Seasons of growth
Mayo will provide the best care to every patient every day through integrated clinical practice, education and research.

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Seasons of growth

For more than 100 years, Mayo Clinic has grown in response to patient need. At the turn of the 19th century, the Mayo family practice became a busy group practice, known by patients and professionals alike for its surgical and medical skills. Today Mayo Clinic has facilities in five states and enjoys an international reputation. But the essence of Mayo Clinic, the personal commitment that first made the institution unique, remains unchanged.

This commitment was first given voice by William J. Mayo, M.D., who said, “The best interest of the patient is the only interest to be considered.” This clear statement of purpose and the singular vision of Mayo Clinic’s founders remain constantly before us. Our work is nourished by this institution’s long history and supported by its long-standing principles.

In this year’s annual report, we look at Mayo Clinic’s seasons of growth. “Rooted in excellence” revisits the partnership of country doctors that changed the way medicine was practiced. “Branching out to serve” illustrates how Mayo uses experience, technology and teamwork to improve the quality of patient care. And finally, “Sowing seeds for the future” explores how education, research and philanthropy at Mayo Clinic anticipate tomorrow’s needs today.

The field of health care is always changing, and within it Mayo also must change. But in its essence, in its commitment to the patient, Mayo Clinic remains constant.

Michael B. Wood, M.D.
President
Mayo Foundation
Rooted in excellence
William Mayo, M.D., and his brother, Charles Mayo, M.D., began practicing medicine in the early 1880s in the sleepy prairie town of Rochester, Minn. The two men developed a particular interest in surgery and, by the late 1890s, were attracting international attention for their surgical skills, along with a constant flow of new patients. But as the number of operations they performed annually increased into the thousands, the Mayo brothers grappled with the expanding needs of their medical practice.

It was in this environment that Drs. Will and Charlie began to see possibilities for a new way to practice medicine. They considered partnership with other individuals whose expertise would further enhance the care of their patients. According to Dr. Will, medicine could be “a cooperative science; the clinician, the specialist and the laboratory worker united for the good of the patient, each assisting in the elucidation of the problem at hand and each dependent on the other for support.”

At the time, the arrangement that formed the burgeoning Mayo Clinic was unique. The partnerships the Mayos entered into created one of the first private group practices of medicine in the United States — a practice whose cooperative spirit focused foremost on the needs of the patient.

Since those early days, the Mayo brothers’ commitment to patient care through cooperation and collaboration has been carefully cultivated at Mayo Clinic. And, the dedicated teamwork of those who first contributed to the group practice continues to guide the men and women who lead Mayo Clinic in the 21st century.

Welcoming diverse talents and skills

A quick glance at several of the original clinic partners reveals that the Mayo brothers were eager to add specialists from medical areas outside of surgery to enhance their practice. Augustus Stinchfield, M.D., focused his attention on diagnosis and treatment of diseases of the heart and lungs. Christopher Graham, M.D., excelled as an internist and diagnostician focusing especially on diseases of the digestive tract. Melvin Millet, M.D., was particularly interested in gastric analysis, and he developed an expertise in renal disease. He was among the first to use the direct-view cystoscope, an instrument that allowed physicians to visually examine the interior of the bladder.
Of particular note was the Mayos’ partner, Henry Plummer, M.D. In her book *The Doctors Mayo*, author Helen Clapesattle notes that Dr. Plummer’s contributions were so vast that “Dr. Will Mayo himself said the hiring of Henry Plummer was the best day’s work he ever did for the clinic.”

Dr. Plummer’s medical expertise, as well as his acumen as an engineer, enhanced the clinic in such a fundamental way that a number of his ideas and creations are still in use at Mayo Clinic. He was noted for his contributions to several medical specialties, including hematology and roentgenology (a branch of radiology that deals with the use of X-rays for diagnosis and treatment of disease), and to the knowledge of physiology and pathology of the thyroid gland.

In addition, Dr. Plummer developed Mayo’s system of medical records, and he contributed greatly to its early communications systems. He used his knowledge of the Mayo medical practice along with his knowledge of architecture and engineering to help in the design and construction of the 1914 Mayo Clinic building, as well as the 1928 clinic building named for him that still stands in downtown Rochester.

Dr. William Mayo (left) and Dr. Charles Mayo (right), along with the talented individuals they invited to join their medical practice, launched one of the first private group practices of medicine in the United States. Their spirit of cooperation and collaboration continues to guide Mayo Clinic today.
As demand for their services grew, Dr. Will and Dr. Charlie found they also would need assistance in the medical area they called their own: surgery. In partners Edward Starr Judd, M.D., and Donald Balfour, M.D., they gained two talented colleagues.

Of Dr. Judd, Clapesattle writes, “Men still argue about which of the Mayo brothers was the greater surgeon. Some...considered William Mayo the greatest surgeon of his time; others...insist that Dr. Charlie was the abler, more versatile, and more ingenious operator. Dr. Will and Dr. Charlie themselves were most likely to say, when asked, that Dr. Judd was greater than either of them.”

Dr. Balfour also was noted internationally for his skills as a surgeon. But, in the true spirit of the Mayo brothers, his talents did not end there. His education contributions also were noteworthy. He served first as the associate director of what is today’s Mayo Graduate School of Medicine and was later named its director, a position he held for 10 years.

The early growth and development of Mayo Clinic were fostered not only by the gifted medical professionals who joined the partnership but also by talented administrators. In particular, Harry Harwick played a key role in developing the concept of lay administration at Mayo Clinic. Adding to the organization administrators who were not physicians freed Mayo physicians from the daily demands of business, allowing them more time to focus on patient care. Harwick helped modernize the clinic’s accounting system and helped establish Mayo Foundation. After the deaths of the Mayo brothers in 1939, Harwick was appointed executive officer of the Mayo Board of Governors, a testament to the esteem in which he was held within the clinic.

**Continuing the Mayos’ commitment**

Although more than one hundred years separates the clinic of today from the pioneering practice of the Mayos and their early partners, the original vision for Mayo Clinic lives on. Through all the advances in medicine and changes in society, the clinic still places a premium on bringing together talented individuals with specialized skills to provide the best care for patients.

This collaborative approach means each Mayo physician can call on the expertise of other medical specialists. As a result, patients benefit from the experience and skills of many physicians, each with a special area of expertise. This kind of teamwork helps physicians arrive at a diagnosis and determine the most effective course of treatment for each patient.

Although Mayo Clinic’s buildings and technology will continue to change as the years go by, Dr. Will’s and Dr. Charlie’s commitment to maintaining and strengthening a medical practice focused on the best care of patients remains firm.
Branching out to serve
Irven Reicks, 69, is one fortunate man. Fortunate that his health-care organization is focused on preventive screenings for patients. Fortunate that his physician recognizes that all patients older than 50 should be screened for colorectal cancer. And fortunate, too, that he listened to his physician and underwent colorectal cancer screening. The colorectal cancer found during Reicks’ screening was identified at an early stage and his surgeon was able to remove it all. Reicks now has good health and time to spend with his wife, three children and four grandchildren.

Identifying patients at risk

When Reicks went to Decorah Clinic, part of Mayo Health System, in Decorah, Iowa, early in 1999 for a checkup, he had no reason to believe he was a candidate for colorectal cancer. He had no personal or family history of the disease and, as a lifelong farmer, he certainly didn’t lead a sedentary lifestyle. What Reicks didn’t know was that his age alone put him at risk. Ninety percent of colorectal cancers occur in people older than 50.

But Reicks’ physician, Kevin Sand, M.D., did know. Since 1998, Decorah Clinic has been part of Mayo Health System’s efforts to make sure its adult patients receive appropriate health-screening exams and services to prevent, identify and treat serious illnesses and diseases, preferably before they cause significant problems for patients’ health. Called disease management strategies (DMS), this system-wide effort represents a new approach to primary care.

At the advice of his physician, Reicks had a flexible sigmoidoscopy — a screening procedure that detected several polyps — and a colonoscopy, a more precise screening procedure. The bad news: polyps removed during the colonoscopy were cancerous. Daniel Mansfield, M.D., a general surgeon at Decorah Clinic, removed a portion of Reicks’ colon. The good news: the cancer was detected early, when it was treatable. The cure rate for colorectal cancers is close to 100 percent if polyps are detected and removed before they produce symptoms.

Drs. Mansfield and Sand recommended that Reicks have annual colonoscopies to monitor his health status. He has had two since the cancer was detected, and both have been negative.
Changing behaviors

Reicks, a man of few words, tells it like it is: “Having a colonoscopy isn’t much fun. But those few minutes of discomfort probably have extended my life by years. That’s a worthwhile trade-off.”

Reicks has changed his behavior as a result of his experience. “I’m not taking my health for granted now that I know just how fragile it can be. Dr. Sand recommended I change my diet, eat more fiber and keep my weight down,” he says. Reicks also has tried to influence the behavior of people he cares about. “My wife had a screening, and I’ve suggested other family members have them. Now that I know 50 is the magic age for colorectal-cancer screening, I share that information with others.

“I’m grateful that my doctor was so zealous about the need for routine screening,” says Reicks. “Otherwise, I might not be here to help spread the word, even if it’s just in little Cresco, Iowa.”

Improving the odds

Mayo Health System has been “spreading the word” about the importance of preventive screenings and services for adult patients since 1997 when the disease management strategies program began. A family of clinics, hospitals and other
health-care facilities, Mayo Health System serves more than 60 communities in Minnesota, Iowa and Wisconsin.

“Evidence suggests that if patients receive a level of primary care in which age-specific and gender-specific preventive screenings are provided and chronic diseases are managed, the chances of preventing major health issues are significantly improved,” says Mark Nyman, M.D., Mayo Health System disease management strategies physician coordinator.

“Every primary-care visit is an opportunity to address preventive care and disease management. Addressing these issues at each visit can have an impact on the overall health of patients and the overall health status of the community,” says Dr. Nyman.

At the helm, providing guidance and resources

Each Mayo Health System organization has a local disease management strategy team. Collaboration among the teams is facilitated through the Section of Health Services Evaluation at Mayo Clinic in Rochester, Minn.

“We help health system organizations share best practices with each other: we encourage and facilitate site visits, workshops, forums, videoconferences, teleconferences, training and various other means of communication,” says Lori Cornelius, Mayo Health System disease management strategy liaison, Health Services Evaluation.

“Without question, the sharing of information, resources and experience among Mayo Health System hospitals and clinics has been key to the success of their disease management strategy efforts,” Cornelius says. “We have built a framework through which these organizations, while varied in size and location, can further their quality of patient care, now and into the future.”

Meeting the challenge, experiencing success

Creating and then implementing standard disease management guidelines and practices across a broad geographic area would be a challenge for any health-care system. But the 13 health-care organizations of Mayo Health System have met that challenge…and then some.

Success in disease management strategies means that when patients come for a primary-care appointment, they receive all the preventive-services screenings recommended for their age and gender. The screenings include tobacco cessation, hypertension screening, colorectal-cancer screening, breast-cancer screening, cervical-cancer screening, cholesterol screening and immunizations (tetanus, influenza and pneumovax). Today, all Mayo Health System organizations have achieved — and exceeded, in many cases — the goal of completing 90 percent of all preventive service measures.

Reaching that goal has been challenging but exhilarating. Decorah Clinic went from completing just 62 percent of recommended
preventive screenings to 92 percent in only nine months. Decorah Clinic and Luther Midelfort in Eau Claire, Wis., have won national awards for excellence in disease management.

Attracting national attention

The outstanding progress Mayo Health System has realized in disease management strategies has not gone without notice. National health-care accreditation and licensing entities are looking at Mayo to learn how the preventive services measurement program was developed and, particularly, how it was implemented so successfully in widespread rural areas.

“There is a definite impression nationally that Mayo Health System is ahead of the curve in terms of disease management strategies,” says Dr. Nyman.

“Looking for ways to improve and enhance the care we provide is a mainstay of Mayo Clinic — it’s our institutional mission,” says Peter Carryer, M.D., chair of operations for Mayo Health System. “We know that the quality of care we provide has improved significantly as a result of our having successfully implemented standards for preventive health care across Mayo Health System.”
In October 2001, a new chapter in Mayo history began as the first two floors of the 20-story Gonda Building opened at Mayo Clinic, in Rochester, Minn. For patients walking the lobby and subway levels of the new building, the experience could be likened to holding a new book and having the chance to examine only its dust jacket. A first impression is formed, but the story has yet to unfold.

Nonetheless, these first glimpses foreshadow the significant patient benefits to come as the new occupants of the Gonda Building prepare to move into the floors above the lobby.

Stepping toward the future

The Mayo Clinic Cancer Center serves as a prime example of how the new space of the Gonda Building — along with renovated space in the adjoining Mayo and Charlton buildings — will change how patient care is delivered and how teams of specialists will function at Mayo Clinic.

Over the next two years, cancer center services will occupy floors seven, eight, nine and 10 of the Gonda Building. In addition, the Mayo Clinic Cancer Center already has its first area open in the building’s lobby level: the Cancer Education Center. This area expects to provide cancer information and education services to more than 40,000 visitors per year.

“Mayo has long held that good information is at the heart of good care,” says Lynn Hartmann, M.D., the cancer center’s associate director for education. “The Cancer Education Center reflects that philosophy in the modern era. We had excellent input from our cancer patient advocates in designing the space, and it is exciting to see patients benefiting from it today.”

As the move-in continues, patient education specialists, literature and online resources also will be available to cancer patients on floors seven through 10.

Commitment to patient education represents a unique aspect of Mayo Clinic, says Michael O’Connell, M.D., deputy director of Mayo Clinic Cancer Center. “No matter the diagnosis, every individual can be helped in some way by what we have to offer to address the human dimensions of cancer.”
Uniting patient services in a new way

The education center also is an example of Mayo Clinic Cancer Center’s continuum of care, which is designed to meet the needs of patients who receive either clinic services and return home for follow-up care or who require hospital services. Within the Gonda Building, this design will unite clinic care and hospital services in a way that has never before been possible.

Unlike several national cancer centers that are housed in buildings dedicated exclusively to cancer services, the Mayo Clinic Cancer Center has been and will continue to be a center “without walls.” The major difference is that while the Gonda Building brings together many aspects of cancer care and treatment, it also offers cancer patients convenient access to other physicians and staff who provide the related services they may need during their visit to Mayo.

This arrangement reflects the very nature of cancer as a disease. “Cancer is no respecter of an organ system,” says
Jan Buckner, M.D., a Mayo Clinic medical oncologist and one of the leaders who helped guide the design of the space the cancer center will occupy. “The Gonda Building makes it possible to bring together all relevant organ-specific physicians and surgeons to work with cancer physicians and other allied health professionals within close proximity of each other.”

**Bringing physicians to patients**

Leonard Gunderson, M.D., was chair of Mayo Clinic’s Oncology Department early in the planning of the Gonda Building, and he played a key role in pulling together its multidisciplinary team component.

“Breast, lung and gastrointestinal cancer clinics — groups of physicians, surgeons and other specialists working together on a given type of cancer or tumor site — have been in place for some time at Mayo Clinic. But now we’re expanding and developing clinics for all cancer types,” says Dr. Gunderson. “The new and renovated space will make it possible for every cancer patient to benefit from a multidisciplinary team experience.”

How will this team experience work? With specialists located across the ninth floor of the Gonda and Mayo buildings, a patient suspected of having rectal cancer, for example, would have a care team that includes a gastroenterologist, a colorectal surgeon, a medical oncologist and a radiation oncologist, who would work together to evaluate the patient and recommend treatment options. The patient would not have to go to different areas of the clinic to receive this kind of coordinated care; in this scenario, physicians will come to patients.

Coordinated care will enhance communication among team members, yielding additional benefits to patients. Previously,
consultations among specialists required telephoning or paging colleagues. Now, specialists for any given tumor site will be able to see patients and to review images together. “What this means to patients is that they will receive a consistent message,” says Dr. Gunderson. “This means greater clarity for patients and a more productive working environment for staff.”

Remaining steadfast in our mission

Medical oncology, hematology and therapeutic radiology — all components of the Mayo Clinic Cancer Center — are but three of several specialties that will occupy the Gonda Building over the next two years. Others include cardiology, radiology, urology, neurosciences, gastroenterology and colon/rectal surgery. As patients become familiar with the new facilities and the heightened degree of teamwork among specialists, building planners hope that patients will be reassured by a theme that runs through the pages of Mayo history.

“As patients look around at the physical growth of the Mayo Clinic campus and are exposed to the rush of technical advances in medicine, it would be easy for them to think that everything about Mayo is changing,” says Dr. O’Connell. “In some respects things are changing. However, I think our patients and our Mayo founders would be pleased to know that the principle at the very heart of Mayo — the needs of the patient come first — remains steadfast. That’s really what all of this is about.”
t Mayo Clinic Hospital in Phoenix, Ariz., the focus is on people. While the facility’s technical innovations are at the very forefront of hospital design, they are only part of the equation. The people — the patients and visitors who come there and the professionals who work there — are what make Mayo Clinic Hospital unique. And, from the beginning of the hospital’s planning stages, the emphasis has been on them and on their needs.

Creating a peaceful environment in a high-tech building

Through its commitment to high-tech/high-touch patient care, and with the experience and knowledge shared by the professionals at other Mayo facilities in Rochester, Minn., and Jacksonville, Fla., Mayo Clinic Hospital is pioneering a new environment for hospital health care.

“In more than a century of medical practice, this is the first time Mayo has built a hospital from the ground up,” notes Richard Zimmerman, M.D., medical director of the hospital. “In its commitment to medical excellence and service to patients, this hospital is setting the standard for care in the 21st century.”

A key goal for Mayo Clinic Hospital is to provide a stress-reducing physical environment for patients and their families along with cutting-edge technology. This technology includes filmless X-rays; electronic “quiet call” paging that eliminates the intrusion of overhead paging; telemetry that allows staff to monitor vital signs in every patient room from a central location; and electronic medical records.

“Early in the design phase, we asked patients to define the features that would make a hospital experience as comfortable, convenient and stress-free as possible,” says Thomas Bour, administrator. “It became a sort of wish list of what patients and families would put into a hospital if they could have anything they wanted.”

Eager to offer input, patients provided recommendations that proved extremely important, and many were integrated into the design of a hospital that is both patient and visitor friendly. Ideas that originated from patient focus groups now form some of the most popular aspects of the hospital, according to hospital staff.
For example, patient rooms have vinyl floors that look like hardwood, creating a homelike feel while maintaining a sterile environment. Each patient room is private, and the windows have a lovely view of the outdoors or of the hospital’s beautifully landscaped atrium. A specially designed chair that can be converted into a bed is in every room in order to provide comfort for family members who want to stay near their loved ones overnight. The critical care waiting area includes not only these sleep-chairs but also shower facilities and food vending machines for the comfort of families who may spend long hours waiting.

Excelling beyond expectations

Physician and nursing staff design suggestions are evident throughout the hospital as well. “We relied heavily on the opinions of nursing staff to help us design a space promoting comfort and efficiency for the employees while keeping them close to the patients they’re caring for,” says Debra Pendergast, associate administrator and nursing executive. “For example, as a result of staff suggestions, unique 12-bed pods with nursing stations in the middle were created. This means the nurses are within 20 steps of any patient room in the pod.”

Now that the hospital has been open for three years, the staff has had an opportunity to weigh in on whether any of the facility’s design elements proved unsuccessful or are in need of change. According to Bour, almost all the elements have been well received.
“In fact, as we’re adding beds to finish the previously unoccupied fifth floor, the plans remain relatively unchanged from the original design of the hospital,” he says. “A few tweaks, such as bigger closets and different clothes hangers, are about the extent of the necessary changes. Input from our patients and staff at the beginning still serves us very well.”

Praise from patients is an indicator of the hospital’s success as well. Patient and family responses included in the 2000 Mayo Foundation patient satisfaction survey placed Mayo Clinic Hospital in a tier of its own, and the hospital has been awarded the National Research Council’s Consumer Choice Award as the most preferred hospital in the Phoenix area every year since it opened. The following comment from a patient is representative of those received regarding Mayo Clinic Hospital: “The hospital runs like clockwork. I would tell my friends if they have to be in the hospital, this is the one to go to.”

Radio personality Paul Harvey, Mayo Clinic patient and benefactor, helped sum it up in a broadcast shortly after the hospital opened. Quoted in the Spring/Summer 1999 issue of Mayo Magazine, he said, “Americans, I have seen the future... You have not felt more welcome in the grandest resort hotel than in the new Mayo Clinic Hospital... More technology than I can competently describe... Hospitals don’t have to look like hospitals anymore, and, having seen tomorrow, I don't think they ever will again.”
Sowing seeds for the future
Mayo School of Health Sciences: Thinking and training ahead of its time

If you’ve had an X-ray, a blood test, a physical-therapy appointment or a consultation with a dietitian at Mayo Clinic, it’s likely you’ve interacted with one or more graduates from among the 28 education programs of the Mayo School of Health Sciences. While the work of many of these professionals is behind-the-scenes, they contribute to Mayo’s high-quality, compassionate patient care in a wide variety of ways: from evaluation and diagnosis through treatment and follow-up.

Since it was officially established in 1973, the school has served as a vital pipeline of health-sciences talent for Mayo Clinic and the health-care industry nationally. Each year, Mayo Clinic hires many of the school’s graduates, and health-care organizations from around the country actively seek to employ them.

As an example, the school’s cytotechnology program is the only one in Minnesota. Through this program, Mayo trains cytotechnologists who evaluate cells for evidence of disease; most work in hospitals or private laboratories. “With 45 cytotechnology laboratories in the state, the demand for graduates from that program is extremely high,” says Mary Burritt, Ph.D., Mayo School of Health Sciences’ associate dean. “To the state and the nation, our school represents a pool of top-rated health-sciences professionals.”

Ongoing waves of change

From its beginnings, the Mayo School of Health Sciences has grown and evolved as medical knowledge has expanded and new technologies have emerged. For example, in the 1960s and 70s, programs in nuclear medicine, respiratory therapy and surgical technology were offered through the school as a direct result of changes in clinical practice and technological breakthroughs in medicine.

More recently, patient-care demands have contributed to the ongoing development of the school’s new education programs at Mayo Clinic in Jacksonville, Fla., and Mayo Clinic in Scottsdale, Ariz. A radiography program now is offered in Scottsdale, and radiography and dietetics programs are available in Jacksonville.

Students in Jacksonville also have the option of participating in a medical sonography program through distance learning. The classes originate from Mayo Clinic in Rochester, Minn. Through video-conferencing, the Jacksonville
students are able to hear, see and talk to the instructor, as well as view the lecture notes and interact with the students in Rochester. “The technology allows students in Jacksonville to be fully included and engaged,” says Kathryn Kuntz, the program’s director.

To sustain a high standard of patient care, the Mayo School of Health Sciences continually adapts programs to accommodate scientific and technological developments, as well as adhere to more demanding accreditation and professional standards. For example, the physical therapy program, currently a master’s degree program, will become a doctoral program over the next three years. Other programs, including respiratory care and radiation therapy, will be lengthened as they change from associate-degree to baccalaureate-degree programs.

From the bedside to the classroom

Many of the school’s faculty members are practicing health-sciences professionals and physicians. Working with students keeps these professionals abreast of changes in their fields and stimulates an environment of inquiry that yields the best care to patients. Sustaining this strong faculty is of paramount importance to the school.

“At Mayo, I’ve had the chance to go beyond my Catholic pastoral religion and work with patients of many faiths.”

— Father Joseph Perumpuzha

Mayo Clinic Chaplaincy Services
people who love to teach.” As one reflection of the faculty’s caliber, one-fourth of its members hold leadership positions in professional associations and on accrediting boards.

**No substitute for real experience**

Another of the school’s key attributes is the breadth of exposure its students have to patients and complex disease processes. Clinical experience is part of what Kelly Erikson of Spokane, Wash., a second-year student in the physical therapy program, was looking for in a school.

“I was especially impressed by the clinical experience available through Mayo’s program,” says Erikson. “I think Mayo’s physical therapy program offers more interaction with patients than most other master’s degree programs in the country. That was a major factor in my decision to come here.”

Following four quarters of classes and observation in the clinic and hospitals, students are paired with a physical therapist for a six-week internship. Together they evaluate patients and establish plans of care for them. “Throughout this clinical experience, students become more independent and begin working with patients,” explains Erikson. “Following additional class work, we then have opportunities to work with individuals who have more complex conditions, such as those who need rehabilitative therapy following amputation or stroke.”

Erikson appreciates most the broad view of patient care that Mayo Clinic provides. “We hear presentations from medical experts in many other disciplines, which help us understand the complexities of caring for patients, as well as the roles of all team members in providing care,” says Erikson. “This exposure helps distinguish our role and gives us context for what physical therapists bring to patient care.”

For Fr. Joseph Perumpuzha, now a chaplain at Mayo Clinic in Rochester, the opportunity to expand his global perspective and understanding of other faiths through clinical experience was what Mayo Clinic had to offer that other schools did not. An August 1998 graduate of the clinical pastoral education program, he originally is from the Catholic order of St. Camillus, an order that works in health-care institutions.

“At Mayo, I’ve had the chance to go beyond my Catholic pastoral religion and work with patients of many faiths,” says Perumpuzha. “I’ve especially enjoyed daily meetings with colleagues to reflect on my interactions with patients and how I might improve upon them. This has been of great value to me.”

The Mayo School of Health Sciences continues to grow and change with health care, giving students such as Perumpuzha and Erikson valuable patient-care experience and comprehensive medical knowledge. By providing such a thorough and practical education, the school sends out graduates who are well prepared to offer the best patient care, now and into the future.
The research we do today will determine the type of medical and surgical practice which we carry on at the clinic tomorrow.” These words, spoken nearly a century ago by Dr. William Mayo, still hold true. And, while Dr. Will and his brother, Dr. Charles Mayo, may not have imagined the scope, complexity and tools of present-day research, they would likely be impressed by what Mayo researchers have accomplished and assured that research at Mayo Clinic in the 21st century is not an impersonal, isolated activity.

Connecting with patients, families and scientists

Mayo Clinic’s research often is connected to patients and families dealing with diseases for which there is not yet a cure. It also is connected to physicians looking for ways to diagnose and manage disease processes that seem to defy classification and treatment. Mayo’s research connects with some of the brightest and best scientists around the world. And, it is connected to thousands of people — healthy and ill — who volunteer for clinical trials and studies aimed at finding elusive cures for complex diseases.

One of the more complex and puzzling diseases with which Mayo researchers are currently wrestling is Alzheimer’s. More than four million Americans have Alzheimer’s disease, a condition that usually develops in people older than 65. A massive effort is under way to identify those at risk of developing Alzheimer’s disease, to treat the symptoms and to find a cure.

“Right now, around the world, thousands of people are enrolled in clinical trials related to Alzheimer’s disease,” says Ronald Petersen, Ph.D., M.D., a Mayo Clinic neurologist and director of Mayo Clinic’s Alzheimer’s Disease Research Center. Mayo Clinic is involved in this effort through clinical trials designed to prevent the deposit of amyloid in the brain, as well as through a myriad of other research projects.

Making the diagnosis

People with Alzheimer’s disease suffer from dementia: the loss of intellectual and social abilities, severe enough to interfere with daily functioning. Healthy brain tissue degenerates, causing a steady decline in memory and mental abilities.
Making an accurate diagnosis is the critical first step in conquering Alzheimer’s disease,” says Dr. Petersen. “The challenge is that currently there is no definitive blood or imaging test: it still involves the judgment of the doctor.” To make an Alzheimer’s diagnosis, doctors rely on a detailed medical history, physical and neurological examinations, psychiatric assessment and laboratory tests.

The only sure way to make a definitive diagnosis of Alzheimer’s disease is when an autopsy of the brain shows deposits of a substance called amyloid plaque that may crowd out and kill brain cells, and the presence of neurofibrillary tangles — protein filaments that destroy brain cells and their branches.

“One of the goals of our research is to develop imaging criteria that will not only help to make the diagnosis, but to make it as early as possible,” says Clifford Jack, M.D., a Mayo Clinic neuroradiologist. “Right now, diagnosis is based on symptoms, and by the time symptoms appear, the damage has been done. We also are working on developing imaging tests that are able to determine which drugs, if any, are effective in slowing the progression of the disease.”
Identifying those at risk

Other promising research takes a step back and looks at what can be done prior to a diagnosis. A series of discoveries using radiology may help identify people at risk for developing Alzheimer’s disease, as well as serve as possible tools for measuring the effectiveness of treatments.

Using magnetic resonance imaging (MRI) to measure the volume of a portion of the brain called the hippocampus, Dr. Jack made a key discovery. He found that the hippocampus of patients with mild cognitive impairment (MCI) — a type of memory loss that could be a precursor of Alzheimer’s disease — is smaller than that of healthy individuals, and the hippocampus of patients with Alzheimer’s disease is smaller yet. What’s more, studies have found that the smaller a patient’s hippocampus, the higher the likelihood of that individual progressing from MCI to Alzheimer’s.

The identification of myoinositol, a biochemical substance in the brain that is elevated in both patients with mild cognitive
impairment and Alzheimer’s disease, is another promising early diagnostic marker. In addition, Dr. Jack and his colleagues are conducting research that measures changes in brain activity when people with MCI and Alzheimer’s take mental tests. The goal is to see how these individuals respond differently when compared to elderly people without MCI or Alzheimer’s, possibly leading to other markers in diagnosing Alzheimer’s disease.

Finding clues in chromosomes and genes

On another research track, scientists at Mayo Clinic in Jacksonville, Fla., have moved closer to finding a new gene that likely plays a significant role in the development of late-onset Alzheimer’s, the most common form of the disease.

A Mayo Clinic team, led by Michael Hutton, Ph.D., and Steven Younkin, M.D., Ph.D., linked late-onset Alzheimer’s to a location on chromosome 10 that affects processing the amyloid β protein. Amyloid β is important in forming amyloid plaques.

“The next step will be to find the chromosome 10 gene and to figure out how it works. That could take us to new therapeutic targets,” says Dr. Younkin, who is developing a test for measuring amyloid in the blood.

Dr. Younkin is checking to see if people who show an elevated amyloid level earlier in life could be targeted for treatment before Alzheimer’s symptoms appear. He is using blood samples obtained from a group of people with dementia who have been monitored since 1986, in a long-term study at Mayo Clinic in Rochester, Minn.

Samples from the people in the Rochester study also are being tested in Jacksonville for genetic markers that could indicate the development of Alzheimer’s disease.

Exploring new ground

Genetic research in Jacksonville led to Dr. Hutton’s development of the first genetically engineered mouse with both the amyloid plaques and the neurofibrillary tangles found in people with Alzheimer’s disease.

Mayo researchers are enthusiastic about the new areas of research the Alzheimer’s mouse makes possible. The mouse allows them to study how tangles form in live animals and how the formation of tangles kills nerve cells in the brain. Also possible is testing an amyloid vaccine to see if the mice develop an immunity that prevents the formation of tangles or plaques.

Dr. Hutton admits he’s intrigued by the basic biochemistry: how are these diseases developing? How do protein deposits change the neurons and lead to tangle formations? “But you can’t help but get caught up in the social side, in the drive to develop new therapies,” Dr. Hutton says. “Now that we have the mouse model, we can test many different ideas. It’s incredibly exciting.”

The Mayo brothers would be pleased.
he first time Bob Kern came to Mayo Clinic, he was five years old. The year was 1930. His parents bundled him into their Model A Ford and drove from Iowa to Rochester, Minn. They came because Bob needed specialized care and his father, a Baptist pastor, heard that Mayo Clinic treated clergy and their families without charge in those grim Depression days.

Bob returned to Mayo Clinic many times in the following decades. He’s now planning a visit with his wife, Pat, that couldn’t be more different from that original trip.

Mayo Clinic is preparing to dedicate the Robert D. and Patricia E. Kern Neurology Lecture Hall in the new Gonda Building. The man who needed charity medical care is now an international business leader and philanthropist. As Bob explains: “Mayo has been a good friend to several generations of my family. We want to give something back to Mayo, and we hope the lecture hall will be a resource for doctors to help many patients in the years to come.”

Bob and Pat met at the University of Illinois, where he studied mechanical engineering. After they were married, they founded a company called Generac Power Systems. They started in a garage, with one assistant. Generac used new technology to reduce a generator’s size while improving performance and lowering cost. Today, Generac has three manufacturing plants, more than 1,000 employees and a worldwide market share.

The Kerns recently sold part of Generac and established a family foundation. In addition to Mayo, their philanthropic outreach includes the Milwaukee School of Engineering, Northern Baptist Theological Seminary and Old World Wisconsin.

Explaining his philosophy of business and philanthropy, Bob says: “With dreams alone, we don’t get far. To turn dreams into action, we need faith, focus and persistence – and the greatest of these is persistence.”

Philanthropy: a deeply rooted value

Bob and Pat Kern are among the 46,340 benefactors who supported Mayo Foundation in 2001. Last year, Mayo received $114.8 million in cash gifts and $106.4 million in commitments of future support.

Philanthropy is one of our most deeply rooted values. In the early 1900s, the Mayo brothers gave the assets of their private medical practice — and the majority of their personal savings — to create what now is Mayo Foundation.
Subsequent generations have continued this tradition of generosity. Mayo’s family of benefactors includes patients, friends, alumni, current and retired employees, and foundations and corporations.

Philanthropy is increasingly vital as Mayo plans for the future. Contributions support about 50 percent of the Mayo-funded research budget. Gifts to scholarships, fellowships and other programs strengthen Mayo’s educational mission. Capital expansion on every Mayo Clinic campus depends on philanthropic investment.

“Philanthropy is a partnership,” says E. Rolland Dickson, M.D., who is director for Development and who oversees fundraising for Mayo Foundation. “Our benefactors represent many diverse walks of life, but share a commitment to help Mayo achieve a healthier future.”
Patient care

- A team of kidney-transplant specialists at Mayo Clinic in Rochester, Minn., developed a kidney-transplant procedure called positive crossmatch. The procedure greatly reduces the chance of organ rejection in patients with the elevated antibody levels that made tissue rejection almost certain. Mayo Clinic is one of a handful of medical centers in the United States to offer this procedure.
- Mayo Clinic in Scottsdale, Ariz., became one of three centers in the United States to use capsule endoscopy — a breakthrough procedure that uses a miniature disposable camera to detect unexplained bleeding and other problems in the digestive system. The patient swallows a vitamin-sized capsule containing a computerized video camera.
- Fairmont Community Hospital, Fairmont, Minn., was incorporated into Mayo Health System. The affiliation will allow Fairmont Clinic and Fairmont Community Hospital to become a fully integrated medical center.
- Arizona’s first live-donor liver transplant was performed at Mayo Clinic Hospital. The procedure involves harvesting a portion of the liver from a healthy adult donor for immediate transplantation. The donor’s liver regenerates and regains normal function within a few weeks, as does the liver for the recipient.
- The new Gonda Building, a testament to Mayo Clinic’s commitment to efficient, collaborative patient care, opened in Rochester. Completion of the 20-story building makes Mayo Clinic in Rochester the largest interconnected medical facility of its kind in the world.

Research

- Researchers at Mayo Clinic in Jacksonville successfully bred mice exhibiting amyloid plaques and neurofibrillary tangles, two key hallmarks of Alzheimer’s disease. The breakthrough is expected to provide investigators with a more complete model of human Alzheimer’s disease with which to test therapies aimed at preventing or halting progression of the disease.
- Researchers at Mayo Clinic in Rochester reported the successful use of an antiviral drug to combat a brain disease responsible for death in as many as 5 percent of patients with acquired immune deficiency syndrome (AIDS).
- At Mayo Clinic in Scottsdale, researchers demonstrated that the hepatitis C virus replicates in the central nervous system, providing a possible biological background for neuropsychiatric symptoms present in chronic hepatitis C.
- Transplant specialists at Mayo Clinic in Rochester identified a new treatment to help reduce pancreas-transplant-rejection rates for patients with diabetes.
- Mayo Clinic in Rochester received patents for a colonic-delivery technology. The patents allow Mayo investigators to refine a special capsule, which, when taken orally, delays the release of drugs until they are inside the colon. The delayed release may improve treatment for patients with illnesses such as irritable bowel disorder, colon cancer, ulcerative colitis and Crohn’s disease.
- A study at Mayo Clinic in Rochester identified a cardiac gene as the first molecular link to sudden infant death syndrome (SIDS).
Mayo Clinic in Rochester developed a DNA test to rapidly identify anthrax. The new test can identify the presence of anthrax in less than one hour instead of days. Roche Diagnostics is making the test widely available to public health agencies, hospital laboratories and reference laboratories.

Investigators at Mayo Clinic in Rochester found that intact mutant protein kills brain cells in patients with Huntington’s disease. The mutant protein locks onto a normal protein counterpart in the cell and prevents normal cell function.

In a study conducted using mouse models, researchers at Mayo Clinic in Rochester identified ways to delay onset of familial amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease) in the mice and increase the rate of survival.

Education

Mayo Clinic hosted more than 400 members of the International Association of Medical Science Educators at the organization’s fifth annual meeting and conference in Rochester. The organization’s members include educators from throughout the world who teach medical students anatomy, behavioral sciences, biochemistry, microbiology, pathology, pharmacology and physiology.

The Mayo School of Health Sciences announced a partnership with the University of Minnesota to offer a baccalaureate degree in respiratory care and radiation therapy. The school’s physical therapy program will change from a master’s-level to a doctoral-level program.

The Mayo International Health Program began in 2001. Sponsored by the Mayo Graduate School of Medicine and Mayo Fellows Association, residents traveled to underserved areas in Haiti, China, Brazil, Mexico and the Philippines.

Mayo Clinic in Jacksonville added graduate medical education programs in diagnostic radiology and neurology during 2001, while Mayo Clinic in Scottsdale added programs in gastroenterology and pain management.

Honors and recognition

Two investigators from Mayo Clinic in Jacksonville received the 2000 Award for Medical Research from Metropolitan Life Foundation. The national award recognizes work in Alzheimer’s disease research.

The American College of Chest Physicians recognized Mayo Clinic for two community health projects: the Rochester Salvation Army Smoking Cessation Clinic and the Mayo Clinic Outreach to Students and Teachers.

For the third consecutive year, Mayo Clinic Hospital received recognition as “Best Hospital” in the metropolitan Phoenix area. The award is based on the results of a comprehensive independent consumer research study that is conducted annually.

Luther Midelfort — part of Mayo Health System — in Eau Claire, Wis., was chosen as one of a dozen health-care organizations around the nation to participate in “Pursuing Perfection: Raising the bar for health care performance,” an initiative sponsored by The Robert Wood Foundation and the Institute of Healthcare Improvement. Luther Midelfort also won the Models of Excellence in High Risk Patient Management Award given by the American Medical Group Association.
Financial summary
Income from current activities — the best indicator of Mayo Foundation’s success in funding its overall mission — was $53.2 million in 2001. The result was significantly better than last year’s performance of $16.0 million and slightly better than plan.

Mayo operates on a very narrow margin — 1.3 percent. As it becomes more difficult to meet overall financial targets by operations alone, we will increasingly look to foundations, benefactors, government and industry with mutual aims to accomplish our objectives.

Patient care services
Income from patient care reached a record $115.3 million in 2001, despite declining reimbursement and other challenges. This success is a direct result of increased productivity and expense management throughout Mayo. All Mayo entities contributed positively to income from patient care.

Mayo Clinic health-care professionals served more than a half-million patients in 2001. Patient visits increased by nearly 95,000 compared with figures from the year 2000. The number of laboratory tests, X-ray procedures, surgical cases and hospital admissions also increased, reflecting a growing percentage of patients with complex and acute illnesses.

Education and research programs
Mayo Foundation continues to invest in education and research, vital elements of Mayo’s mission to “provide the best care to every patient every day through integrated clinical practice, education and research.” Total commitment to education increased to $140.0 million in 2001, with Mayo funds accounting for $104.3 million of this amount. Total expenditure on research reached $296.3 million, up from $266.8 million last year. Extramural funding totaled $168.4 million, or nearly 57 percent of the total research budget. Mayo contributed $127.9 million to research endeavors.

Income from diversification
Income from diversification activities supports programs in medical education and research. Extending Mayo’s laboratory and reference services through outreach and creating products and services that use Mayo’s medical and scientific knowledge base, diversification activities grew in income to $29.6 million.

Contributions
Philanthropic support is essential for Mayo to continue its leadership in advancing medical science. For example, private gifts support about 50 percent of the Mayo-funded budgets in research and education, and play a vital role in the construction of state-of-the-art facilities on each Mayo Clinic campus.

In 2001, Mayo received gross contributions of $146.3 million from 46,340 benefactors — patients and friends, alumni and staff, foundations, corporations and other philanthropic organizations. This total represents the fourth-highest year since the Department of Development began in 1970. Gifts via cash, check, securities and property were the highest in Mayo’s history.

In addition, 487 benefactors informed Mayo Foundation that they would provide about $100 million in future gifts.

Investment results
When investment results and interest costs were added to the financial picture, the result was a $59.1 million loss for the year. Mayo’s investment return, while better than market benchmarks, still reflected adverse market trends. A return of $51.3 million was allocated as a sustainable level of support for Mayo Clinic programs in research and education. The unallocated return, a $124.8 million loss, reflects the negative effect of market movements during the year on Mayo’s investment portfolio. We fully anticipate a positive investment position over the long term.
Comparative financial statement summary
Unrestricted and restricted funds combined — 2001 and 2000 (in millions)

**Consolidated statement of activities**

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000*</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-care revenue</td>
<td>3,400.6</td>
<td>3,064.4</td>
<td>336.2</td>
</tr>
<tr>
<td>Patient-care expense</td>
<td>3,285.3</td>
<td>2,973.2</td>
<td>312.1</td>
</tr>
<tr>
<td>Net from patient care</td>
<td>$ 115.3</td>
<td>$ 91.2</td>
<td>$ 24.1</td>
</tr>
<tr>
<td>Contributions – (net) current activities</td>
<td>48.8</td>
<td>48.6</td>
<td>0.2</td>
</tr>
<tr>
<td>Investments</td>
<td>51.3</td>
<td>56.5</td>
<td>(5.2)</td>
</tr>
<tr>
<td>Diversification activities</td>
<td>29.6</td>
<td>21.8</td>
<td>7.8</td>
</tr>
<tr>
<td>Research, education and administration</td>
<td>(191.8)</td>
<td>(202.1)</td>
<td>10.3</td>
</tr>
<tr>
<td>Income from current activities</td>
<td>$ 53.2</td>
<td>$ 16.0</td>
<td>$ 37.2</td>
</tr>
<tr>
<td>Contributions – (net) endowment and capital</td>
<td>85.4</td>
<td>98.9</td>
<td>(13.5)</td>
</tr>
<tr>
<td>Unallocated investment return (loss)</td>
<td>(124.8)</td>
<td>(39.6)</td>
<td>(85.2)</td>
</tr>
<tr>
<td>Special benefit, pension, post-retirement costs</td>
<td>(44.4)</td>
<td>(48.8)</td>
<td>4.4</td>
</tr>
<tr>
<td>Other</td>
<td>(28.5)</td>
<td>(29.2)</td>
<td>0.7</td>
</tr>
<tr>
<td>Excess (deficit) of revenues over expenses</td>
<td>$ (59.1)</td>
<td>$ (2.7)</td>
<td>$ (56.4)</td>
</tr>
</tbody>
</table>

**Consolidated statement of financial position (December 31)**

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000*</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>13.8</td>
<td>13.0</td>
<td>0.8</td>
</tr>
<tr>
<td>Receivables for medical services – net</td>
<td>725.1</td>
<td>724.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Investments – at market</td>
<td>1,815.8</td>
<td>1,693.5</td>
<td>122.3</td>
</tr>
<tr>
<td>Other assets</td>
<td>530.5</td>
<td>483.4</td>
<td>47.1</td>
</tr>
<tr>
<td>Land and facilities – cost less depreciation</td>
<td>2,543.5</td>
<td>2,402.2</td>
<td>141.3</td>
</tr>
<tr>
<td>Total</td>
<td>$ 5,628.7</td>
<td>$ 5,316.9</td>
<td>$ 311.8</td>
</tr>
</tbody>
</table>

| Liabilities and net worth |       |       |        |
| Accounts payable and other liabilities | 1,658.9 | 1,579.3 | 79.6 |
| Long-term debt            | 1,442.3 | 1,141.9 | 300.4 |
| Net worth                 | 2,527.5 | 2,595.7 | (68.2) |
| Total                     | $ 5,628.7 | $ 5,316.9 | $ 311.8 |

* Year 2000 figures have been adjusted to reflect the acquisition of Fairmont Community Hospital.

The above summary is intended to present a brief review of Mayo’s financial condition and activities for 2001 compared with 2000. The financial statements of Mayo Foundation for the year ending December 31, 2001, were examined by Ernst & Young LLP. A copy of its report and Mayo’s financial statement can be obtained by writing to the Treasurer, Mayo Foundation, Rochester, MN, 55905.
**FINANCIALS**

<table>
<thead>
<tr>
<th>Expenses for 2001</th>
<th>2001</th>
<th>2000*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits</td>
<td>58%</td>
<td></td>
</tr>
<tr>
<td>Facilities</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Supplies and services</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$ 4,081,600,000</td>
</tr>
</tbody>
</table>

**Consolidated revenue for 2001**

<table>
<thead>
<tr>
<th>Measures of service</th>
<th>2001</th>
<th>2000*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total clinic patients**</td>
<td>503,682</td>
<td>508,946</td>
</tr>
<tr>
<td>Diagnostic X-ray procedures</td>
<td>1,875,552</td>
<td>1,759,128</td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>18,465,535</td>
<td>17,652,454</td>
</tr>
<tr>
<td>Surgical cases</td>
<td>128,881</td>
<td>122,693</td>
</tr>
<tr>
<td>Hospital admissions</td>
<td>121,967</td>
<td>118,860</td>
</tr>
<tr>
<td>Hospital days of patient care</td>
<td>594,374</td>
<td>578,795</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The people of Mayo (average full-time equivalents)***</th>
<th>2001</th>
<th>2000*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff physicians and medical scientists</td>
<td>2,503</td>
<td>2,372</td>
</tr>
<tr>
<td>Clinical and research associates and fellows</td>
<td>505</td>
<td>479</td>
</tr>
<tr>
<td>Residents and students</td>
<td>1,770</td>
<td>1,689</td>
</tr>
<tr>
<td>Administrative and allied health personnel</td>
<td>35,272</td>
<td>33,598</td>
</tr>
<tr>
<td>Total</td>
<td>40,050</td>
<td>38,138</td>
</tr>
</tbody>
</table>

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* Year 2000 figures have been adjusted to reflect the acquisition of Fairmont Community Hospital.

**This line includes Rochester, Jacksonville and Scottsdale clinics only.

***Mayo Foundation employed a total of 45,536 individuals in full-time or part-time positions during 2001.
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