n the for-profit world, the prevailing ethos may be “show me the money.” But in the nonprofit world, it’s “show me what the money does.” So as the Transforming Medicine Campaign for Dartmouth Medical School and Dartmouth-Hitchcock Medical Center drew to a close recently, the focus was not just on the fact that the campaign had exceeded its $250-million goal (raising $256,249,194), but also on the stories of what that money has done and will do.

For example, not only does a child born with a cleft lip and palate have a direct impact on numerous Dartmouth scientists, clinicians, and students, as well as benefiting present and future patients. Here are a few insights into the campaign’s many salutary effects.

Top, DMS students volunteering in a local free clinic. Bottom, a team of Dartmouth prion researchers.

This feature—like the work funded by the campaign reported here—was a collaborative effort. It was written by Jennifer Durgin, Amos Esty, and Matthew C. Wiencke—"In this issue for more on one of his projects."

The Theodore B. Dels Foundation made gifts totaling $5.4 million to the campaign—to support the research capabilities of the Department of Genetics and to fund medical student scholarships.

Dr. Peter Williamson and Susan Williamson made the biggest gift ever to DMS and DHMC—$20 million to support translational research. A to-be-built research facility will be named in their honor.

Support from Employees of DHMS amounts to $8.1 million, not counting the $32.0-million gift from faculty member Peter Williamson.

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The Robert Wood Johnson Foundation gave a total of $14.6 million during the campaign, in support of a number of projects, including the Dartmouth-Atlas of Health Care, smoking cessation education, and research on healthy eating for teens.

Dartmouth and Jack Byrne (and the Byrne Foundation) gave $10.5 million, primarily to develop the Palliative Care Program, and also to support the Presty, the annual bike ride benefitting Dartmouth’s Norris Cotton Cancer Center.

Jennifer and Peter Brock gave a total of $4.3 million during the campaign—to support the research capabilities of the Department of Genetics and to fund medical student scholarships.

Williamsonmade the biggest gift ever to Dartmouth—$20 million to support psychiatric research by Dr. Robert Drake and colleagues. And Johnson & Johnson gave $6.6 million, primarily to fund Drake’s work as well. See page 32 in this issue for more on one of his projects.

From faculty member Peter Williamson.

This building is still in the planning stages, but when it comes to construction of a new building dedicated to translational research, it’s going to be more important.

That made it clear that before the new one opened, some people with cancer in northern New Hampshire and northeastern Vermont were ac-

For more information and to see more of the projects described here, see dartmed.dartmouth.edu/sp10/we04.

If you have questions or comments, please contact Terry Taylor, director of public affairs, at taylor.terry@dartmouth.edu.
allow more collaborations than you'd see at larger research endpoints.

Dr. Alan Eastman is among those who is helping to facilitate translational research, as cordinator of Norris Cotton Cancer Center’s Mol-ecular Therapies Program. According to Eastman, collaboration is all about location. “If a lab guy like me wants to work with human tissue... it is critical that I have proximity to the clinicians,” he says.

For example, DMS immunologists are devising ways to trigger the immune system to attack cancerous tumors. When one method shows promise in mice, the next step is to test that finding in humans. To obtain human cells or to start a clinical trial, the immunologist has to work with clinicians in the hospital or in the cancer center.

Peter Williamson died before construction could begin on the Pe-tter and Susan Williamson Translational Research Building, but his legacy will live on. The building will house scientists and physicians from a number of fields in spaces designed so teams can work together on areas of common interest, such as tumor immunology.

“It is amazing what happens,” Eastman says of collaborations between physicians and scientists when we use the word ‘coffee pot.’

Giving students the wherewithal to study

By the time they earn their M.D.s, DMS graduates have accumul-at-ed debt from medical school alone averaging $109,200. As daunting as that figure may be, it’s considerably less than the average med school debt borne by graduates of private U.S. schools: $149,200.

“It’s because of our generous donors,” says G. Dirk Koff, DMS’s di-rector of financial aid. “We’ve been very lucky to give out such gener-ous scholarships. That helps alleviate the burden.

Dr. Jason Kemp, DMS’s endowed chair for that. Kemp, whose $5-million gift to fund the DHMC completes its Project for Progress: 547,000 sq. ft., of new space, 281,000 sq. ft., of renovated space, and a DHMC, is formed, with Dr.

2006

2007

2008

2009

James Varnum, president of Mary Hitchcock Hospital since 1978, retires.

DHMC completes its Project for Progress: 547,000 sq. ft., of new space, 281,000 sq. ft., of renovated space, and a 540-space parking garage.

Hilary Clinton and Orris Hatch make a $125,000 birthday party in D.C. for Dartmouth’s Dr. C. Everett Koop. It’s announced that a research gift from DHMC will bear his name.

Many Fortinola and Dr. Thomas Gofas are named DHMC superintendents.

Dr. James Weinstein succeeds Dr. John Woonasquat as head of Dartmouth’s health policy institute. Woonasquat is named the most influential health policy analyst of the past 25 years by Health Affairs.

Dr. William Green is named dean of DMS.

Dr. Mary Grace is named chair of the campaign committee.

A second gala is held on the campus pass $200 million.

Dr. Wayne DuVan is named chair of the program: Dr. Charles Barlow of the University of Colorado at Denver.

It’s announced that Dr. Tin Yong Lin will be the 17th president of Dartmouth’s Radcliffe Institute.

The campaign closes on December 31, raising more than $250 million.
payment system, palliative care is “not well paid,” says Byock. But thanks to support from Jack and Dorothy Byrne (and the Byrne Foundation), DHMC’s Palliative Care Program has been able to expand its programs during the past several years. The staff has grown as well; the team has added a social worker, a chaplain, a volunteer coordinator, a director of network development, and a healing arts/massage practitioner.

The Byrnes’ gifts to the Transforming Medicine Campaign went primarily to palliative care. They totaled $10.5 million, including $5 million to establish an endowed chair in palliative medicine. The chair, held by Byock, allows him to devote time not only to overseeing patient care, but also to doing research on palliative care and directing a number of initiatives.

One example is the No One Alone program, in which volunteers are trained to provide companionship for seriously ill hospitalized patients. It is one of only a handful of palliative-care programs nationwide that uses volunteers.

Byock also started a fellowship program that trains one resident per year; it is one of only 53 accredited palliative-care fellowship programs in the United States.

And his team provides training and support for palliative-care programs in small hospitals throughout New Hampshire and Vermont. One aspect of this work involves ensuring the quality of care for patients being discharged to home for hospice care—patients who “have a high burden of symptoms from their illness,” says Byock.

On the drawing board is a training program at DHMC for doctors and nurses from other health-care facilities across northern New England, offering caregivers a chance to hone their palliative-care skills.

All this growth could not have happened “without the vision and generosity of the Byrnes,” says Byock. Because of their support, “we’re able to advance patient- and family-centered care for people with advanced illness, even though those services are not currently reimbursed in the antiquated health reimbursement structure we’re all living with.” It has, he adds, made DHMC “one of the national leaders in providing comprehensive hospital-based palliative care.”

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