



Practically Speaking

VOL. V, WINTER 2002

A Focus on Redesign

If the year 2000 was one of reassessment for the Donaghue Trustees, 2001 has been a year of applying lessons learned. The Foundation is bit different today as a result of some redesign work done over the past few months, and it is well positioned to capitalize on its independence and flexibility in health research grantmaking.

Staffing Redesign. A linchpin of the Foundation's remodeling was a commitment to initiative in finding useful research programs and projects, so a key step was the hiring of a new staff member to head up grant program development and program evaluation. In June, the Foundation moved to larger quarters (at the same address) to welcome Lynne Garner, PhD, who arrived in early September (see article below at p. 4). Staff responsibilities were reconfigured with Lynne's arrival, and Maggie Willard now holds the title of Director of Administration and Operations to complement Lynne's title of Director of Program Development and Evaluation, while Jacque Watson is now Office Manager and Program Assistant.

New Advisory Committee. To provide some guidance for the new director, and at the same time to give the Foundation's policy advisers a larger and clearer window into developing Foundation programs, the Trustees in October created a new Program Advisory Committee of six persons, chaired by Howard Bailit, DMD, PhD, one of our long-time mainstays. Dr. Bailit's wealth of experience and long history of working closely with Donaghue will stand Dr. Garner in good stead. In addition to Dr. Bailit, the new committee includes scientific advisers Cheryl Beck, DNSc; Stanislav Kasl, PhD; and

T.V. Rajan, MD, PhD; and policy advisers Judith Kunisch, RN, MBA, and the Hon. Alvin Thompson.

Committee Line-ups. To free up Howard Bailit for his new role, changes have been made in other committees where he has played a major Foundation role to date. The New Year will see new chairs of two standing committees as two scientists move into leadership roles. T.V. Rajan, MD, PhD, a pathologist from UConn Health Center who has been involved with the Foundation from its beginning (see interview below at p. 6), takes over the reins of the Donaghue Investigator Advisory Committee, while William White, MD, a cardiologist from the Health Center who has been both an adviser and grant recipient, assumes the chair of the Clinical & Community Health Review Committee.

Redesign struck the Foundation's Policy Advisory Committee recently as well. The Trustees have expanded the size of the group to 16 and filled two new vacancies by appointing Mary Bannon, JD, and Harlan Krumholz, MD. New additions are expected shortly from the ranks of scientists and clinicians as part of a plan to involve scientists and non-scientists in regular discussions about Foundation policy issues.

Program Updating. As a result of ongoing reviews of existing programs, the Trustees made a number of changes in the well-received Clinical & Community Health Issues program, a funding initiative that has been in the Foundation's portfolio since 1994. These changes, to be phased in during 2002, provide two major improvements responsive to input from scientific advisers and several minor refinements.

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“The Donaghue Trustees have been putting in place a number of adjustments in Foundation structure, function, style and program to incorporate the learning of our recent self-assessment.”

FROM THE TRUSTEES

Choosing our Steady Habits

It is not without good reason that Connecticut is known as The Land of Steady Habits. We tend to cling stubbornly to our ways, sometimes even in the face of powerful evidence of a need to “mend” them. The Donaghue Foundation welcomes change, because without it improvement is impossible. We embrace change because we’re committed to continuous improvement. We know that making a change doesn’t mean admitting that the status quo was wrong; it was just improvable.

We intend to make a difference in human health with our research money. That sometimes means *being* different — from others and from our own yesterdays as well. Not different for its own sake but different for practical benefit.

Miss Donaghue gave us discretion in how we use her legacy to pursue practical benefit to human life. Surely she understood that changing conditions would call for vigilance in discerning needs and opportunities — and best courses of action as well. As we scan our surroundings for ways to carry out Miss Donaghue’s purpose, one thing stays the same: the need to be clear on what should and what shouldn’t change.

This issue of *Practically Speaking* mirrors the past months at the Foundation office: it’s all about change. As we have seen chances to improve, the Donaghue Trustees have been putting in place a number of adjustments in Foundation structure, function, style and

program to incorporate the learning of our recent self-assessment. We’re sure that these adjustments are good for the Foundation, are improving our operations, and will serve us and the public well in the future.

Structure and function. The Foundation has a new look these days. As outlined in separate articles in this issue, we’ve added a key new staff member to strengthen our program development and evaluation capabilities, and we’ve tuned up the workings of our advisory committees to deploy our scientists more in leadership and policy roles.

Style. To improve communication with our various constituencies, we’ve worked with consultants to develop a plan for more systematic attention to conveying Foundation messages clearly and consistently — even as we change.

Program. We recently made a number of improvements in program design in the Clinical & Community Health Program. Beginning in 2002, and fully effective in 2003, we’ll run two grant cycles each year and increase the upper limit of individual grants to \$240,000, available over periods of one to three years. We’ll also encourage smaller studies budgeted at more than \$50,000 but not more than \$120,000, and we’ll strongly encourage studies in public health issues, at-

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Office: 18 North Main Street
West Hartford, CT 06107-1919

Tel: 860-521-9011
Fax: 860-521-9018
Web: www.donaghue.org

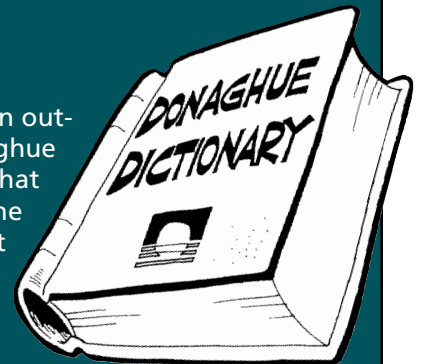
Director of Program Development and Evaluation: Lynne C. Garner, PhD
Email: garner@donaghue.org

Director of Administration and Operations: Maggie Willard
Email: willard@donaghue.org

Office Manager and Program Assistant: Jacque C. Watson
Email: jacque@donaghue.org

in·vest·ment

By a standard dictionary definition, an investment is an outlay of money, usually for income or profit. The Donaghue Dictionary puts just a bit of spin on that, to emphasize that our resources go well beyond the money we have in the bank. We call “investment” the thoughtful deployment of *all* our assets, both to safeguard them and to realize value from them. The profit we seek is practical benefit to human life. We deploy dollars among investment securities to increase value and then deploy the fruits in the hands of talented researchers. And we support the deployment of the researchers themselves, important resources as well, in areas of study where we believe investments should be made in the name of practical benefit. **D**



SAVE THE DATE!

Donaghue Foundation Annual Meeting

Date: Wednesday, May 8, 2002, 4:00 p.m.

Location: Farmington Marriott

Keynote Speaker: Jesse Gruman, PhD,
Executive Director, Center for the Advance-
ment of Health in Washington, DC

Topic: The importance of human behavior
in health.

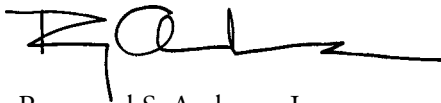
tacking problems with community interven-
tions.

Spending. For several years now, the Foun-
dation has ridden the crest of a surging stock
market. Rising investment values have made
it easy to keep Miss Donaghue's gift hard at
work in research. Now we find ourselves ad-
dressing a fascinating challenge: as the stock
market tails off and the performance curves
slope downward, what, if anything, should
happen to our spending curve, which fol-
lowed the market up almost from our very
beginning? Fashioning a spending policy
that's both mission-driven and properly sus-
tainable is no easy chore. So far our only
change in this regard has been the intensity
with which we're studying the financial as-
pects of how best to further useful research
and maintain a suitable Donaghue memorial.

Oversight. Shortly after this newsletter is
distributed, the Donaghue Foundation will
experience a major change not of its own
making. For the first time in the Foundation's
short history, a new West Hartford probate
judge will assume responsibility for financial
oversight. At the end of February, Judge John
Berman, the only judge the relatively new
court has ever had, reaches retirement age
and steps down. Judge Berman's tenure was
noteworthy for a strict view of his duty to
oversee trusts and a rigorous commitment to
the well-being of the Donaghue Foundation
in particular, partly because his court was
born in controversy over Miss Donaghue's
fortune in the 1980s but primarily because
of his own innate sense of doing what is
right. The Foundation is better for Judge
Berman's close scrutiny — we have appreci-
ated his interest and wish him the best. Even

as he sometimes complicated our lives as
Trustees, it was surely his job to do so, and
he did his job — and played his part in per-
petuating Miss Donaghue's legacy — exceed-
ingly well.

Another recent change affecting a Foun-
dation person, but happily not the Foundation
itself, was the promotion of Sheilah Rostow,
who so ably represents Fleet Bank in its Trustee
role, to senior vice president. Although
Sheilah's new responsibilities cover a much
wider geographic range, she assures her un-
dersigned colleague that she will be continu-
ing at the Donaghue helm, a most reassuring
thought. My heartiest congratulations to her.



Raymond S. Andrews, Jr.
Trustee

Health Care Relationships Program

Eleven Connecticut researchers have been named to receive \$750,000 as part of the Program for the Study of Healthcare Relationships. Currently in its second year, the \$2.8 million initiative aims to understand how clinician/patient relationships affect adherence, and how well patients follow instructions about such matters as taking medication and making lifestyle changes. The 11 projects funded this year are:

- **Kathleen Knafi, PhD:** *Assessing family management of childhood chronic illness*
- **Deborah Dillon McDonald, RN, PhD:** *Assisting elders to communicate their pain after surgery*
- **Barbara Blechner, MEd, JD:** *Advance care planning: a team approach*
- **Lynne Schilling, RN, PhD:** *The contribution of health care professionals to parent and child self-management of Type 1 diabetes*
- **Carol Bova, PhD, RN, ANP:** *Development of an instrument to measure patient's trust of health care providers*
- **Rose Maljanian, RN, MBA:** *Effect of a specialized RN intervention designed to maximize patient-provider relationship on adherence to anti-depressant medications*
- **Liana Frankel, MD, MPH:** *Elicitation of patient preferences with adaptive conjoint analysis*
- **Larry Davidson, PhD:** *Enhancing treatment access and adherence among Latina women: the roles of relationships and cultural responsiveness in behavioral health care*
- **Elizabeth Anderson, PhD:** *Exploration of the effect on nausea, self-efficacy, and health care relationships on medication adherence in AIDS patients*
- **Kevin Dieckhaus, MD:** *Pilot study of Internet-based rapid provider feedback on adherence to antiretroviral therapy*
- **Frederick Altice, MD:** *The role of trust between HIV-infected drug users and their clinicians* ■

Lynne C. Garner, PhD, Director of Program Development and Evaluation, discusses her thinking on a Foundation priority for the coming year: public health research.



Lynne Garner, PhD

New Donaghue staffer shares thoughts

In September, Lynne Garner, PhD, joined the Donaghue Foundation staff in the new position of Director of Program Development and Evaluation. Dr. Garner received her doctorate in sociology from the University of Massachusetts, with concentrations in medical sociology and applied research methods. She was in state service for many years, with her most recent position being Director of Research and Evaluation in the Office of Health Care Access. Dr. Garner brings to the Foundation a background and expertise in a number of subjects of great value in the Foundation's work: public health, the health care system, mental health, quality improvement, and program evaluation. She resides in Middletown with her husband and family.

In this article, Dr. Garner gives some insight into her thinking on a topic the Donaghue Trustees have assigned her as a Foundation priority for the coming year: public health research.

In September I started as the Director of Program Development and Evaluation for the Donaghue Foundation. This position is to add support in developing new grant programs and initiatives and to develop a program evaluation element as a part of Donaghue's ongoing activities. I look forward to working with the Trustees to define opportunities to expand the Foundation's role in public health research. Over the next few months I will be talking with various Donaghue Foundation advisers and grant recipients about what characterizes public health research. Or more to the point, what kinds of public health research should the Foundation be supporting and what are the best ways to achieve that?

A dictionary definition of public health is "the science and practice of protecting and improving the health of a community." This cuts a fairly wide swath. Certainly the *science* of protecting and improving health is familiar ground to the Donaghue Foundation. Several funded studies are based on discovering im-

proved ways to screen for or prevent disease. Examples include a non-invasive auditory test for newborns, understanding how different styles of messages about mammography motivate women to have screenings, improving methods of identifying pregnant women who are in abusive relationships, and testing methods to screen and educate elderly inner-city residents for depression.

Other Donaghue projects that do not at first glance appear to warrant a "public health" label are focused on knowledge that may find its way to community-level interventions. These projects seek to understand the basic processes of a disorder that have strong behavioral components and may be amenable to population-based or community level interventions. A grant to understand events that lead to functional decline in elders is a first step to establishing methods to identify populations at risk or designing community-based steps to mitigate that decline. Studies like this seek to understand

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2001 Donaghue Investigators

Richard Marottoli, MD, MPH, is Associate Professor of Internal Medicine at Yale School of Medicine. Dr. Marottoli's research is in the area of enhancing older driver safety and mobility. His research will try to determine how best to identify high risk elderly drivers and the factors that contribute to risk, whether interventions can decrease risk and how to help clinicians address the issue of older driver safety with patients and families.

Carol Pilbeam, MD, PhD, is Associate Professor of Internal Medicine at UConn Health Center. Dr. Pilbeam's area of focus is to produce new knowledge about the regulation of proliferation and differentiation of cells that make new bone. Understanding this dynamic should lead to development of new therapies for increasing bone formation and treating osteoporosis.

Robert Reenan, PhD, Assistant Professor of Genetics and Developmental Biology at UConn Health Center. Dr. Reenan will study how normal and diseased brains function in general by looking at the electrical signaling what occurs in the brain. Specifically, he will learn how changes in ion channel and receptor function in brains of adults changes with time and he will try to identify new molecules that interact with them. Results could affect the quality of life in terms of how our nervous systems function with advancing age.

2001 Clinical & Community Health Program Grant Recipients

Investigator	Department	Institution	Project Title	Amount	Term
Deepak D'Souza, MD	VA Health Care System	Yale School of Medicine	D-serine treatment of negative symptoms in Schizophrenia	\$180,000	3 Years
Leighton Huey, MD	Department of Psychiatry Health Center	University of Connecticut	Event-related functional MRI of adult ADHD	\$176,937	3 Years
Beth Anne Jones, PhD, MPH	Epidemiology & Public Health	Yale School of Medicine	Chemotherapy, Race and Cancer Survival	\$180,000	2 Years
Tandy Miller, PhD	Yale Psychiatric Institute	Yale School of Medicine	Screen development to detect the schizophrenic prodrome	\$176,040	2 Years
David Tolin, PhD	Anxiety Disorders Center	Institute of Living/Hartford Hospital	Behavior therapy for med nonresponders with OCD	\$172,900	2 Years
Quing Zhu, PhD	Department of Bioengineering	University of Connecticut	3-D ultrasound and NIR imaging for breast cancer detection	\$179,992	3 Years

the framework of disease as a step to developing interventions. What makes them relevant for public health is that the interventions may reasonably take a community approach. Just as basic science creates building blocks of clinical interventions, studies of the etiology of disease and disability, particularly of those with behavioral components, can provide building blocks of public health interventions.

Projects that research the *practice* of improving the community's health may prove to be more difficult to find and fund. Research on the effectiveness of public health interventions faces two challenges different from research on clinical interventions.

First, many public health efforts today are focused on changing core behaviors. Past public health advances did not require active participation by the public but were accomplished through changing the environment. Food protection, water sanitation and fluoridation, pest control, even vaccinations require little or no change in the public's behavior. For most people, these health protections happen in the background of their lives. But attacking major health problems facing us today requires ongoing and sometimes difficult behavior changes. Nutrition and exercise habits, consumption of alcohol and tobacco, and sexual practices are examples of behaviors central to our identity of self and our connection to our community, and they have

a profound effect on our health. Changing these behaviors can lead to the significant rewards of a healthier community.

Second, the public health laboratory requires a level of administration, coordination, and permission that is frequently beyond that required for other kinds of research. To test a method of reducing child obesity through a school lunch and education program you would need the approval of the school administration, the school board, parents' groups, teachers, and the parents of participating students. These are high hurdles, but the payoff is that a large number of children could benefit from this intervention.

Jessie Gruman, President of the Center for the Advancement of Health, has aptly said that "you can't do public health without the public." This summarizes our challenge in expanding our work in public health. This challenge includes thinking in new ways. Just as research in clinical settings is different from laboratory science research, researching the effects of interventions in the community will be different from clinical research. Meeting these challenges will give the Donaghue Foundation another way to meet its purpose of promoting medical knowledge of practical benefit of human life, and I am eager to pursue the goal. ▣

“Just as basic science creates building blocks of clinical interventions, studies of the etiology of disease and disability, particularly of those with behavioral components, can provide building blocks of public health interventions.”

A new chair with that old, comfortable feel

— Conversation with a Donaghue adviser —

T.V. *Rajan, MD, PhD, professor and head of the Department of Pathology at the University of Connecticut Health Center, is perhaps Donaghue's longest-standing adviser. A member of the original Scientific Advisory Committee when the Foundation was formed more than a decade ago, he has had a "field-level view" of the programmatic and administrative evolutions in the Donaghue arena over the last 10 years. Dr. Rajan's newest assignments — he will be the next Chair of the Donaghue Investigator Committee and has agreed to serve on the newly formed Program Advisory Committee — strengthen his partnership with Donaghue even further.*

We recently sat down with Dr. Rajan in his Farmington, CT office to discuss his passions as a pathologist and his perspectives on the Donaghue Foundation's role in the larger world of medical research.

Dr. Rajan, first of all, tell us what intrigues you as a scientist.

I have fairly eclectic tastes, but I have worked on a tropical disease called *Lymphatic filariasis* [elephantiasis] for a number of years — in part because I come from a part of the world where it is a huge public health problem. There are more than 50 million cases in India, affecting about five percent of the population. My grandmother had *Lymphatic filariasis*, and that had a huge effect on my life as a child.

I started working on this disease naively believing that I was going to discover a vaccine. I'm not sure I've given up that hope, but along the way it has become clear to me that a vaccine may not be possible. I wonder if maybe there are a number of chronic

disorders for which a vaccine may never exist, because it may not be the ultimate equilibrium of the pathogen and our immune system.

You also did a recent study on allergies that caught the media's attention.

That was a transient thing that happened after my older daughter developed rather severe hay fever as a freshman in high school. An allergist put her on Seldane. If someone drinks grapefruit juice, certain enzymes are turned on in the body which convert Seldane into very toxic metabolites. I was concerned about my daughter.

I remember at that time running into a young woman who swore that she stopped having allergies when her father started an apiary. I looked on the web and, sure enough, there were many beekeepers who testified that their children no longer had any allergies after they started taking honey. So I thought...why not try? Honey is something that has been used by humans for thousands of years, with no known deficits or toxicity.

So I ran a big study which I finally analyzed over the last few months, and the bottom line is: if you run a careful placebo-controlled trial, there is *no difference* between the honey group and the non-honey group, as far as we can tell. We couldn't find a trend. But many people swear by it, including my daughter. She started taking honey her senior year in high school, and it worked miraculously. In six years she has never needed another Claritin or Seldane.

How did you initially become involved with the Donaghue Foundation in the early 1990s?

Somebody called to tell me that a small foundation wanted to give grants to cardiovascular and aging research in Connecticut, and would I serve on the advisory panel. I said "sure." I think Mary Jane Osborn [Chair of Microbiology at the University of Connecticut Health Center] was the head of the panel at that time.

Were you involved as an adviser to other foundations?

Yes. I've been in the past an adviser to the National Science Foundation, the National Institutes of Health (NIH), and for many years to the American Cancer Society and the American Heart Association.

Are the assignments essentially similar, so if you're an adviser to one organization you pretty much know what kind of commitment is involved for another?

No, they vary tremendously. The NIH, for instance, was an enormous time commitment. I've been on NIH study sections for the past 12 or 15 years, which is very unusual. People tend to leave after four years.

How does your Donaghue experience compare with the grant review work you've done for these other organizations?

My Donaghue experience has been very different, and it speaks to my own growth philosophically over the last dozen years, and how much my attitude to Donaghue has changed, which is really very interesting.

Many who agreed to serve on Donaghue in its early years viewed the Foundation as sort of a "miniature NIH." I clearly started out in that same line, but in the last several years the Foundation has moved in another direction, in a perceptive, intelligent way. I think they deserve a lot of credit for that.

How would you characterize the change?

Essentially, they had the courage *not*

to be an NIH, which took resolve and foresight. Having been on NIH study sections for a long time, I can tell you that NIH reviewers see themselves as the guardians of public funds and want to make sure that the money goes to people who have a high chance of succeeding. NIH, therefore, tends to be very conservative and fund research that has, for all practical purposes, gone nine-tenths of the way. The NIH is unwilling to take chances.

How does Donaghue contrast with the more conservative approach of NIH?

What Donaghue is doing is really bold and very brave. I have increasingly become a champion of the view that Donaghue is taking, that if you have a mature idea and you have generated a lot of data, go to NIH, where you should be very competitive. Donaghue, by contrast, tries to find ideas that are very interesting — not necessarily yet proven, but ideas that are very solid, very clever.

What about the grant structure itself? You are soon to be chair of the Donaghue Investigator Committee.

This program gives the investigator significant rein to champion their research over a five-year period. In principle, NIH does that in their Career Development Award — they pay you your salary and you pretty much do your thing. In reality, though, it seldom works out that way, so again I think that Donaghue has greater flexibility.

Where Donaghue really differs from NIH is in the interview segment. I don't think that reviewers can really distinguish the number one grant from the number four grant. We can't be that objective. So the top Donaghue candidates are highly fluid in the ranking, which is why I don't find it troubling to give a grant to an applicant if he or she is far more articulate in the interview and will be a better ambassador to the public than the number one person in the science review.

Ambassador to the public?

If we have a built-in flaw as scientists, it is that we are not very good at dealing with people. This point was driven home to me one day when I was riding a cross-town bus in New York City. The woman who sat next to me was saying how bad a day it had been because her clients were wanting this and that. It occurred to me that I'm more likely to tell one of my colleagues that it was an awful day because I spilled a medium and my cells died. In almost every other profession people talk about their clients, customers, patients, or whatever. Scientists talk to each other about their cells, or molecules, or incubators. We don't talk about people. We're not people people.

To be able to communicate what you do has enormous bearing on what people do, particularly where research focuses on practical benefit. So if Donaghue can select the most articulate from very, very good scientists, then why not? I think it's great.

Why are communication skills important in the bigger picture?

From time to time we run into huge problems keeping this whole enterprise going. There are times when the legislature is very supportive and increases the funding, and then the cycle changes and they vote against the money. Many people don't understand that medical research has a huge impact on their lives. They don't realize that their father's or child's life was saved by an NIH-sponsored drug protocol.

The gap between research and the people seems so large in part because we make it so, because we make our language so obscure that we don't communicate well. For us to erect any kind of obstacle between ourselves and the beneficiaries of our work is counterproductive and wrong. So I think it is important that we have a cohort of young researchers who are willing and able to talk to people on their level.

The Donaghue Investigator program is about to enter its fifth grant cycle, and to date 17 scientists are being funded on a wide variety of ongoing research. How would you characterize the main goals of this program?

The Investigator program is designed to invest in the scientist rather than the project. So often research funding is focused on an application/proposal/hypothesis that's very likely to succeed. It almost doesn't matter who the person writing the proposal is — it's what is on the paper that's important.

The Donaghue Investigator program says yes, that is important, but the *person* is very important as well, and must have some larger global qualities — someone who can communicate, someone with a wider view of life than looking at a cell or a molecule. I think the Donaghue Investigator program seeks people with breadth of vision.

Do you see Donaghue's focus on practical benefit as being in conflict with basic research, or are they really two ends of the same spectrum?

This is the one philosophical area where I'm not sure I know where I stand. As someone with a medical background who works on a disease, there's a part of me that's very sympathetic to the idea of immediate, tangible benefit. But I also agree with many of my basic science colleagues who say that sometimes benefits come from very surprising angles within basic research that may not seem to have anything to do with the disease in question. Even the most obtuse basic research can result in profound implications on infectious disease. To insist on *immediate* practical application may be foolish, but I would find it very difficult to define that word. While we can come up with many examples to show that basic science has had an enormous benefit, the great majority of basic research has absolutely no bearing on human health and disease. It is unpredictable.

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Focus on Redesign (cont'd from page 1)

First, research funds for a project will increase by a third, to a maximum of \$240,000, with a number of smaller awards in the \$50,000 to \$120,000 range expected. Secondly, the awards will be made twice a year, giving unsuccessful applicants a much shorter wait for re-submission. As Dr. White takes over the chair of the Review Committee, he will implement several procedural improvements to make each grant cycle proceed more smoothly.

Besides encouraging researchers with smaller-budget studies to apply to Donaghue, the Trustees have asked the new Director of Program Development and Evaluation to actively promote research projects in public health. Studies in this field often require larger budgets than the C&CH program formerly allowed, and the redesign should prove welcome to public health researchers.

Redesign Ongoing. As 2002 begins and a handful of Foundation changes take effect, one might think the work is done for a while. But not according to Trustee Ray Andrews, who says of the Foundation, "We want to improve constantly, and improvement means change. We have the ability to be pretty much what we want to be, and that poses a welcome ongoing challenge." ▣



18 North Main Street
West Hartford, CT 06107-1919

ADDRESS SERVICE REQUESTED

A New Chair (cont'd from page 7)

Is Donaghue, not even a dozen years old, hitting on all thrusters yet?

One thing that is troublesome is that the Donaghue Investigator program funds so few of the applications we receive. Many more than we fund are potentially worthwhile. NIH funding is at 22 percent or so, while Donaghue is down around ten percent. That may inhibit some people from applying for grants.

Overall, though, Donaghue does a very good job for its size. If you look at the names of the people who have been selected in the past few years, it's a very distinguished list. So I think we're doing very well.

Rather than "four years and out," your involvement as a scientific adviser to the Donaghue Foundation is a decade old, and escalating still. What is the lay person to make of your investment of time and energy into Donaghue?

I really like what Donaghue is doing. I like the philosophy, and I think Donaghue is playing an important role in science in Connecticut. I feel very strongly about the direction of science in my field, and it's rewarding to be able to play a role in that. Donaghue does a very good job filling a niche, and I think we should continue. ▣

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