

Editorial

Boys Town National Research Hospital: Past, Present, and Future

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This *Journal of the American Academy of Audiology (JAAA)* special issue showcases some of the laboratories conducting audiology and hearing science research at Boys Town National Research Hospital (BTNRH) in Omaha, Nebraska. Since opening in 1977, BTNRH has been a recognized leader in research in audiology, hearing science, genetics and communication disorders. BTNRH is unique; it does not have medical school or university affiliations. What is unknown to many in our scientific fields is the 100-year legacy of Boys Town as an organization which provided the initial financial backing and mission for the research hospital.

The Boys Town organization celebrates its 100th year of service to children and families this year. Boys Town was founded by Father Flanagan, an immigrant priest from Ireland (Lynch and Hyland, 2016). Father Flanagan's Home for Boys opened in December 1917 on 25th and Dodge Streets in Omaha, providing care and support for delinquent and homeless boys. One of Father Flanagan's famous quotes, "There is no such thing as a bad boy," reflects his practical vision that teaching wayward boys positive values would benefit both society and the boys.

These children were provided with the basic necessities (food, clothing, and shelter) along with education, the opportunity to learn a trade, and a joy most children take for granted: the opportunity to play (Lynch and Hyland, 2016). Unique to this time period, Father Flanagan felt that all boys, regardless of religion or race, deserved these opportunities. By 1918, Father Flanagan's Home for Boys had grown to serve over 100 children. With this growth, Father Flanagan bought Overlook Farm in 1921, 160 acres of land ten miles from Omaha where Boys Town continues to reside. In 1936, the farm was incorporated as the Village of Boys Town. To this day, Boys Town remains a place where children are safe to learn, grow, and play.

Children continue to come to Boys Town for care, and Father Flanagan's vision has extended to community-based youth care programs located around the United States. Boys Town resides in the same location as the Overlook farm; however, as Omaha has expanded west,

Boys Town now sits in the heart of Omaha. The Boys Town Model® currently helps not only children, but families across the United States and has adopted the mission statement of, "Saving Children, Healing Families" (Lynch and Hyland, 2016). While still named Boys Town, girls have been afforded the opportunity to stay at Boys Town since 1978. Boys Town programs, known as the Boys Town Integrated Continuum of Care®, have expanded to include a Residential Treatment Center, Intervention and Assessment Services, Family Home Programs, Foster Family Services, In-Home Family Services, and Community Support Services.

In addition to its renowned youth care program, Boys Town Institute for Communication Disorders in Children was opened in 1977 by a young otolaryngologist named Dr. Patrick Brookhouser. The goal in opening the Boys Town Institute was to extend services and research to children with deafness and other communication disorders. In 1989, the name of the Institute was changed to Boys Town National Research Hospital. Dr. Brookhouser served as the Director of the hospital from 1977 until his passing in 2011. Dr. Brookhouser served as the founder, visionary, and advocate of BTNRH and for the children and families that the hospital serves.

Today, BTNRH clinical health care programs have expanded considerably. BTNRH opened the Lied Learning and Technology Center in 2004, which includes a preschool program for children who are deaf and hard of hearing and the BTNRH cochlear implant clinical and research programs (Lynch and Hyland, 2016). A second hospital was opened on the main Boys Town campus in 2006. Currently, BTNRH provides clinical services in several satellite offices in Nebraska and Iowa. Boys Town offers clinical services for both adults and children in audiology, ear nose and throat, pediatrics, internal medicine, gastroenterology, allergy, behavioral health, orthopedics, and ophthalmology, among other areas. The health care program at BTNRH has approximately 44,000 patient visits per year.

The research program at BTNRH started in 1977 with just two research labs, led by Walt Jesteadt and Eric Javel. Since that time, the research program has

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grown to include 25 laboratories across five research centers. The five research centers at BTNRH include the Center for Audiology; Center for Childhood Deafness, Language and Learning; Center for Hearing Research; Center for Sensory Neuroscience; and Center for Neurobehavioral Research. Research within the Center for Audiology has included research on pediatric amplification by Pat Stelmachowicz, Marc Brennan, and Ryan McCreery; otoacoustic emissions and auditory brainstem response research by Michael Gorga; and vestibular research conducted by Kristen Janky. Research in the Center for Childhood Deafness has included pioneering research on language development in children who are deaf and hard of hearing by Mary Pat Moeller and her collaborators.

Both the Center for Audiology and Center for Childhood Deafness are integrated into strong clinical programs that provide an ideal environment for collaboration between scientists and clinicians. The Center for Hearing Research includes hearing science research from laboratories led by Douglas Keefe, Lori Leibold, Stephen Neely, Monita Chatterjee and Michelle Hughes, among many others. Research conducted in the Center for Sensory Neuroscience focuses on molecular and genetics studies of hearing loss in animal models, whereas the Center for Neurobehavioral Research focuses on developmental neuroscience using a combination of neuroimaging and behavioral methods. Overall, the research program at BTNRH continues to grow in both the number of laboratories and breadth of research areas.

This special issue of *JAAA* highlights audiology research from scientists in the Center for Audiology and

Center for Hearing Research. Four of the manuscripts (McCreery et al., Brennan et al., Kirby et al., and Spratford et al.) represent studies related to amplification and perception that were conducted at BTNRH. The Spitzer and Hughes article shares results from one of four BTNRH laboratories that focus on perceptual outcomes for individuals that use cochlear implants. The strength of the integration of clinical and research vestibular programs at BTNRH is apparent in the article by Janky and colleagues. The article from Keefe and colleagues represents a project from an influential line of research related to characterizing the function of the middle ear and diagnosis of middle ear disorders that has been developed over the past two decades.

Many of the individuals who have been with BTNRH since its inception in 1977 are nearing retirement. As BTNRH undergoes its natural evolution of change, we hope that BTNRH's legacy of being a recognized leader in research continues – and we make proud those who laid a firm foundation as well as continue Father Flanagan's mission into the future.

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REFERENCE

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