

F A C T S & F I G U R E S

**New blood**

Where transfusions come from



10

Pints of blood in the body of an average adult

8 million

Number of volunteer blood donors annually in the U.S.

5%

Percentage of Americans eligible to donate blood who do so

15 million

Units of blood donated in the U.S. in 2001

4.9 million

Patients who received a blood transfusion in the U.S. in 2001

42

Days after donation that red cells must be used

5

Days after donation that platelets must be used

10%

Percentage of DHMC patients who need a blood transfusion

25%

Percentage of red cells used at DHMC that are donated locally

90%

Percentage of platelets used at DHMC that are donated locally

30 to 45

Number of minutes it takes to donate blood at DHMC

SOURCES: AMERICAN ASSOCIATION OF BLOOD BANKS, NATIONAL BLOOD DATA RESOURCE CENTER, DHMC BLOOD DONATION CENTER

**Grants grew in '05, but not as much as in years past**

Researchers at Dartmouth Medical School fared well financially in fiscal year 2005, despite a declining pool of federal dollars for research. Grants to DMS totaled \$131.7 million in FY05, an increase of 4% over the bottom line for FY04.

**Sum:** The largest sum came from the National Institutes of Health (NIH) and other agencies of the U.S. Department of Health and Human Services (\$90.6 million), followed by foundations (\$12.2 million), the State of New Hampshire (\$8.7 million), corporations (\$6.6 million), private institutes (\$3.5 million), and an assortment of other governmental and private entities.

“Even though it’s tough times,” says Charles Mannix, chief operating officer for DMS, the institution’s faculty “are submitting more grant proposals than ever, and, to their credit,” they’re holding their ground.

**Trend:** The 4% increase wasn’t as large as the growth in funding from FY03 to FY04, when grants jumped 13%, but the long-term trend has been strong. Funding for grants and sponsored projects has increased 63% just since FY01, and some departments—including Genetics, Medicine, and Pediatrics—have seen their research monies more than double in that period.

However, Mannix and DMS’s dean, Dr. Stephen Spielberg, caution that it’s unlikely DMS—

or any other medical school—will see such dramatic growth in the next few years. Research funding is cyclical, they say, and it’s currently on a downswing. For example, in 2005 the NIH received only a 2% budget increase, which is effectively a decrease after inflation is factored in. In 2006, the NIH is expected to receive an even smaller increase, according to the American Association for the Advancement of Science.

The single-digit gains are a big change from the 15% yearly NIH budget increases that were common during the late 1990s and early 2000s. And since NIH dollars account for about 65% of DMS’s research funding, major changes in the NIH budget are likely to have an impact on the Medical School.

**Proposals:** But DMS faculty members “saw this coming,” says Mannix, because many of them sit on national grant review committees. Faculty are already submitting more proposals, he adds, and being more creative about sharing resources across departments—which is often viewed favorably by grant reviewers.

Institution-wide, the Medical School is working on several fronts to stay strong in an increasingly competitive funding environment. The school is focusing on helping faculty improve their grant proposals before they’re submitted to funding agencies, says Spielberg, while keeping a close eye on national trends and diversifying the funding sources that Dartmouth’s researchers seek out.

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