, gastroenterologists, endocrinologists, cardiologists, neonatologists and orthopedic surgeons, as well as nurses, respiratory care specialists, social workers, dietitians, and others.

In addition to advancing clinical care, the center also focuses on education and research in pulmonary biology and critical-care medicine. The center's physicians recently completed a phase I clinical trial of a compound that seems to reduce the amount of inflammation in the lungs of children with cystic fibrosis. While more studies are needed, the researchers are optimistic.

"If we can relieve or cut back on the amount of inflammation on a day-to-day basis in these children, we could impact their health in a big way," said Carol Conrad, MD, a pediatric pulmonologist at the center.

Although Cornfield's appetite for clinical advances is tempered by his belief that true medical progress is more likely to be incremental than monumental, he, like Conrad, sets his sights high.

"A baby's first breath is a miracle," said Cornfield, "when the lungs go from being almost vestigial in the fetus to fully functional, life-giving organs within a few seconds. We want to know what prepares them to undertake this great mission, and to understand why and how things sometimes go wrong."

David Cornfield, MD



HARVEY COHEN: BEGINNING A NEW CHAPTER

The work of Harvey Cohen, MD, PhD, has been integral to the progress and character of Lucile Packard Children's Hospital for 14 years. In November, Cohen handed over the titles of Chief of Staff of Lucile Packard Children's Hospital and Chair of Pediatrics for the Stanford University School of Medicine. Cohen, who in 1993 succeeded former chair Irving Schulman, MD, stepped down in November to re-devote himself to clinical and research pursuits. Kenneth Cox, MD, and Christy Sandborg, MD, will serve as interim chair and chief, respectively, until a permanent replacement is named.

"These past 14 years have been the best of my life," said Cohen, "but it's time for someone to come in and take the hospital to the next level of greatness. I've missed not being a doctor." Although his leadership responsibilities left little time to examine patients, Cohen has made a lasting impact on children's health care—locally and nationally—through his tireless dedication to mentoring, recruiting, legislative lobbying and fundraising.

"During his tenure, he and his colleagues transformed the department of pediatrics and children's services at Packard Children's," said Stanford University School of Medicine Dean Philip Pizzo, MD, who has known Cohen since 1970 when they were both interns at Children's Hospital Boston. Packard Children's was in its infancy when Cohen arrived from the University of Rochester. "The fact that the hospital was quite young was really exciting," Cohen said. "It was not encumbered by views and thoughts that would prevent the development of a unique institution, one providing comprehensive, child and family-centered care for all kids in an academic atmosphere."

Over the course of Cohen's tenure, hospital admissions have more than doubled; outcomes for kids with transplants, cancer, heart disease and cystic fibrosis have dramatically improved; outreach programs have blossomed, and grant support for research in the Department of Pediatrics is up fivefold. The hospital also now routinely ranks as one of the top children's hospitals in the country by *U.S. News & World Report*.

Cohen played a critical role in ensuring that the hospital had sufficient funds to grow. In 2001 the hospital, the School of Medicine and the Lucile Packard Foundation for Children's Health embarked upon the largest fundraising campaign ever for a pediatric hospital—and reached their five-year goal of \$500 million two years early. "We could not have accomplished this without Harvey's help," said Susan P. Orr, Vice-Chair, Lucile Packard Children's Hospital Board of Directors. "He represents the 'heart and soul' of Packard Hospital, providing a welcoming face to patient families and donors alike."

"The success we have achieved over the past few years is directly attributable to Harvey's skills in identifying, retaining and recruiting many of our most successful

faculty," said hospital CEO Christopher Dawes. These new arrivals joined many of Cohen's former trainees and longtime colleagues already on the faculty.

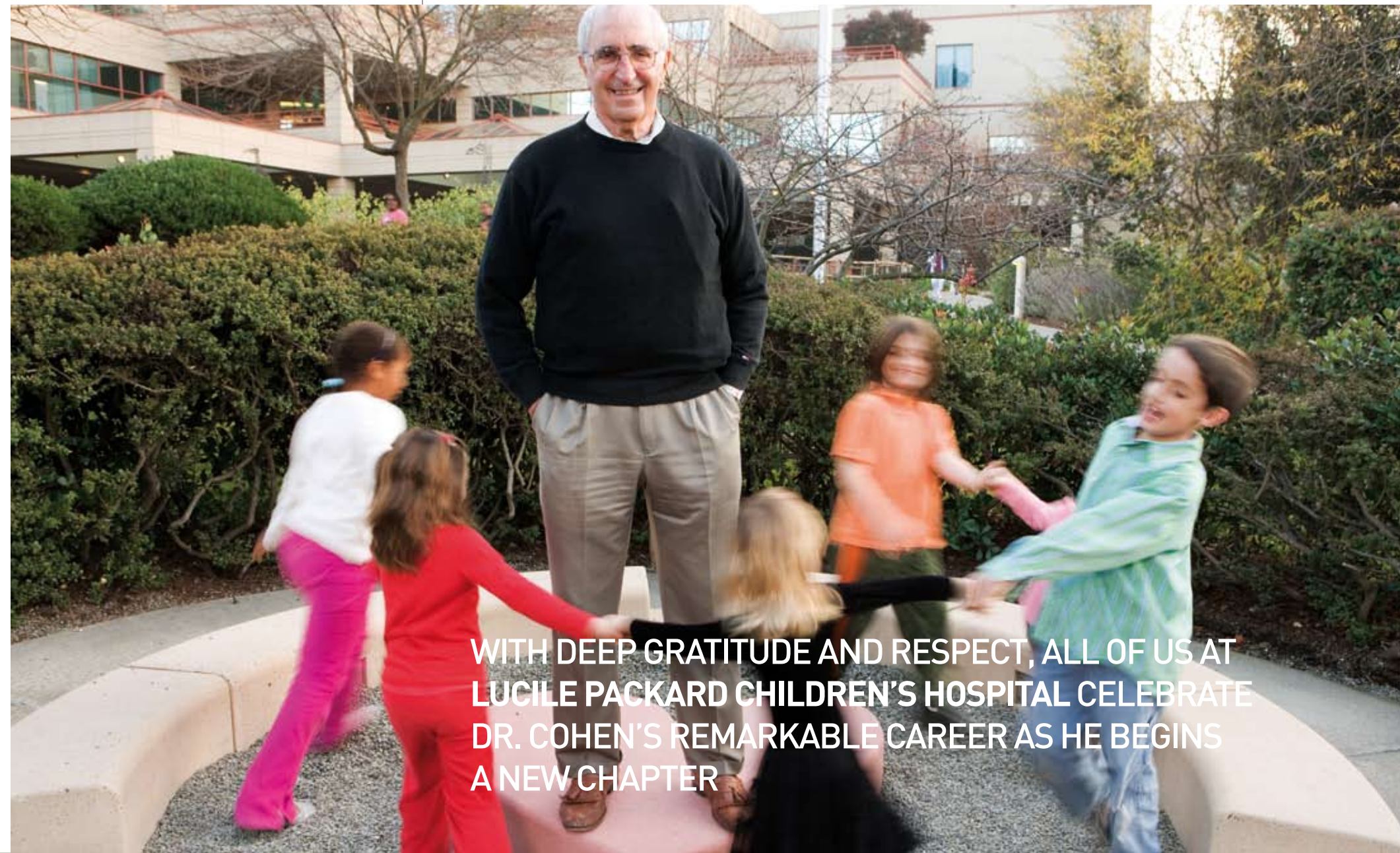
What makes it easier for Cohen to step down is that he has encouraged and supported others to take independent leadership roles at the hospital. "Harvey is very skilled at maintaining a 'hands-off' approach when he sees that a program is working well," said his colleague, neonatologist Philip Sunshine, MD. "When he started he immediately instituted a program for associate chairs and hired a director of the residency program. He solicited a lot of input rather than making unilateral decisions."

In fact, Cohen's willingness to take advice is what launched him into medicine. His professors at Brooklyn College, impressed by his desire to "do something relevant," encouraged him to pursue a medical degree to complement his love of biochemistry. When he was accepted into

Duke's MD/PhD program, from which he graduated in 1970, he found that he enjoyed clinical medicine as much as he did research.

"I realized I would have to compromise," said Cohen. "I couldn't spend all my time on both medicine and research. But I felt it was extremely important to have individuals who could act as translators to bridge the gap between the two professions." He settled on pediatrics not just because he likes kids. "I also liked all the pediatricians that I'd met," he said, "and their combination of science and humanism. I've never been disappointed with my choice."

Although Cohen professes that he will miss the mentoring and recruiting of faculty, residents and students, he's excited about his upcoming sabbatical, during which he'll be using the latest techniques in comparative proteomics to devise new ways to diagnose and treat pediatric diseases. As always, Cohen's ongoing support of education, innovation and research will continue to inform the future of pediatric health care.



**WITH DEEP GRATITUDE AND RESPECT, ALL OF US AT
LUCILE PACKARD CHILDREN'S HOSPITAL CELEBRATE
DR. COHEN'S REMARKABLE CAREER AS HE BEGINS
A NEW CHAPTER**

Lucile Salter Packard Children's Hospital Statements of Operations

For the Years Ended August 31, 2006, 2005, and 2004
\$ in thousands

	2006	2005	2004
Revenues			
Net patient service revenue	\$470,256	\$444,460	\$380,199
Other revenue	15,863	15,769	29,467
Contributions used for operations	<u>18,721</u>	<u>16,383</u>	<u>14,220</u>
Total revenues, gains and other support	504,840	476,612	423,886
Expenses			
Salaries and benefits	\$226,952	\$211,921	189,833
Other operating expenses	<u>234,784</u>	<u>217,728</u>	<u>190,066</u>
Total Expenses	461,736	429,649	379,899
Excess of revenue over expenses	<u>\$43,104</u>	<u>\$46,963</u>	<u>\$43,987</u>

Balance Sheet

August 31, 2006, 2005, and 2004
\$ in thousands

	2006	2005	2004
Assets			
Total current assets	\$171,350	\$234,639	\$217,141
Bond proceeds and donor restricted funds	435,610	367,011	294,714
Funds designated by Board for investment in facilities, programs and services	190,200	150,200	100,000
Property and equipment, net	213,546	179,751	147,125
Other assets	<u>66,204</u>	<u>22,148</u>	<u>28,037</u>
Total assets	\$1,076,910	\$953,749	\$787,017
Liabilities and net assets			
Total current liabilities	\$74,730	\$88,899	\$59,380
Total long term liabilities	<u>172,878</u>	<u>177,752</u>	<u>177,473</u>
Total liabilities	247,608	266,651	236,853
Net assets	<u>829,302</u>	<u>687,098</u>	<u>550,164</u>
Total liabilities and net assets	\$1,076,910	\$953,749	\$787,017



HOSPITAL STATISTICS FOR FY06

Medical Staff:	962
Employees:	2,462
Volunteers:	800
Auxiliary Members:	1,500
Licensed Beds:	264
Obstetric:	52
Pediatric:	212
Inpatient Days:	78,177
Clinic Visits:	105,837
Discharges:	13,265
Births:	5,153

COMMUNITY BENEFIT

Uncompensated medical services for government-insured patients:	\$104,111,851
Total cost of charity care:	\$779,000
Total value of uncompensated services for and in community:	\$1,540,422
Total uncompensated costs to train health professionals:	\$1,427,000
Total Community Benefit	\$107,858,273

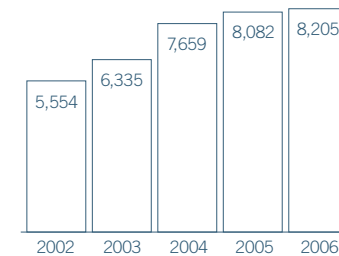
BUILDING A PHILANTHROPIC TRADITION



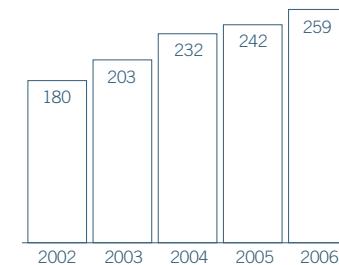
Miranda, Packard Transplant Program

GROWTH IN COMMUNITY SUPPORT Total Dollars Raised in FY 2006: \$36 million

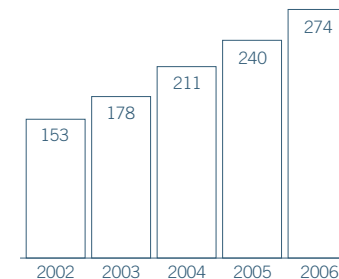
Total Donors:



Children's Circle Of Care:
Individuals who give \$10,000 each year



Founders:
Donors who have given cumulatively
\$100,000 or more since 1997



Community support is the hallmark of any great children's hospital. While well-established hospitals have had decades to institute sources of private funding, the 15-year-old Lucile Packard Children's Hospital has a relatively young philanthropic tradition. Yet thanks to unprecedented donor support, the community has helped build an institution that already is considered one of the nation's leading children's hospitals.

Today, Packard Children's provides the most advanced medical care possible to critically ill children and expectant mothers as a result of programs and services that donors help fund. The **Lucile Packard Foundation for Children's Health** works with individuals, corporations, foundations, and the hospital's seven volunteer-led auxiliaries to generate support for hospital initiatives and the pediatric programs at the Stanford University School of Medicine. As a result of philanthropy, Packard and the School of Medicine have been able to recruit an outstanding pediatric medical staff and research team who are working at the forefront of children's health to translate new knowledge into bedside care.

Through the foundation's efforts, more than 8,200 donors contributed \$36 million in fiscal year 2006. Much of this support has come through endowed funds, including an addition of 28 new funds in 2006. In total, 178 endowments now fund faculty, clinical care, research, and training (see p.28).

Broad-based community support also continued to grow in 2006 through donations to the Lucile Packard Children's Fund. Each year, donors are encouraged to make a gift to the Children's Fund, which provides flexible funds for hospital programs that are not covered by insurance reimbursements, but are vital to providing the best care to children. Children's Fund gifts provide seed funding for innovative pediatric research, and support family patient support services, community outreach programs, and care for children with limited or no health insurance.

The hospital's auxiliaries completed another successful year of fundraising activities to support care for any child in the community, regardless of a family's financial circumstances. The auxiliaries also helped fund a variety of special projects, including establishing The Harvey J. Cohen MD/PhD Auxiliaries Endowed Fund for Critical Clinical Programs, funded through proceeds from the Auxiliaries Endowment.

As Packard Children's continues to meet the health care needs of more children in the region, community support will play an even greater role in the hospital's future and its commitment to advancing children's health for generations to come.

ENDOWMENTS

The following endowments benefit Lucile Packard Children's Hospital and pediatric-related faculty and research at the Stanford School of Medicine.

Endowed Professorships

Deborah E. Addicott - John A. Kriewall and Elizabeth A. Haehl Family Professorship in Pediatrics
Harvey J. Cohen, MD, PhD

Ballinger-Swindells Endowed Professorship in Behavioral and Developmental Pediatrics
Heidi Feldman, MD, PhD

Anne T. and Robert M. Bass Professorship in Pediatric Pulmonary Medicine
David Cornfield, MD

Richard E. Behrman Professorship in Child Health and Society
Paul Wise, MD, MPH

Endowed Professorship Fund in Pediatrics – BMT
Kenneth Weinberg, MD

Lawrence Crowley, MD, Endowed Professorship in Child Health
Frank Hanley, MD

Dwight and Vera Dunlevie Professorship in Pediatric Cardiology
Marlene Rabinovitch, MD

Dennis Farrey Family Professorship in Pediatrics
Mark Kay, MD, PhD

Harold K. Faber Professorship in Pediatrics
David K. Stevenson, MD

Shelagh Galligan Professorship in the School of Medicine
Alan Krensky, MD

Arline and Pete Harman Professorship for the Chair of the Department of Pediatrics
Vacant

Robert L. Hess Endowed Professorship in Pediatrics
Jeffrey B. Gould, MD, MPH

Charles B. and Ann L. Johnson Professorship in the School of Medicine
Maurice L. Druzin, MD

Marron and Mary Elizabeth Kendrick Professorship in Pediatrics
Neville H. Golden, MD

Lydia J. Lee Professorship in Pediatric Oncology
Michael Link, MD

Lindhard Family Professorship in Pediatric Cancer Biology
Michael L. Cleary, MD

Lucile Packard Children's Hospital Endowed Professorship in Pediatric Neurosurgery
Michael S. B. Edwards, MD

Lucile Salter Packard Professorship in Pediatrics
Ann M. Arvin, MD

Howard C. Robbins Professorship in Psychiatry and Behavioral Sciences
Allan Reiss, MD

Alfred Woodley Salter and Mabel Smith Salter Endowed Professorship in Pediatrics
Daniel Bernstein, MD

Irving Schulman, MD, Endowed Professorship in Child Health
Vacant

Arnold and Barbara Silverman Professorship in Pediatric Liver Transplantation
Carlos O. Esquivel, MD

Philip Sunshine, MD, Endowed Professorship in Neonatology
William Benitz, MD

Endowed Directorships

Adalyn Jay Chief of Staff
Vacant

Beirne Family Medical Directorship of the Center for Children's Brain Tumors
Paul Graham Fisher, MD

Directorship of Pediatric Cardiology Surgery
V. Mohan Reddy, MD

Davies Family Directorship for Pediatric Emergency Medicine
Bernard Dannenberg, MD

Charles L. Dostal, Jr. Chaplaincy
The Reverend Carolyn Glauz-Todrank

Directorship of Family-Centered Care
Karen Wayman, PhD

Susan B. Ford Surgeon in Chief
Thomas Krummel, MD

John A. and Cynthia Fry Gunn Endowed Director of Pediatric Surgical Services
Craig T. Albanese, MD

John A. Kriewall and Elizabeth A. Haehl Directorship of Pediatric Palliative Care
Barbara Sourkes, PhD

Endowed Directorship of Child and Adolescent Psychiatry at Lucile Packard Children's Hospital
Carl Feinstein, MD

Radiologist in Chief Endowment
Richard A. Barth, MD

Vera Moulton Wall Center Directorship
Jeffrey A. Feinstein, MD, MPH

James Baxter and Yvonne Craig Wood Directorship of Pediatric Cardiovascular Intensive Care
Stephen J. Roth, MD, MPH

Endowed Fellowships

Deborah E. Addicott Endowed Fellowship in Pediatrics
Peggy and Charles Aronstam Fellowship in Child Health

Benchmark Capital Fellowship in Congenital Cardiovascular Bioengineering

Clinical Fellowships in Cardiology Endowment

Clinical Fellowships in Cardiothoracic Surgery Endowment

Pediatric Clinical Fellowship Endowment

Crandall Endowed Fellowship in Pediatric Pulmonary Medicine

eBay Fellowship in Pulmonary Vascular Disease

Marion and Jack Euphrat Fellowship Fund in Pediatric Translational Medicine

Arline and Pete Harman Fellowship and Research Fund

Endowed Fellowship in Health Policy Outcomes and Prevention Fund

Informatics Core Fellowship Endowment

Neonatology Clinical Fellowship Endowed Fund

Lucile Packard Children's Hospital Clinical Fellows Fund

Paul and Yuanbi Ramsay Endowed Fellowship

Elizabeth and Russell Siegelman Fellowship (2)

Center for Transplant and Tissue Engineering Endowed Fellowship

Alex Vibber Fellowship in Pediatric Cardiac Research (2)

Beverly and Bernard Wolfe Endowed Fellowship in Pediatric Neuro-oncology

Distinguished Packard Fellows

Berger-Raynolds Distinguished Packard Fellow
Charles G. Prober, MD

Marion and Jack Euphrat Distinguished Packard Fellow
Kenneth Cox, MD

Kirkwood Family Distinguished Packard Fellow
Christy I. Sandborg, MD

Mosbacher Family Distinguished Packard Fellow
H. Eugene Hoyme, MD

Bernard A. Newcomb Distinguished Packard Fellow
Steven Alexander, MD

Endowed Faculty Scholars

Endowment for Faculty Scholars

The Fund for the Roma and Marvin Auerback Scholar in Pediatric Cardiology
Norman Silverman, MD

Crandall Endowed Faculty Scholar in Pediatric Pulmonary Medicine
Vacant

Pete and Arline Harman Faculty Scholar
Stephen L. Huhn, MD

Division of Child Psychiatry Faculty Scholars Fund

Program and Research Endowments

Paul Althouse Endowment for Pediatric Cardiac Surgery

Association of Auxiliaries Endowment

Court Ballinger Endowed Research Fund

Sloane Barker III Endowment for the Chaplaincy

Bass Cancer Center Program Endowment

Suzanne M. Baukol Endowed Fund for Uncompensated Care

Children's Biotechnology Initiative Endowment

Michael and Lorna Boich Endowed Fund for Pediatric Emergency Services



Bone Marrow Transplantation Program Support Endowment Fund

The Barbara Seal Borden and Thomas Winckler Borden Endowed Fund for Patient Education Services

Malvina and Richard Botley Endowment

Center for Brain and Behavior Endowment

Samuel and Kelly Bronfman Endowed Fund for Pediatric Emergency Services

Byers Family Endowment for Community Outreach Programs

Cancer Center Program Support Endowment

Paula and Bandel Carano Endowment for Pediatric Emergency Services

Cardiovascular ICU Research Endowment Fund

Amon G. Carter Endowed Fund for Palliative Care

Center for Advanced Pediatric Education Endowment

Clinical Research Endowment

Harvey J. Cohen MD/PhD Auxiliaries Endowed Fund for Critical Clinical Programs

Community Services Endowed Fund

Community Services Program Endowment

George Donald Cooper Endowed Fund

Gay Cottrell Fund for Children with Cancer

Endowed Cystic Fibrosis Program Support

Lorna Gould Dickenson Memorial Endowment

Carl and Patricia Dierkes Endowment for Nutrition and Home Care Pharmacy

Hollis Yerington Drake Endowment

Emergency Reserves Pediatrics Fund

Pediatric Emergency Services Endowment

Elkus Family Endowed Fund in the Children's Heart Center

Eucalyptus Foundation Fund for Behavioral and Developmental Pediatrics

Family Centered Care Endowment

Family Support Endowment

Kurt Oscar and Julia Elisha Fissgus Endowment

Jill and John Freidenrich Endowed Fund for Pediatric Emergency Medicine

The Harald and Inger Friis Endowed Fund for Biotechnology Innovation

Marcia and John Goldman Endowed Fund for Pediatric Surgical Research and Tissue Engineering

Richard and Rhoda Goldman Endowed Fund for Tissue Engineering

Greenstein-Vuong Endowed Fund for Packard Brand of Care at Lucile Packard Children's Hospital

Shirley and Harry Hagey Endowed Fund for Palliative Care

Shirley and Harry Hagey Endowed Fund in Pediatric Surgery Research

Lauritis C. Hansen Family Children's Care Fund

Arline and Pete Harman Neurosciences Clinical Endowment

Stephanie and Fredric Harman Endowed Fund for Pediatric Emergency Medicine

Children's Heart Center Endowment

Christopher David Hess Endowed Fund for Neonatology Research

David Hansen Hesse-Withbroe Endowed Fund for Congenital Heart Disease

Jesse Hough Endowed Fund for Pediatric Autism Research

Paul DeHart Hurd and Elizabeth Kelly Hurd Endowed Fund

Melvin T. Hurley and James P. Hurley Endowment for Continued Education in Orthopaedics

Pediatric Imaging Center Clinical Endowment

Imaging Core Endowment

Informatics Core Equipment and Program Support Endowment Fund

Johnson Center for Pregnancy and Newborn Services Endowment

William and Gretchen Kimball Endowment for Pain Management

Steven and Michèle Kirsch Foundation Endowed Fund for Cardiology Research

John A. Kriewall and Elizabeth A. Haehl Endowed Fund for Pediatric Palliative Care

Liautaud/Silverman Fund for Palliative Care for Children with Cancer

The Lillie Family Fund

Mary Jane Maxfield Endowment for the Pediatric Hematology and Oncology Unit

Bart J. McCormick Memorial Endowment

Medical Subspecialties Endowment

Montgomery Street Foundation Endowment for Palliative Care

John and Irene Murray Endowment for Pediatric Cancer Research

John T. and Barbara B. Packard Endowment for Pediatric Surgical Research and Tissue Engineering

Pain Management Endowment

Dexter and Susan Paine Endowment for Pediatric Palliative Care

Pediatric Palliative Care Endowment

Palo Hills Endowment for the Chaplaincy

Endwed Fund for Perinatal Epidemiology and Outcomes Research

James and Hilda R. Porter Endowment

Division of Child and Adolescent Psychiatry Endowed Clinical Fund

Debra and Andrew Rachleff Endowed Fund for Pediatric Emergency Medicine

Rheumatology Clinical Research Endowment

Rocky Family Endowment for Child Psychiatry

Mary Stuart Rogers Endowed Fund for Charity Care

Mary Stuart Rogers Endowment for Community Services

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Faye and George Saul Endowed Fund for Community Outreach Services

Alden Seabolt Endowed Fund for Cancer Research at Packard

Selby Fund Endowment for Pediatric Emergency Services

Elizabeth and Russell Siegelman Endowed Fund for Community Outreach

Sit Family Endowed Research Fund in Pediatric Cardiac Surgery

Endowment for the Care of Children with Genetic Skin Disease

Boyd and Jill Smith Endowed Fund for Palliative Care

Ann Sobrato Endowment for Families in Need

for Pediatric Cancer Research

Elizabeth F. Stedman Endowed Fund

Gerald and Blair Stratford Endowed Fund for Pediatric Emergency Services

Sun Microsystems Chief Residents Endowment

General Pediatric Surgery Endowment

Pediatric Surgery Research Endowment

Surgical Subspecialties Endowment

Center for Transplant and Tissue Engineering Endowment

Ryan Maguire Turner Endowment

Uncompensated Care Endowed Fund

Vera M. Wall Center Operations Fund

Richard Jackson Wheeler Endowed Fund in Pediatric Neonatology

Mary Zelencik Endowment for Recreation Therapy

Endowed Lecture Series

Anne T. Bass Endowed Lecture Series in Hematology, Oncology, and Stem Cell Transplantation

Richard E. Behrman Lecture Series

Ben-Efraim Family Lecture Series in Pediatric Palliative Care

Harvey J. Cohen, MD, PhD, Endowed Lecture Series in Pediatrics

Lawrence G. Crowley Distinguished Lecture Series

Rudene Di Carlo Memorial Lecture Series

Dunlevie Family Lecture Series in Pediatric Cardiopulmonary Medicine

Fogarty Lectureship in Surgery Innovation

Dr. Norman Kretchmer Memorial Lecture Series

Susan Orr Endowed Lecture Series in Children's Health

Oscar Salvatierra Distinguished Lectureship in Transplantation



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