Cover:
NED WALDMAN
Publisher gives children their own Peef bears and books to enjoy

Inside:
Mayo Clinic and the White House: a First Family album

Focus on Quality:
An upscale retailer and an open-air fish market have insights for Mayo Clinic
Shortly after World War I engulfed Europe, Dr. William J. Mayo met with President Woodrow Wilson. Their planning helped ensure that American forces had appropriate medical care when the United States entered the conflict in April 1917.

Shortly after the terrorist attacks of 2001, Mayo Clinic researchers developed a test that rapidly identifies anthrax. Mayo’s response met a pressing need amid national crisis.

Sometimes our work makes headlines and history books. Sometimes our greatest contribution is a quiet word or the touch of a hand. Both examples are featured in this issue of Mayo Magazine. In every case, we know the privilege of providing service to our patients and the responsibility of directing our efforts to advance medical progress.

You play a vital role in this process. We are honored that you trust your health care to Mayo Clinic and your philanthropic support to Mayo Foundation.

The following pages will give you an “inside look” at many of our initiatives in Rochester, Minn., Jacksonville, Fla., and Scottsdale, Ariz. Construction projects, educational programs and research priorities — they all are possible because of your generous support.

Together, we can work toward the goal of providing the best care to every patient, every day — with an impact that will last for years to come.

Thank you for your confidence in Mayo.
Features

2 Love Bears All Things
Publisher Ned Waldman gives Peef bears and books to encourage young children.

6 MayoClinic.com
New Web site provides enhanced services and features.

10 Not Your Average Day at the Doctor’s Office
An Arizona resident studying medicine in Poland describes his experience as a student observer at Mayo Clinic.

20 Mayo Clinic and the White House
From Woodrow Wilson to George W. Bush, residents of 1600 Pennsylvania Avenue have shared bonds of friendship and professional service with the staff of Mayo Clinic.

44 Focus on Quality
What do Saks Incorporated, Pike Place Fish and Mayo Clinic have in common?

48 Rapid Anthrax Test
Mayo team responds to national crisis.

52 Garrison Keillor Has Surgery at Mayo Clinic
The renowned humorist explains: “Heart surgery is an artistic performance to benefit an audience that is sound asleep at the time … a day’s work for them, a revelation of human kindness to me.”

Departments

14 Conversations with . . .
Dan Clark prescribes “chicken soup for the soul.”

40 Ways to Give

54 Stewardship Report
Tour each campus, visit our philanthropic organizations and learn how your gifts make a difference at Mayo Foundation.

68 Board of Trustees

69 Meet the People of Mayo Clinic
Dr. Nita J. Maihle fights a personal “war on cancer.”
Publisher and philanthropist, Ned Waldman loves to give Peep bears and books to children. He shared the holiday spirit with Betra, a Mayo Clinic patient from Syria. (Photographs in this article by Joseph M. Kane.)

Publisher Ned Waldman feels one of the pivotal decisions in his life and at Waldman House Press was the purchase of the rights to *A Cup of Christmas Tea*, written by Minneapolis teacher and actor Tom Hegg in 1981 and illustrated by Warren Hanson. Ned decided to publish the book after strongly identifying with its plot, the story of a man who reluctantly goes to visit a frail aunt at Christmastime. In the end, both are blessed by the holiday visit.

The book thoroughly rekindled Ned’s memories of Adele, a woman who was left to help raise him (then two months of age) after his mother died from cardiac complications of rheumatic fever. His father, overwhelmed and despondent following the loss of his wife, left Ned in her care and moved to California. At age five, Ned was welcomed into the family of his mother’s sister, Millie Stillman. Both women were major forces in his life. Ned published *A Cup of Christmas Tea* in their honor.

The loss of both parents at such a young age could have steered Ned Waldman down an unhappy path in life. He credits Adele and his Aunt Millie with giving him the unconditional love that makes it possible for him to extend love to others. With emotion in his voice, Ned says: “Every day I pay tribute to my two precious moms who raised me.”

The story of Ned Waldman’s life unfolds as we sit in the corner office of the business he established and now shares with his son, Brett. Waldman House Press publishes uplifting books with a message, and is located in the downtown Minneapolis warehouse district. He also is co-founder of The Bookmen, Inc., Minnesota’s dominant book wholesaler, selling books of all types to schools, libraries and stores.
Love bears all things

A less-than-storybook childhood yields a life of joy and generosity

By Beverly K. Parker
The popularity of *A Cup of Christmas Tea* continues to grow each holiday season. It has been on *The New York Times* bestseller list for four consecutive years. Almost two million copies have been sold.

If a book is to be published by Waldman House Press, Ned emphatically stresses: “A book must move me to tears . . . sweet tears. I want to sell books I love and believe in.”

Always looking for the next heartwarming story, Ned reads approximately 300 manuscripts each year. Waldman House publishes about four to six books a year, reflecting the company’s commitment to excellence and the values outlined in its mission statement: gratitude, passion, principle, perseverance, purpose, patience, pride and lastly, profit. “There have been years we haven’t published a single new book,” he adds.

Another Christmas book, also created by Tom Hegg and Warren Hanson, is *Peef the Christmas Bear*, published by Waldman House in 1995. Over the past six years, the popular Peef character has come to life and charmed children everywhere with its squeaky “Peef” belly button, covered with multiple colors of fur. Peef ranges in size from four-inch key chain bears to a giant five-foot chubby bear that shares an office with Ned; Peef sits patiently in a wooden sleigh in front of Ned’s desk. Indeed, Ned is surrounded with his assortment of bears, plants and a collection of cherubs, which he has gathered from around the world.

Peef reflects the warmth, energy and passion of Ned Waldman, who delights in speaking about the powerful human effects of a strong message and a lovable bear.

Author Tom Hegg chose the name Peef based on memories of his brother’s childhood talks with his own special bear.

Waldman House has published Tom Hegg’s subsequent Peef titles, *A Silent Night for Peef* in 1998 and *Peef and His Best Friend* in 2001. The themes of the books touch on important children’s messages such as true friendship, belonging and holding to values such as honesty and integrity.

Peef touches hearts while his multiple colors embrace and represent the diversity of people around the world. Instinctively children hold Peef and squeeze his tummy for their own delight. Ned explains: “There is a magical part of Peef that is indescribable. Children and adults know that there is a tummy just waiting to push out its own form of hello — ‘PEEF.’”

Through Mayo Foundation and the other organizations he supports, Ned finds an outlet for joy, generosity and sharing Peef.

A Mayo Clinic patient since 1999, he says: “Health issues have made me aware of time’s limitations. Maybe this is what makes being in publishing so great. You can hope that books enjoy a long life and leave an enduring message. I’m often alone at Mayo, but I’m always comfortable talking with people. For me the sense of caring is the essence of Mayo Clinic."

Visits to Mayo helped crystallize his hopes for the future. “I want to give more, write, take care of myself, play the guitar and spend more time with children.”
Peef dazzles as grand marshall

For the first time in its decade-long history, the nighttime Holidazzle Parade in downtown Minneapolis chose an original, made-in-Minnesota storybook character – Peef the bear – to participate in the event. Peef even served as one of the parade’s grand marshalls.

“This makes me feel so proud,” says Peef’s publisher, Ned Waldman. “It is tremendous recognition of the character of Peef.” On the evening of December 6, 2001, Ned became Peef as he climbed into a life-size suit to serve as grand marshall of the parade. At the head of the line of floats, Ned waved enthusiastically to thousands of children and adults who lined Nicollet Mall. A 13-foot Peef float, covered in lights and mounted on a motorized base, led the parade.

Peef was in good company with lighted floats featuring characters from the Wizard of Oz, Hansel and Gretel, Mother Goose and other beloved children’s storybook characters.

What’s next for Peef? Ned hopes the character will continue to spread “Peef on Earth.” And, who knows, maybe one day we’ll see Peef in the Macy’s Parade!

He did the latter in December 2001 at Mayo Eugenio Litta Children’s Hospital, giving more than 200 Peef bears and books to pediatric patients. In each interaction, Ned extended comfort and best wishes to every child he met.

“Part of the joy of living is to be generous with the things you believe in,” he says.

“Sometimes we forget that all of us are more alike than different. We all laugh and cry just the same way. We have the same feelings — happy, sad, scared and proud. Holding each young patient’s hand, black or white, I could feel their warm pulse, their hopes and their dreams. And leaving each room, it was all I could do to hold back my tears of love.”

With a snifflle and a rub of the eyes, Ned says: “To be able to share the book, the bear and my heart with the beautiful children and their parents was one of the most meaningful, giving experiences of my life. Many people were from diverse countries and cultures, yet they found unity and comfort with this bear. Visiting with children from across the world has given me the impetus to seek out those in need and share my love whenever I can. In this phase of my life,” he adds, “Mayo has given me a new mission.”

“Peef on Earth” was the theme when Ned Waldman donned the bear’s costume as Holidazzle Parade Grand Marshall. Top row: Peef’s illustrator, Warren Hanson (left) and author, Tom Hegg, joined the fun with a bevy of young fans.
With all the health information available today, it’s easy to feel adrift in a sea of choices. And if you’re also coping with a health problem, those waters can be choppy indeed.

Mayo Clinic has developed a new Web site with enhanced services and interactive features to help you navigate your health care choices. The site — MayoClinic.com — is a beacon of information, which enables you to become an active partner and participant in your health care.

Mayo Clinic has been meeting demands for accurate, authoritative health information and educational materials beyond our walls for many years — from the initiation of Mayo Clinic Health Letter in 1983 to the publication of Mayo Clinic Family Health Book in 1990 to the beginnings of Mayo Clinic Health Oasis, one of the first health information Web sites in 1995.

With the launch of MayoClinic.com, Mayo Clinic now offers more services and interactive health-management features to our friends and patients.

Mayo Magazine visited with Brooks Edwards, M.D., a Mayo Clinic cardiologist and medical director for MayoClinic.com, to gain his perspective on what this exciting initiative means for the future of online health information.

What is MayoClinic.com?
MayoClinic.com is a Web site that brings the latest medical information and health management tools to the Internet. The site was created from the combined expertise of Mayo’s physicians, scientists and allied health professionals.

What is the purpose of the site?
Providing health information for the public is one of Mayo’s core principles. Our mission at MayoClinic.com is to help people manage their health. We do this by providing timely information and useful tools that reflect the expertise and standard of excellence of Mayo Clinic.

The site addresses disease management, wellness and prevention.

Mayo Clinic provided health information on the Internet for more than five years through Mayo Clinic Health Oasis and Mayo Clinic HealthQuest (a subscription health information business). Both were combined into MayoClinic.com. Today, in addition to reliable information, we have personalized tools for better health management. Just as we treat our patients as individuals, we now can give our online users a more customized experience.
• **Diseases and Conditions A to Z** provides comprehensive coverage of more than 250 illnesses, from signs and symptoms to state-of-the-art management.

• **Condition Centers** help you better manage chronic conditions such as cancer, arthritis and heart disease, as well as common children’s conditions.

• **Healthy Living Centers** provide information to help you prevent illness.

• **Answers from Mayo Clinic** lets you ask questions of broad general interest. You also can search a database of frequently asked questions.

• **Health Decision Guides** help you choose among treatment options. Video and audio clips let you meet the doctor who provides the information. Patients tell why they made treatment choices about conditions such as herniated disks, breast cancer and middle-ear infections.

• **Interactive programs and tailored e-mail** can help you achieve goals such as stopping smoking, managing stress and starting an exercise program.

• **Health Scorecard** charts your individual health risk.

• **Personalization** tells what’s new in your areas of interest every time you come back to MayoClinic.com.
Why did the name change to MayoClinic.com?
Mayo conducted an in-depth survey to find the best name for the site. People from throughout the United States participated. From this survey, we learned that MayoClinic.com was the preferred name.

Why? Because it was the easiest to remember. When people were asked what they would name the site, most of them said “MayoClinic.com.” It also makes sense to have the name of the site and its URL (Web address) be the same.

The survey also showed that the name does not change the esteemed reputation Mayo Clinic enjoys. MayoClinic.com reflects Mayo Clinic’s values — meeting patient needs; excellence in all endeavors; teamwork and cooperation among Mayo staff and patients; and commitment to health, healing and professionalism.

Does Mayo still offer a Web site to companies and corporations to use in their employee wellness programs?
Yes. A customized version of MayoClinic.com is available for organizations across the United States to use as a health management tool. This site, along with an employee wellness newsletter, self-care books, health risk assessments and programs delivered via the telephone are designed to help organizations meet their employees’ needs. More information about these services is available by calling 1-800-430-9699.

How will Mayo patients and friends benefit from MayoClinic.com?
The biggest benefit is to live a healthier life. By providing health information and tools over the Internet, millions of people will have access to Mayo’s expertise.

MayoClinic.com goes beyond health information to provide unique tools to evaluate your own health, tools to manage diseases and tools to stay healthy. For instance, the site uses sophisticated multimedia programs to help you investigate difficult medical choices for specific disorders. You can even hear from patients who elected to follow one of several different options.

Who is involved in the production of the site?
Production of MayoClinic.com depends on the dedicated efforts of many talented people at Mayo Foundation. Mayo physicians, allied health professionals, writers and technical staff make sure the site lives up to the high standards of Mayo Clinic.

MayoClinic.com
named tops in online health information

MayoClinic.com earned two Gold 2001 eHealthcare Leadership Awards during the Sixth Annual Healthcare Internet and Technology Conference.

The awards were presented from a field of more than 700 entries. MayoClinic.com was recognized for excellence in:

- Best Overall Site
- Best Health/Healthcare Content

MayoClinic.com provides reliable information and unique tools to help guide you toward a future of good health.
Not Your Average Day at the Doctor’s Office

An Arizona native studying medicine in Poland shares his experience as an observer at Mayo Clinic in Scottsdale.
By Marek S. Kopacz

On graduating from university, all medical practitioners are obligated to take an oath steeped in more than 2,000 years of tradition. This oath, the Hippocratic Oath, calls to mind such noble virtues as honor, loyalty and forthrightness in the practice of one's profession. Among its many contributions, by remaining faithful to this oath, Mayo Clinic has contributed to medicine by establishing itself as an organization committed to these ideals.

I chose to apply for the Medical Student Observer Program at Mayo Clinic in Scottsdale, Ariz., because of its strong commitment to these values. When I first expressed interest in the program, the Education Department was ready and willing to answer all my questions and offer any suggestions. From when it was submitted, my application was treated with the utmost attention and care. I was constantly updated on the status of my request and a conscious effort was projected to see that it was met. I was delighted to learn that I was accepted by the Foot and Ankle Department, where I would observe Robert E. Kenrich, D.P.M.

“With teamwork, a streamlined computer system or just a friendly smile, no effort is spared to make the patient feel that he or she is the center of attention.”
Not wishing for me to walk away empty-handed, Dr. Kenrich, as well as the department’s other physicians, nurses, physician assistants and technicians opted instead for me to play a more “active” role. Despite their busy schedules, they took the time not only to let me observe but also to explain what was happening in the examination room. Sometimes they even asked me questions to test my knowledge. Thus I was able to further my clinical knowledge by learning the theory behind physical examinations, history taking and patient rapport.

I was also invited and encouraged to learn as much as possible by taking full advantage of the facility. This included attending lectures and frequenting the clinic’s library, where I was able to complement what I learned in the Foot and Ankle Department. The knowledge I gained as an observer gave me an indispensable edge in my studies. While I have been at school, this edge has proven itself both in the classroom and during bedside rotations.

In addition to learning about the science of medicine, I was able to learn about some of the problems that doctors face — namely, how to keep medicine squarely focused on patient care, and not on bureaucracy.

What surprised me most was just how effective the people at Mayo Clinic are at doing so. With a streamlined computer system, teamwork or just a friendly smile, no effort is spared at giving patients whatever they need to get well, or making patients feel that they are the center of attention.

Throughout Mayo Clinic, there are many inspirational quotations. Of the many lessons...
I learned during my stay as an observer, probably the most valuable was the statement by Charles H. Mayo, M.D., that the goal of medicine is “to heal the sick and to advance the science.”

Indeed, it remains as true today as in the time of Hippocrates that medicine is all about caring for one’s patients and educating future generations to do likewise.

About the author

Marek S. Kopacz is a student at Jagiellonian University in Kraków, Poland. After serving as a Medical Student Observer at Mayo Clinic in Scottsdale, Ariz., he took the initiative to share his experience with the readers of Mayo Magazine.

The historic district of Kraków, Poland, preserves its distinctive architectural and artistic heritage. The medical school of Jagiellonian University dates to 1364.
Conversations with . . .
“Chicken Soup for the Soul”

By Jacquelyn Johnson Gosse

A dversity introduces us to ourselves,” says author, songwriter and
ternational speaker, Dan Clark. “If you really think about it, pain is a
signal to grow, not to suffer. And once we learn the lesson the pain is teaching
us, the pain goes away.”

Dan discovered his true passion during the most painful experience of his
life. In 1980, the primary contributing author to the best-selling book series,
“Chicken Soup for the Soul,” had been attending the University of Utah on a
full athletic scholarship. As an award-winning athlete, he was invited to a
major league baseball tryout and was projected as a National Football League
number one draft pick.

Then his athletic career was cut short by a paralyzing injury. He cracked a
vertebra, severed the axillary nerve in his right deltid and traumatized the
brain. Dan’s eye drooped, he had loss of speech, his right side went numb and
his arm dangled at his side. Sixteen doctors and medical science gave Dan little
When I was at my lowest point of depression, I was given a recording of a speech by a motivational speaker named Zig Ziglar. I thought his mom had run out of names! I listened and it changed my life. It got me dreaming and feeling again.

Why do your stories appeal to and inspire so many people?
Life is a collection of the various things people do and say. When we hear facts and figures based on data, we don’t remember the information. We remember the interpretation of the information. When we hear a tale, our interpretation says, “If it happened to them, one day it could happen to me.” Hearing or reading an inspirational story fills us with hope for humanity. Most people don’t have time to read a long novel, but everybody has time and a need for a quick laugh or emotional “pick-me-up.”

A great short story reminds us to become brilliant at the basics and is written exactly like a hit song. As a songwriter I have learned to take an entire tale and condense it into a three-minute tune. There are only twelve notes in music. Every song that has ever been written was created using the same twelve notes. The only difference between one song and another song is the order in which the twelve notes fall, and the timing in between the notes. Therefore, the only difference between a great hit song and a lousy song is passion, creativity and imagination. The only difference between a great administrator and a lousy administrator, a great physician and a lousy physician, a great employee and a lousy employee, is passion, creativity and imagination. It’s not what we know, but how and
why we use what we know that makes the difference. I write and tell stories that remind us in a real sense that we are all songwriters and authors. Every new day gives us a fresh chance to arrange the twelve notes of life and write a new hit song and an inspirational story about ourselves that makes a difference to others.

Describe your personal experience with Mayo Clinic.

At Mayo Clinic, I have seen and felt more passion, creativity and imagination, and more compassion, sophisticated elegance and service-above-self than in any other health care facility. I have several friends who are physicians who did internships or residencies at Mayo Clinic and they have carried Mayo’s influence and culture into their personal practices, clearly putting them in a special class all by themselves.

In the mid-1980s, my father was diagnosed with carcinoid cancer in the small intestine. He had surgery to remove the tumor, and it was discovered that it had progressed into different parts of his abdomen.

My father’s physician from Salt Lake City attended a medical meeting and a Mayo Clinic oncologist presented a paper on carcinoid cancer. My father’s physician returned to Utah and recommended that he go to Mayo Clinic.

Subsequently, my father qualified as one of 25 experimental patients in carcinoid research at Mayo, which allowed him to receive an experimental, injected chemotherapy growth hormone. He would inject his abdomen or leg three times a day for the next six years. Most of the 25 patients passed away, and my dad was the ultimate success story. The Food and Drug Administration approved the drug and now it’s the most commonly used chemotherapy treatment for carcinoid cancer.

About two months before my Dad passed away, he called all the family around him and asked what we were learning from his bout with cancer. In the ensuing conversation, I asked him what he was learning. He said, “True motivation comes from focusing on purposes, instead of just setting goals.” Although in pain, Dad said he was trying to live as long as he could for medical science purposes and to give something back to Mayo in appreciation for the compassionate care he’d received. Under Mayo Clinic’s care, he lived for six and a half years, finally losing his battle with cancer on October 12th, 1990.

You’ve been to many different medical centers for your various injuries. How is Mayo Clinic different?

When my father came to Mayo the first time, he sat down with the whole team of doctors and nurses who told him, “Mr. Clark, we’re all going to die. And once we realize that, we’ve got to figure out how to live.”

That is so powerful. Most of the time, when anyone walks into a hospital, they are filled with fear and anger. When you walk into Mayo Clinic, you’re not deterred — you’re encouraged. With “Team Mayo” on your side, people come here excited and hopeful.

Amidst the thousands of patients and the thousands of employees in this giant organization, my dad was made to feel like he was the only patient here. He was personally
escorted and assisted from room to room, appointment to appointment — and was never left by himself. My dad came to Mayo in a wheelchair and five days later, walked out with hope, a smile, greater faith and an increased knowledge about his condition. After each of his Mayo experiences, Dad would return home believing he was one of the most important people in the whole world. Once he commented, “Danny, it’s taken me this long to figure out what you do as an author and professional speaker. You help heal hearts — just like Mayo.”

“The Mayo Way”

On one of my Dad’s visits to Rochester, he had an experience that epitomizes the polished, professional and compassionate service rendered by everyone in every department. Our family affectionately calls it the “Mayo Way.” Dad was to be tested by a special echocardiograph, where a tube is inserted in the patient’s esophagus so that the operator can view the heart from a closer point than the heretofore echo and traditional cardiograph would permit. The machine to be used had been newly developed and had not yet been acquired by other hospitals in the United States.

In due course, Dad was lying on the table. The incredible Dr. A. Jamil Tajik, his assistant and a nurse to take care of the intravenous injections were hovering over him. In my dad’s own words, he explains: “After preparations got under way, including the spraying of my throat to make it numb and more receptive to the black tube, Dr. Tajik asked me if I had any of my family with me. I told him that I was alone. He said that there were some risks in using the machine that he had to advise me of. At the end of the tube was a mirror-like tip through which the action of the heart was relayed to the screen. The doctor explained that as he attempted to thrust the tube down my throat he might cut the esophagus, or he might even cut the heart. I asked him, “What then?” and he replied that I would die on the table. With a deep breath, I knew I could trust the good doctor and agreed to start the procedure. The first try the tube would not go down. He pulled it back up and the second try was successful.

“I presume that the nurse noticed a tear in my eye as we proceeded with the test. She promptly and gently held my hand and began to whisper and assure me that everything would be all right. I had never felt the need for a third party support as strongly as I did at that moment. And, in the “Mayo Way” that dear nurse, whose name I will probably never know, gave me, through her soft voice and tender touch, a beautiful fulfillment that I would be fine. As I lay helpless on that uncomfortable bed 1,000 miles from home, she refused to let me feel alone.”
A store owner was tacking a sign in his store window which read "Puppies for Sale," when a little boy appeared. "How much are you selling the puppies for?" he asked.

The man told the lad he didn’t expect to let any of them go for less than $50.

The boy reached in his pocket, pulled out some change, looked up at the store owner and said, "I have two dollars and thirty-seven cents. Can I look at them?"

The store owner smiled and whistled. From the kennel, a dog named Lady came running down the aisle, followed by five tiny balls of fur. One puppy lagged behind. Immediately, the little boy asked about the limping puppy.

“What’s wrong with that doggie?”

“The veterinarian told us the dog is missing a hip socket,” said the store owner. “He’ll always limp like that.”

“That’s the one I want to buy,” the lad said quickly.

The store owner replied, “No, you don’t want to buy that dog. If you really want him, I’ll just give him to you.”

The boy came close to the store owner’s face and said angrily, “I don’t want you to just give him to me. That doggie is worth just as much as all the other puppies and I’ll pay the full price. In fact, I’ll give you $2.37 now and 50 cents a month until I have him paid for!”

The store owner replied, “No, no, no. You don’t want that dog. He’s never going to be able to run and jump and play like the other dogs.”

In response, the little boy pulled up his pant leg to reveal a badly twisted left leg, supported by two steel braces.

“Well, sir,” he said. “I don’t run so well myself and the puppy will need someone who understands.”
MAYO CLINIC AND

“Given the distance between 1600 Pennsylvania Avenue and Mayo Clinic, it is worth pondering why such strong bonds have evolved across so many generations and administrations. The answer is because we focus on the needs of each individual patient, whatever station he or she holds in life.”

Dr. Beahrs, an internationally recognized Mayo Clinic surgeon, has conducted extensive research on the medical care of presidential families. A philanthropic leader, he served as chair of The Doctors Mayo Society from 1982 to 1993.
The right of the public to know about the health of its chief executive is especially compelling in the open society of the United States.

This article summarizes research that I have previously published and presented about the long history of Mayo Clinic’s connection to the White House. Specific references come from public information sources and, therefore, are not privileged. Private details of medical or surgical treatment are not included.

Mayo’s connection to the White House dates to the beginning of our history. The Mayo family settled in Rochester, Minn., in 1863, when Abraham Lincoln appointed Dr. William Worrall Mayo as examining surgeon for Union Army soldiers in the Civil War.

Many Mayo Clinic staff members have been involved with presidential families since the early 1900s. Our institution’s participation spans Democratic and Republican administrations; we have served First Families in times of health and illness, peace and war.

Some relationships began long before a president entered the White House. Others started when the chief executive or his family members developed health problems that required intervention. In many cases, warm friendships evolved from the professional care that Mayo Clinic staff members rendered. Relationships often continue beyond the White House years. Certain incidents are not without humor. Sometimes policy issues or official business have brought chief executives into contact with Mayo Clinic. Several presidential and vice presidential family members have been loyal ambassadors for Mayo, providing distinguished service on the Mayo Foundation Board of Trustees.

Given the geographic distance between 1600 Pennsylvania Avenue and Mayo Clinic, it is worth pondering why such strong bonds have developed over so many administrations and generations. The answer, I believe, is because we focus on the needs of the individual patient, whatever station in life he or she may hold. Mayo’s primary value is particularly important amid the glare of publicity, and the political and economic pressures that accompany treatment of a president or his family.

It is a tribute to this institution and its people that so many different presidential families over so many years have placed their trust in Mayo Clinic. The accounts cited here reflect a deep regard for Mayo and a profound respect for America’s democratic process.

In preparing this summary, I regret that it is impossible to name all the Mayo Clinic personnel and alumni and all the presidential and vice presidential families who have interacted over the years. I welcome comments and suggestions for future publications. The following vignettes illustrate the rich diversity of relationships between Mayo Clinic and the White House.

---

**Right:** Dr. Beahrs has been an accomplished magician for more than 60 years. He enjoyed performing with his long-time friend, President Ronald Reagan.

**Top:** The Democratic Party donkey and Republican Party elephant are typical of the American icons that decorate the Plummer Building at Mayo Clinic in Rochester, Minn. These sketches were among the plans for the building, which opened in 1928.
Dr. and Mrs. William J. Mayo hosted former President Taft on their boat for cruises along the Mississippi River. He inscribed this portrait as an expression of appreciation. (Courtesy of Mayo Foundation House.)

Shortly after World War I engulfed Europe, Dr. William J. Mayo and other leading physicians met with President Woodrow Wilson. Their planning helped ensure that U.S. troops had adequate medical support when America entered the war in April 1917. (Courtesy of Mayo Historical Unit and Mayo Foundation House.)

In 1953, President Eisenhower appointed Dr. Chuck Mayo to the U.S. delegation at the eighth plenary session of the United Nations.*

Franklin D. Roosevelt came to Rochester in 1934 to honor the Mayo brothers on behalf of the American Legion. He praised them as “neighbors to the entire United States.”*

Harry S. Truman sent this inscribed photograph to Dr. Charles H. Mayo’s son, Dr. Charles W. (Chuck) Mayo, after World War II. *

**Presidential Timeline**

<table>
<thead>
<tr>
<th>President</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>William H. Taft</td>
<td>1909-1913</td>
</tr>
<tr>
<td>Woodrow Wilson</td>
<td>1913-1921</td>
</tr>
<tr>
<td>Warren G. Harding</td>
<td>1921-1923</td>
</tr>
<tr>
<td>Calvin Coolidge</td>
<td>1923-1929</td>
</tr>
<tr>
<td>Herbert Hoover</td>
<td>1929-1933</td>
</tr>
<tr>
<td>Franklin D. Roosevelt</td>
<td>1933-1945</td>
</tr>
<tr>
<td>Harry S. Truman</td>
<td>1945-1953</td>
</tr>
<tr>
<td>Dwight D. Eisenhower</td>
<td>1953-1961</td>
</tr>
</tbody>
</table>
President and Mrs. Kennedy hosted a gala reception for Nobel Prize laureates. Their guests included Dr. Philip S. Hench of Mayo Clinic, who shared the Nobel Prize for discovering cortisone. *

President George W. Bush presented the Malcolm Baldrige National Quality Award with Dr. Michael B. Wood, left, president of Mayo Foundation.

After leaving the White House, Lyndon Johnson (top center) served as a trustee of Mayo Foundation.

First Lady Hillary Clinton came to Mayo Clinic as part of her nationwide campaign to reform health care.

* Courtesy of Mayo Historical Unit.
So ran the headlines in September 1922, after Dr. Charles H. Mayo attended Florence Harding. Mrs. Harding had a blockage that prevented her from expelling urine. The White House physician was Dr. C. Sawyer, a hometown friend of the Hardings and a homeopath whose unhelpful counsel was to urge the First Lady to “sweat it out.”

Dr. Charlie and Dr. John Finney of Johns Hopkins University were called to consult. By the time they arrived, the First Lady’s life was in jeopardy as she slipped in and out of consciousness.

President Harding was so concerned that he urged the physicians to stay at the White House. Dr. Finney recommended immediate surgery … Dr. Sawyer was adamantly opposed … Dr. Charlie thought the operation could wait just a bit longer. As Dr. Charlie had anticipated, the obstruction resolved on its own.

Reporters breathlessly covered the First Lady’s illness and recovery. Back in Rochester, Dr. Will — who delighted in droll humor — began a staff meeting by reading a newspaper article: “Dr. Charles Mayo has left the First Lady’s bedside and departed Washington. The President is greatly relieved.”

One consultant urged immediate surgery … another was adamantly opposed … Dr. Mayo thought the operation could wait a bit longer. As he predicted, Mrs. Harding’s condition resolved on its own.

---

Dr. Charles H. Mayo (center) joined some of the physicians in attendance on Mrs. Warren G. Harding at the White House, September 1922. (Courtesy of Mayo Historical Unit.)
Mrs. Harding's life was in danger when Dr. Mayo reached Washington, D.C. (Photo by Underwood and Underwood.)
Western White House during the Munich Crisis

During September 1938, the world trembled on the brink of war.

In Berlin, Adolph Hitler rallied crowds to a frenzy as he targeted the Nazi takeover of Czechoslovakia. In London, Prime Minister Neville Chamberlain grasped at a policy of appeasement in a desperate attempt to secure “peace in our time.”

And in Rochester, Minn., Franklin Roosevelt set up the Western White House in a private railroad car while his son, James, underwent surgery at Saint Marys Hospital.

The operation was scheduled for a Sunday to minimize disruption in town. Dr. Howard Gray, head of the surgical team, consulted FDR and was told, “My son takes a very poor anesthetic.” Rumors swirled that James Roosevelt was near death.

The operating room had open galleries, and present to observe were both Mayo brothers, Dr. Donald C. Balfour — an eminent surgeon who served as director for education and chair of the Board of Governors at Mayo Clinic — and the White House physician. This must have occasioned some stress for Dr. Gray.

The procedure was successful and a press conference — almost unheard-of at Mayo Clinic in those days — set the record straight. As FDR’s train prepared to depart, he told a crowd of well-wishers:

> Not only am I going away with a full realization of the splendid care that has been taken of my oldest boy, the very wonderful work that is done for humanity as a whole in Rochester, but also I want to thank you for what I can best describe as an understanding heart on the part of the people of Rochester.

During World War II, FDR had an operation at the National Naval Medical Center in Bethesda, Md. Dr. Winchell McCraig of the Mayo staff, then serving with the Navy, performed the operation. FDR may be the only patient to have left the operating room at Bethesda smoking a cigarette!

Present to observe the operation were both Mayo brothers and the White House physician. This must have occasioned some stress for Dr. Gray, but the procedure went smoothly.
THE PRESIDENCY

International Shift

While Europe with shaking knees found itself last week on the brink of war (see p. 17), and foreign statesmen hoped that a firm U. S. attitude would help avert it, President Roosevelt performed change of face as sudden, though perhaps as effective, as that which upset the World Monetary & Economic Conference in 1933. Apparently fearing that his and Secretary Hull's recent, repeated condemnations of autarkies and aggressors too definitely aligned the U. S. with England and France if Germany provoked a war, Mr. Roosevelt suddenly lashed out at "some" U. S. editors and columnists. He said their interpretations were politically warped, entirely wrong.

Specifically he cited a report that Ambassador Bullitt had said fortnight ago in Bordeaux, France, that the U. S. stands with France "in war as in peace." Mr. Bullitt denied saying that, said the President. Mr. Roosevelt told the press to read his and Secretary Hull's recent utterances. Next day Mr. Hull made public a letter, accepting Peru's invitation to the eighth Pan-American Conference (at Lima, December), saying:

"The nations of the world are faced with the issue of determining whether relations shall be characterized by international anarchy and lawlessness or by principles of fair play, justice and order under law. No nation and no government can avoid the issue; neither can any nation avoid participation, willing or not, in the responsibility of determining which course of action shall prevail.

Putting Mr. Roosevelt's and Mr. Hull's remarks together, observers could only conclude: 1) that the U. S. is indeed morally aligned against Germany; 2) that President Roosevelt, again putting domestic issues above international problems, is anxious to keep opponents from charging in this fall's campaign that the Administration is hedging the U. S. toward war.

As far as Roosevelts were concerned, man-of-last-week was a 36-year-old surgeon at the Mayo Clinic in Rochester, Minn.—Dr. Howard Kramner ("Howdie") Gray, son of Vice Chairman Carl Gray of the Union Pacific R. R. and Harrietie Flora Gray, the Golden Rule Foundation's Mother-of-the-Year for 1937 (TIME, May 3, 1937). Perennial president of his Princeton class (1923), as famed in college for his unobtrusive Christianity as for his athletic ability (varsity football end), this model son of model parents is recognized by the Doctors Mayo as their crack stomach surgeon. Because Son James Roosevelt's stomach ulcer failed to respond to rest and diet last summer (Trux, Aug. 22) he returned to the clinic last week. "Howdie" Gray was named to operate. President Roosevelt called for his special train and sped westward. After up again. Afterwards, because of the public importance of his patient, Surgeon Gray consented to a thing unprecedented at Mayo Clinic: a press conference. He stated that the ulcer was benign (non-cancerous), that its awkward position (high near the esophagus) had protracted the operation (1 hr. 45 min.), that the patient was responding normally. Able, modest Surgeon Gray blushed profusely when Dr. McIntire described his work as "a very excellent job under difficult circumstances."

f. Political dopesters watched hawk-eyed as Franklin Roosevelt traveled to Minnesota. Before the President started, Minnesota's Governor Elmer Benson had appeared at Hyde Park. After the President arrived, the Governor spent more time with him. Mr. Benson's objects were obvious: 1) to let the wheat farmers of his State see him trying to do something about their bumper-crop plight; 2) if possible to get the Head of the Democratic Party to withdraw the Democratic State ticket in Minnesota, as he did in 1936, so that Mr. Benson and his fellow Farmer-Laborites could beat the Republicans. Eventual (1940)? coalition with his Liberals of all willing followers, regardless of party name, is known to be Mr. Roosevelt's major strategy. In the Northwest, this strategy is complicated by the friendly relations between Governor Benson and Governor Philip La Follette of neighboring Wisconsin, whose projected national Progressive Party has a sharply anti-Roosevelt twist. Only due to the possibility of a deal was given earlier in the week: before his operation, Son James Roosevelt roundly denounced as a surgery a letter purporting to come from him endorsing Democratic Candidate Thomas E. Gallagher for the governorship.

The following is a list of the contents of the magazine:

*Art*
*Books*
*Business & Finance*
*Cinema*
*Education*
*Foreign News*
*Letters*
*Medicine*
*Milestones*
*Music*
*National Affairs*
*People*
*Press*
*Radio*
*Religion*
*Science*
*Sport*
*Theatre*
*Transport*
In a rich Texas accent undimmed by decades in the Midwest, Dr. James Cain paid tribute to his wife, Ida May. Her father, Senator Alvin Wirtz, helped launch the career of a promising young school-teacher-turned-politician named Lyndon Baines Johnson.

When Dr. Cain went to Mayo, LBJ protested any Texan going “way up in the north country,” but having a friend in Rochester, Minn., established a link that lasted for decades.

LBJ came to Mayo Clinic as a patient in 1948. In the midst of a heated race for the U.S. Senate, he developed painful kidney stones. Surgery would have taken him out of the running, but Mayo consultants determined that an operation was not necessary. LBJ went back on the campaign trail and won the race.

When Vice President Johnson became President Johnson, he invited Dr. Cain to be the White House physician. Dr. Cain demurred, and served as the president’s personal physician, based in Rochester.

Scheduling snag
In October 1965, LBJ needed gallbladder treatment. Dr. Cain recommended a surgical team. They booked a commercial airline flight, but the Secret Service insisted on providing an unmarked government jet. Things didn’t go as planned. Dr. Cain recalled:

“We were heading to the airport and stopped at a farm along the way to admire a friend’s corn crop. Standing in the field, we heard the roar of a jet. Rochester was a small town back then, and a jet was highly unusual.”

What’s more, the plane was an hour early.

“Ida May and I got to the airport, and found the folks from Washington in a high state. They couldn’t believe the Mayo team wasn’t ready to go. I looked at my watch and said we were well ahead of our 10:05 a.m. meeting. Then we all realized they’d forgotten that Rochester is an hour behind Washington. So the plane took off, circled awhile and returned for our proper Central Time departure.”

From then on, everything went according to plan. There was excellent cooperation among the Secret Service and Mayo, White House and Navy physicians.

“All six Democrats”
LBJ had a warm rapport with the surgical team. He joked: “I know I’m in good hands. Jim Cain’s brought me every Democrat at the Mayo Clinic — all six of them!”

Dr. Cain arranged for President Johnson’s follow-up surgery in November 1966; one member of the Mayo team was Dr. Kenneth Devine. After blue-ribbon treatment in Washington, they returned together to Rochester.

In the snow-covered airport parking lot, Dr. Cain’s ancient Volkswagen wouldn’t start. Dr. Devine gave him a ride in his 1950 Dodge. The car didn’t have floorboards and, on the way home, the highway patrol stopped Dr. Devine and issued a “fix-up” ticket because his muffler was
dragging on the pavement. (Instead of repairing the car, Dr. Devine sold it to a local junkyard for $12.50.)

Distinguished service
Lyndon Johnson’s relationship with Mayo continued for the rest of his life. After leaving the White House, he served as a Mayo Foundation Trustee. At his first meeting with the Mayo board, he said:

*If we are going to have the nation that we want to have, if we are going to have the liberty that we all cherish, if we are going to preserve the freedom that each of us has been taught to respect and demand, we are going to have an educated nation and we are going to have a healthy nation, and the word trustee has a very special meaning to me.*

*It’s something like the word genuine or in other words, noble. You have a very special obligation that goes with it.*

*You are in the service of the Lord and humanity, and you have a very special trusteeship, and I want to help you discharge it in any capacity that my abilities will permit.*
Perspective on Watergate

On Nov. 13, 1974, Dr. John Spittell received an unusual letter. It came from U.S. District Court Judge John Sirica, who sought a medical opinion with far-reaching implications: to determine if Richard Nixon, who had resigned the presidency three months earlier, could testify at the Watergate cover-up trial.

Mr. Nixon had undergone surgery in California for thrombophlebitis, which involves a clot and inflammation of a leg vein. Judge Sirica contacted Dr. Spittell and two other cardiovascular experts from Georgetown University and Johns Hopkins University. The judge asked them to examine Mr. Nixon and report on his ability to travel to Washington, D.C.

To ensure confidentiality, Judge Sirica asked for a handwritten report. By the team’s consensus, Dr. Spittell had the best penmanship, so he drafted the findings. The physicians determined that Mr. Nixon could not travel until the following year, and Judge Sirica ruled that the trial could not be delayed until that time.

Call from Walter Cronkite

News of the appointment spread quickly. “The Watergate experience was so controversial,” recalls Dr. Spittell. Cards, letters and telegrams poured into the Mayo Clinic mailroom, expressing support or criticism for the medical exam. Dr. Spittell realized the scrutiny he was under when Walter Cronkite called him before a news broadcast to check the pronunciation of his name.

“We soon learned why the Secret Service booked us hotel rooms on the Queen Mary. There was only one way on and off the boat! They kept a close eye on everything and were top-notch professionals.”

Dr. Spittell and his colleagues traveled to California, where they stayed on the steamship Queen Mary, recently converted to a hotel.

After reviewing Mr. Nixon’s medical record, the team went to his home and examined the former president in the presence of his own physicians and the Secret Service. “It was a straightforward evaluation,” Dr. Spittell recalls. “Mr. Nixon was cooperative and gracious to us.”

To ensure confidentiality, Judge Sirica asked for a handwritten report. By the team’s consensus, Dr. Spittell had the best penmanship, so he drafted the findings. The physicians determined that Mr. Nixon could not travel until the following year, and Judge Sirica ruled that the trial could not be delayed until that time.

The combination of medicine, politics and law proved irresistible for many journalists. Dr. Spittell and his colleagues were covered in People magazine, The New York Times and many other print and electronic media. As Dr. Spittell recalls, “I got a letter from an old friend saying my photo was on the cover of his hometown newspaper — which happens to be in Cork, Ireland!”
With Dr. Lungren leading the way, Nixon is wheeled to the waiting car that took him home to San Clemente.
My own experience with the presidency has its roots in my days as a medical student, when I performed as a magician to pay for my education. 

At Northwestern Medical School, I was in the senior class show, The Follies of 1940. The faculty sponsor was an eminent neurosurgeon, Dr. Loyal Davis, and his wife, Edith, an acclaimed actress. During Sunday evening rehearsals at the Davis home, I met the couple’s children, Nancy and Richard.

A warm friendship continued over the years. In 1958, Dr. and Mrs. Davis invited my wife, Helen, and me to a surgical conference in Europe.

Richard Davis went on to become a neurosurgeon. Nancy Davis became a Hollywood actress and married Ronald Reagan.

Our friendship took a dramatic turn when the Reagans entered the White House. The First Lady and her brother asked me to help monitor the president’s health.

I had been retired from clinical practice for several years, and felt that active members of the staff should also be involved. Working with Mayo Clinic colleagues, we coordinated several consultations and procedures involving the First Couple.

In a medical career, you prepare yourself to be ready for whatever situations may come up. That form of preparation takes on a greater intensity when you are consulting with the president’s family. For example, Helen and I were in Rapid City, S.D., when an urgent call came from the White House. Standing in my sister-in-law’s kitchen, I arranged for a team to go to Washington, D.C.

President and Mrs. Reagan also came to Mayo Clinic. When the president had surgery, a construction crew quickly transformed part of Saint Marys Hospital into a secure area that met medical needs and security requirements.

Sister Generose Gervais, retired administrator of the hospital, held hands with President Reagan and said many had been praying for him. With his trademark sense of humor, Mr. Reagan replied: “I pray to the Lord frequently, and many times I’m sure he’d like to hang up on me.”

Cards, letters and flowers arrived from throughout the world. President and Mrs. Reagan are a particularly close couple. It impressed me that they took time to make a videotape expressing appreciation for the care and support they received in Rochester.

During one visit, Helen and I hosted a family dinner for the Reagans. (The Secret Service used our garage as a command post.) Helen cooked the meal herself and created a warm, gracious evening. The Reagans reciprocated by inviting...
President Reagan received get-well cards from the pediatric patients at Saint Mary's Hospital. Before they left, President and Mrs. Reagan made rounds to thank the children.

Dr. and Mrs. Beahrs enjoyed the fellowship when President Reagan met Klea Priestley. Her late husband, Dr. James Priestley, was a renowned Mayo Clinic surgeon. Dr. and Mrs. Priestley were close friends with Mrs. Reagan’s parents, Dr. and Mrs. Loyal Davis.

us to a state dinner for President Mubarak of Egypt.

President and Mrs. Reagan continued coming to Mayo Clinic after they left the White House. Since President Reagan bravely disclosed to the public that he has Alzheimer’s disease, he does not travel any longer. Dr. Ronald C. Petersen and colleagues provide leadership in this aspect of the president’s care. It is a tribute to President and Mrs. Reagan that they are meeting this test with the same courage and devotion to each other that have sustained them in all their years together.
President George and First Lady Barbara Bush had several interactions with Mayo Clinic. On visits to Rochester, Mrs. Bush often made time to read to groups of children as part of her campaign to advocate for literacy.

After leaving the White House, Mrs. Bush served as a member of the Mayo Foundation Board of Trustees. She has been a keynote speaker at several major events including the dedication of Mayo Clinic Hospital in Phoenix and the Gonda Building in Rochester.

The Gonda Building opened less than a month after the tragedy of September 11, 2001. President and Chief Executive Officer Dr. Michael B. Wood expressed Mayo’s appreciation to Mrs. Bush for attending the ceremony, referring to her as “First Lady, First Mother and First Friend.”

In her presentation, Mrs. Bush said:

“It’s always been a tremendous honor for me to be associated with this wonderful institution, Mayo Clinic.

But I’ve never been so proud as I am tonight, when everyone who helped build this building has given the rest of us a reason to celebrate America’s great spirit of community, her ingenuity, and always, her ability to look forward and not back.

The dedication of this building is a wonderful example of caring about our friends and neighbors, and giving to our communities.

The Gonda Building, and all the miracles of life that will take place within its walls, will keep right on giving for many generations to come.”
Barbara Bush was the keynote speaker at the dedication of the Gonda Building in Rochester (above). She visited with major benefactors Leslie and Susan Gonda, who supported the project with their son, Lou, his wife, Kelly, and other family members. Many patients, alumni, employees and philanthropic organizations are contributing to the Gonda Building project. (Photo by Joseph Kane.)

Barbara Bush served with distinction as a Mayo Foundation Trustee from 1993 to 2001. (Photo by Brady Willette.)
A FIRST FAMILY ALBUM

Vice Presidents with a Mayo Clinic Connection

Vice Presidents and their families have had strong associations with Mayo Clinic over many years. Richard B. Cheney served on the Mayo Foundation Board of Trustees until 2001, when he was sworn in as vice president under George W. Bush.

Two previous vice presidents, Hubert H. Humphrey and Walter F. Mondale, share Minnesota roots.

Walter Mondale — senator, vice president and ambassador to Japan — served as a trustee of Mayo Foundation. He was the keynote speaker at the dedication of the Nathan Landow Atrium in the Gonda Building in November 2001:

The Nathan Landow Atrium will be the face of Mayo Clinic; the meeting place for patients, visitors and staff who come to this, the finest medical center in the world.

Mayo’s most famous symbol, the sculpture, Man and Freedom, which for so many years was displayed outside the Mayo Building, now comes inside the Landow Atrium. We are thrilled and grateful to Nate for this stunning gift.

Walter Mondale, right, former vice president and Mayo Foundation emeritus trustee, congratulated his friend, Nathan Landow, at the dedication of the Nathan Landow Atrium in the Gonda Building, pictured above.
Vice President and Mrs. Humphrey autographed this photo for their friends and fellow Minnesotans, Dr. Chuck and Alice Mayo. (Courtesy of Mayo Historical Unit.)

Richard Cheney served as a Mayo trustee until 2001, when he was sworn in as vice president in the administration of George W. Bush. During the campaign, he spoke to students at Lourdes High School in Rochester, Minn. The school was founded by the same order of Franciscan nuns who established Saint Marys Hospital of Mayo Clinic. (Photo reprinted with permission of Post-Bulletin.)
Dr. William J. Mayo (1861-1939) and his brother, Dr. Charles H. Mayo (1865-1939), had a profound respect for the democratic process. Among their published articles are many references to the importance of rights — and responsibilities — as the hallmark of American citizenship.

William J. Mayo, M.D.

“All questions in this country can be and should be settled by the ballot box, and in the long run, rightly. As long as public questions are decided without passion or violence by the ballot box, our country and our institutions are safe.”

“As we become more civilized we are beginning to emphasize not the differences that lead to antagonism but the common impulses and desires which lead to better understanding.”

Charles H. Mayo, M.D.

“It is a poor government that does not realize that the prolonged life, health and happiness of its people are its greatest asset.”

“It will soon be recognized that the citizen is best made when a child.”

“One of the signs of a truly educated people, and a broadly educated nation, is lack of prejudice.”
Emeritus trustees Barbara Bush and Walter Mondale spoke at dedication ceremonies for the Gonda Building in October and November 2001. They addressed benefactors and Mayo leadership from beneath the sculpture, Man and Freedom. By displaying the Stars and Stripes near the sculpture, Mayo Clinic honored the victims of terrorist attacks a few weeks earlier and affirmed its commitment to American ideals.
As the new millennium opened, the stock market and economy surged toward even greater heights. The markets were at all-time records. Consumer and investor confidence was strong. Inflation was low and holding. And while the rest of the world struggled through recession, the U.S. had seemingly eliminated the bust from the business cycle.

A short two years later, the picture is radically different. The markets have plunged. The U.S officially joined the rest of the world in recession. And while consumers are still relatively confident, investors are shaken and wary. A halting shuffle has replaced the swagger with which we entered the new millennium.

About the only condition that has remained constant is the low rate of inflation — a comfort to consumers, but of concern to investors faced with extraordinarily low interest rates.

Where can you turn today to get the best return for your dollar? A growing number of people are finding answers not at their local bank or broker’s office — but at their favorite charity.

Income-producing gifts yield attractive results
Often people are surprised to learn that there are many ways to make a gift to charity and receive a stream of income in the process. You may have been vaguely aware of the possibilities but never examined in detail how such a charitable gift could fit your own long-term financial needs. The current period of low interest rates makes several of these charitable planning strategies more appealing than ever.

The oldest and most popular gift arrangement is the charitable gift annuity, which returns to you — or one or two beneficiaries that you designate — a stream of income for life, based on a fixed percentage of the amount of the gift.

The following chart shows the rates that Mayo is currently paying donors at selected ages. The rate in effect when you acquire the annuity never changes. It is guaranteed for life.

### $10,000 GIFT ANNUITY

<table>
<thead>
<tr>
<th>Age(s)</th>
<th>Rate (%)</th>
<th>Annuity Payment</th>
<th>Tax-Free</th>
<th>Tax Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>6.4</td>
<td>$640</td>
<td>$316</td>
<td>$2,399</td>
</tr>
<tr>
<td>65</td>
<td>6.7</td>
<td>$670</td>
<td>$356</td>
<td>$2,916</td>
</tr>
<tr>
<td>70</td>
<td>7.2</td>
<td>$720</td>
<td>$415</td>
<td>$3,394</td>
</tr>
<tr>
<td>75</td>
<td>7.9</td>
<td>$790</td>
<td>$494</td>
<td>$3,879</td>
</tr>
<tr>
<td>80</td>
<td>8.9</td>
<td>$890</td>
<td>$597</td>
<td>$4,388</td>
</tr>
</tbody>
</table>

The rates are somewhat lower if the annuity is for two annuitants payable for the duration of both lives. Some examples:

<table>
<thead>
<tr>
<th>Age(s)</th>
<th>Rate (%)</th>
<th>Annuity Payment</th>
<th>Tax-Free</th>
<th>Tax Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-60</td>
<td>6.1</td>
<td>$610</td>
<td>$290</td>
<td>$1,421</td>
</tr>
<tr>
<td>65-65</td>
<td>6.3</td>
<td>$630</td>
<td>$324</td>
<td>$1,914</td>
</tr>
<tr>
<td>70-70</td>
<td>6.6</td>
<td>$660</td>
<td>$368</td>
<td>$2,452</td>
</tr>
<tr>
<td>75-75</td>
<td>7.0</td>
<td>$700</td>
<td>$423</td>
<td>$3,061</td>
</tr>
<tr>
<td>80-80</td>
<td>7.7</td>
<td>$770</td>
<td>$503</td>
<td>$3,614</td>
</tr>
</tbody>
</table>

Viewed in the light of current market conditions, these rates are very appealing. But there are other factors that enhance the return and make them even more attractive.

You receive an income-tax deduction in the year
you fund the annuity, and each year — for the duration of your life expectancy — a portion of each payment you receive is tax-free. These tax benefits effectively increase your yield, as the following example demonstrates.

**Example:** Mary J., age 70, contributes $10,000 to Mayo in exchange for a gift annuity that will pay her $720 annually. The gift produces an income-tax deduction of $3,394 that, in her 30 percent marginal income-tax bracket, saves her $1,018 (30 percent of $3,394). Thus, her out-of-pocket cost for the annuity is $8,982, and the $720 annual payment to her is equivalent to an 8 percent return.

Because part of the annual payment that she receives from the annuity is tax-free ($415 of the $720 is not taxed), her return is the equivalent of $899 of taxable income. Measured against her out-of-pocket cost ($8,982), this represents an equivalent, fully taxable yield of more than 10 percent.

You should not select a gift annuity merely for a higher return, since you are irrevocably committing the principal to Mayo. But if you are looking for a way to make a significant gift and generate increased cash flow, gift annuities are especially appealing — perhaps even more so in current economic conditions.

**Bonds: good news, bad news**

As interest rates have plummeted, the price of bonds has soared. The reason: Since bonds pay a fixed amount of interest, the bond market is seeking price levels where the yield-on-investment more closely reflects current returns on other investments. That means higher bond prices.

For example, a long-term treasury bond with a face value of $100,000 and a coupon rate of 10 percent issued a number of years ago will pay $10,000 interest each year, regardless of its market value. Because the 10 percent nominal rate is

“The superior care at Mayo Clinic was instrumental in starting us in our philanthropic endeavors.”

Mayo Foundation benefactor, Arizona
Ways to Give

significantly higher than current rates, investors are willing to pay a premium — perhaps more than $175,000 — to get the bond’s $10,000 annual income. Those who bought high-interest bonds at par several years ago have probably seen their value go up substantially — if they haven’t been called in the meantime. This is the good news.

The bad news comes in two parts. First, if you hold a bond until maturity, it will be redeemed for its face value, which will be considerably diminished by inflation. Second, if you sell the bond at the current appreciated price, part of the gain will be lost through capital-gain tax.

Consider the consequences of selling the $100,000 bond purchased at par, discussed above. A $175,000 sale price would give rise to a $75,000 taxable gain. At 20 percent, capital-gain taxes would eat up $15,000 of profit and decrease the amount available for reinvestment. With $160,000 left, you would need a yield of about 6.25 percent to duplicate the $10,000 return you would have received by holding on to the bond.

Here again, if you have charitable goals, you have some attractive options. You could contribute a bond that has appreciated in value to fund a charitable remainder annuity trust. Because the trust is tax-exempt, it could sell the bond without incurring any capital-gain tax, thus preserving the entire market value for reinvestment. You would be able to take a deduction based on the full fair-market value of the bond and avoid any tax on the appreciation.

Example: Tom and Ruth H., both 65, fund a charitable remainder annuity trust with a bond worth $175,000 that they bought years ago for $100,000. It pays $10,000 in interest each year. A comparable bond can be bought at par that will yield 5 percent. Accordingly, they structure the trust to pay themselves $10,500 each year (6 percent of $175,000) as long as either of them lives. After their deaths, the principal will pass to Mayo.

The gift produces an income-tax charitable deduction of $40,283. In their 35 percent marginal income-tax bracket, this saves them $14,099 in taxes (35 percent of $40,283). They invest the tax savings at an average of 5 percent to generate an additional $705 of income.

“My husband always said you have to invest in people to make a strong organization. That’s why I am proud to give to Mayo.”

Mayo Foundation benefactor, Florida

If you have highly appreciated bonds and are not concerned with receiving a return from your gift, you still would find them an excellent choice for an outright gift. You can deduct the full fair-market value of a bond given outright and avoid any tax on the appreciation. This is another wonderful way to capture the benefits of a bond’s increase in value while supporting Mayo’s mission.
Equities: playing it straight with unitrusts

Many informed investors are willing to accept today’s low interest rates because they realize that the real return after inflation, as discussed above, is still competitive with levels of recent years. What is disturbing, though, is the possibility of tying money up and seeing the principal stagnate should interest rates go back up.

Almost certainly, this type of thinking has led to interest in the stock market. Many people would rather risk the fluctuating prices of equities than risk locking into low rates. The reason: Over the last 50 years, the stock market, despite its ups and downs, has produced an average return nearly three times that of fixed-income vehicles such as CDs.

Charitably minded investors who are willing to accept some degree of risk may want to consider a charitable remainder unitrust invested in equities as an alternative to a low-interest CD.

While a $100,000 CD paying 5 percent offers a secure income each year for its entire term, because of inflation that $100,000 will not have the same purchasing power it has today.

With a unitrust, on the other hand, you can fix the payout rate and still have the possibility of growth. Suppose, for example, you select 5 percent, the same rate you would receive from the CD. Each year you would receive 5 percent of the value of the trust assets. If that value increases, so does your payment. Of course, if the value decreases, your payment falls proportionately.

Assuming that you are willing to structure a trust heavily invested in equities, the historical odds are that the value will grow more quickly than a trust invested in fixed-income instruments, given sufficient time. The 5 percent return ultimately should be 5 percent of a larger number.

If the trust achieves the historical average return for equities — about 11 percent each year — it will grow by a net 6 percent annually after payment of the 5 percent unitrust interest. At that rate, the amount of the beneficiary payment would double in 12 years — as would the value of the principal. The beneficiary wins by receiving a higher return, and Mayo wins by receiving a larger remainder portion of the trust.

As with any investment in equities, there is the risk that the value of the trust could decrease. Over the course of a beneficiary’s life, this is likely to happen at some point. On balance, however, this strategy would be likely to achieve more growth. The risk is also balanced by the significant tax deduction generated when the trust is created. A gift of appreciated long-term securities — especially those paying a low dividend — can be a particularly appropriate way to fund a charitable unitrust.

Making the most of uncertain times

If you have considered making a charitable gift, you may find that the current economic situation makes this an advantageous time to do so. For further information about opportunities during a period of low interest rates, please contact us:

Mayo Foundation
Department of Development
1-800-297-1185
www.mayoclinic.org/development

André Donikian, J.D., is president of Pentera, Inc., Indianapolis, Ind. Pentera is a full-service planned giving company that works with charitable organizations throughout the United States. As a loyal Mayo Clinic patient, he provided this article as a gift to Mayo Foundation.
An upscale retailer ... an open-air fish market ... a medical center. Each serves a different audience, but each follows a passion for excellence in its field. And in the classic expression of teamwork, each can learn from the other.

The following two articles explore the dynamic exchange that occurs when diverse organizations share their approaches to a common goal.

- Saks Incorporated, synonymous with gracious living for three-quarters of a century, connects in its own way with Mayo’s values. Ask Brad Martin, CEO of Saks Incorporated, about his experience as a Mayo Clinic patient.

- Pike Place Fish in Seattle brings a unique dimension to continuous improvement programs at Mayo Clinic.

So whether it’s a “fishy philosophy of fun” or a “customer-centric focus,” we hope you’ll enjoy these perspectives of the principle that Dr. William J. Mayo expressed in 1910: “the best interest of the patient is the only interest to be considered.”
Mayo’s secret is its single-minded focus

By R. Brad Martin

I recently spent two days at the Mayo Clinic in Rochester, Minn., undergoing an extensive physical examination. It was a great learning experience for me, and I received an excellent health report as well!

The Mayo Clinic is clearly the number one brand in world medicine today. The power of this brand permits Mayo to attract patients from all over the world, as well as to recruit some of the brightest and most committed professionals in the health care field. Each patient coming to Mayo has a specific need. Each member of the Mayo staff has a specific skill. Somehow, Mayo serves these individual patient needs and does so in a very special way.

Mayo’s “secret” is its single-minded focus. Everyone working at Mayo is focused on the interest of each individual patient. While there, I did not sense a staff focused on its “job,” or merely executing its specialty. I found the focus of every Mayo employee to be working as a member of an integrated team to serve each client.

What a great example for Saks Incorporated! We operate stores with wonderful brand names. Our Associates have specialties and individual roles. If we approach everything we do as an integrated team, delivering the best product and best service to each customer, what an experience we can create, and what a company we will become!

I like the term “customer-centric.” That means complete focus on the customer. I saw perhaps the best example of a customer-centric organization in my career during my visit to Mayo. Let’s see if our team can execute to a similar standard for each of our guests!

Mr. Martin, chairman and chief executive officer of Saks Incorporated, wrote about his experience as a Mayo Clinic patient in The Corner Store, the Saks employee publication. Mayo Magazine expresses appreciation for permission to reprint the article.
FISH! helps make the patient’s day

Continuous improvement initiative takes on a life of its own at Mayo Clinic

Pike Place Fish employees spend their days lifting, sorting and selling fish ... as well as entertaining the customers. Their approach to work is an inspiration to companies in many diverse industries. Mayo uses the FISH philosophy as part of its continuous improvement programs. (Photo by Brady Willette.)
At first glance, it wouldn’t appear that Mayo Clinic and Pike Place Fish in Seattle have much in common. True, both attract visitors from around the world, both have a high demand for their services…but it seems the similarities end there.

However, employees at Mayo Clinic in Rochester are catching the same “fishy” attitude of these famous fishmongers. They’re part of a continuous improvement initiative at the medical center, created by ChartHouse Learning and inspired by the lighthearted but passionate worker environment at Pike Place Fish. It focuses on four key principles:

- **Fun** — Work made fun gets done, especially when we choose to do serious tasks in a lighthearted, spontaneous way. “Play” is not necessarily an activity, it’s a state of mind that makes the day move quickly and sparks creative solutions.

- **Interact** — Make their day. When you make someone’s day (or moment) through a small act of kindness or unexpected attention, you can lift someone else’s spirits, as well as your own, and make lifelong customers in the process.

- **Share** — Focus on the person or task with which you are engaged. Listen deeply. Being present for your guest makes them feel important and fights “burnout.” It is the halfhearted tasks we perform while juggling other thoughts that wear us out.

- **Happy** — Choose your attitude. There is an exhilarating freedom in taking responsibility for your choices. Choosing your attitude every day is a real possibility, and forms the elemental basis in the FISH! philosophy.

According to Gene Dankbar, continuous improvement coordinator at Mayo, the FISH! philosophy has “taken on a life of its own.”

“Thousands of employees have watched the FISH! video and used creative approaches to implement the initiative in their work units,” he says. In fact, the video series has been checked out of the employee library more than 1,500 times by various work units and departments.

Mayo leaders also are catching the FISH! energy. At an all-day administrative planning retreat, Sharon E. Dunemann greeted attendees sporting a fishing vest, waders and fishing gear. “I am absolutely convinced that because this is fun, it’s successful at Mayo,” says Bob Craven, section head in the Finance Administration Department. “Humor and excitement always make learning easier.”

Dr. G. Richard Locke, a consultant in the Division of Gastroenterology and Hepatology, agrees. “Patients comment that we’re so happy here, which impacts their experience and our relationship. That’s what Mayo is all about — making the patient’s day.”

---

**WEB SITES**
- [www.pikeplacefish.com](http://www.pikeplacefish.com)
- [www.fishphilosophy.com](http://www.fishphilosophy.com)

**BOOKS**
- *FISH! The book*  
  Stephen C. Lundin, Ph.D., Harry Paul, John Christianson  

**VIDEOS**
- ChartHouse Learning, Burnsville, Minn. (1998)  
  *FISH! Tales* (2000)
Rapid Anthrax Test

*Mayo microbiology team responds to national crisis*

*Above: Anthrax culture, magnified with added color.*
This story offers a behind-the-scenes view of how Mayo scientists apply basic research to develop a new product or procedure that improves patient care. This account also illustrates how that process can be dramatically altered by events far beyond Mayo’s laboratories.

Since 1997, the team had been interested in developing ways to shorten the turnaround time for microbiology tests. Culture tests involve isolating microorganisms, growing them on culture and identifying them by the way their colonies grow on culture plates. Culture times can be as long as three weeks.

“If you can identify that a person has tuberculosis today instead of three weeks from now you can begin the right treatment immediately,” explains Franklin Cockerill III, M.D., chair of the Division of Clinical Microbiology at Mayo Rochester, who led the team. “And you can isolate the patient and stop the spread of disease.”

Such advantages piqued the team’s interest in applying and improving polymerase chain reaction (PCR) testing to decrease the turnaround time for many diagnostic tests.

PCR-based testing is a three-step process that was developed over the past two decades. First, DNA is extracted from the microorganisms in the sample.

“We spend a great deal of our time searching the genomes of microorganisms,” says Dr. Cockerill. “Humans evolved from these organisms and some of their DNA is the same as ours. So we need to find their fingerprints — segments of DNA that identify them.”

The second step incorporates PCR technology — using an enzyme called Taq polymerase to copy the DNA. This chemical reaction is repeated 30 to 40 times by heating and cooling the sample. Because each DNA copy serves as a template for producing yet another copy of DNA with each heating and cooling cycle, the amount of DNA is increased exponentially, so eventually there is enough DNA available to run further tests on it. In the final step, the amplified DNA is probed for evidence of the organism’s presence.

Historically, each step has required hours to complete.

Speeding up PCR technology
The key to producing a rapid PCR test was the development of a new technology, trademarked as the LightCycler®, and its application to diagnostic testing. It was a feat that evolved from international, multidisciplinary collaboration between its inventor, Carl Wittwer, Ph.D., a University of Utah chemist with an engineering background; Boehringer Mannheim, a Bavarian chemistry plant that later merged with the Swiss company Roche Diagnostics; and the Mayo microbiology team.

Mayo Clinic was the first medical institution in the United States to use the LightCycler® when, in February 1998, the microbiology team procured it for a 30-day trial. The company was marketing the tool to research laboratories but Lester Wold, M.D., chair of the Department of Laboratory Medicine and Pathology, credits the team with envisioning it as a tool for clinical assays.

“That’s the beauty of the LightCycler®,” says Dr. Wold. “We can use it today to identify the presence of anthrax in a suspicious material, but tomorrow, it can diagnose Strep throat in a physician’s office.”

The LightCycler® is a modest-looking instrument. “It looks like a coffee maker and acts like a sophisticated hairdryer,” quips Dr. Cockerill. “It contains a heating element and a fan that blows air on the sample to heat and cool it much faster than the old heating blocks. It also incorporates a mechanism to detect if a probe attaches to the DNA, indicating that an infectious agent is present.”

Changing the landscape
The team began by prioritizing the list of disease-causing microorganisms they had slated for developmental activities. They focused on common diseases, such as Streptococcal sore throat, whooping cough and chicken pox. The anthrax bacillus was well down the list because anthrax cases had not been seen in the United States for decades.

For each targeted microorganism, team members reduced the DNA extraction step to a few minutes or less. Then, using the new technology, they combined the second and third steps — amplification and probing — into a single, 30-minute analysis. The entire test eventually took less than one hour.

By the fall of 2001, the Mayo laboratory had ceased using culture tests for several common infectious diseases because the rapid PCR tests were faster, cut costs in half and were more accurate.

“The rapid PCR test can diagnose 219 percent more cases of whooping cough than conventional culture,” says Dr. Cockerill. “With increasing emphasis on molecular diagnostic testing, patients can soon expect results from their infectious disease tests on the same day — as they do for a blood glucose test.”

By Yvonne J. Hubmayr
September 11

“September 11 revealed a fundamentally different level of terrorism that caused us to turn the focus of our development efforts toward biologic agents,” says Dr. Wold.

Dr. Cockerill was scheduled to teach at Mayo Medical School on the morning of September 11 but canceled classes when he saw the level of distress among the students.

“As soon as we saw the second plane hit the World Trade Center, we knew that anthrax attacks would be a possibility.”

Thomas Smith, Ph.D., is Mayo’s director of Virology. James Uhl, M.Sc., is an associate in the Division of Clinical Microbiology. Other clinical microbiologists on the team include: Jon Rosenblatt, M.D.; Mark Espy and Lynne Sloan; and Maj. Constance Bell, Ph.D., a U.S. Army officer who completed a clinical microbiology fellowship at Mayo Clinic in June 2001.

After September 11, the team put other projects aside and worked around the clock to complete the test.

“We had already worked with Mayo Medical Ventures to establish a successful collaboration with Roche Diagnostics,” says Dr. Cockerill.

“When the first anthrax case appeared in October, we stepped up our collaboration to produce laboratory kits for the rapid anthrax test. In a matter of days, we were able to send the formula for the reagents to the Roche plant in Penzberg, Germany. With air travel being limited, we were concerned about logistics, but we had tremendous cooperation from the government.”

To speed the preliminary diagnosis, the test kits needed to be available in other LightCycler®-equipped laboratories around the country.

“Making this test available in a very short time frame is our contribution to the fight against bioterrorism and is a direct outcome of the excellent cooperation between Roche and Mayo Clinic,” says Martin Madaus, president and chief executive officer of Roche Diagnostics Corporation.

“Mayo researchers have several years of experience in

Maj. Constance Bell, Ph.D., laid the groundwork for the anthrax test by developing reagents for it, but completed her fellowship and returned to active duty in the armed forces before the development of the test could be completed. Ironically, just four days before the terrorist attacks, she had requested additional time to complete the paperwork on the anthrax test, explaining the difficulties of presenting the project’s importance when there was no apparent commercial application for it.
developing these types of assays. By combining our efforts, we were able to make this test available to qualified laboratories only a few weeks after beginning this initiative.”

Since Nov. 9, Roche Diagnostics has made the test widely available to public health agencies, hospital laboratories and reference laboratories in the United States and other countries.

Testing in the Rochester field
By October, just as anthrax outbreaks began to dominate the news, Roche had sent its commercially prepared reagents back to Mayo for testing.

“We didn’t want to announce the test until sufficient quantities of testing kits became available,” says Dr. Cockerill. “But the police brought in suspicious packages and they caught on when we were able to say, in an hour, that they were not contaminated with anthrax.”

Suspicious substances turned out to be harmless powders like talcum powder and plaster dust. And there were no hoaxes at Mayo — but if there had been, the new test could have spared patients and staff the inconvenience of having to close down Mayo Clinic unnecessarily.

Cooperating with the government
From the U.S. Department of Defense to Tommy Thompson, Secretary of the U.S. Department of Health and Human Services, the team has worked with the federal government to make the rapid anthrax test formula available to federal agencies, and is lending its expertise to state and federal health officials in the wake of the reported cases of anthrax exposure. Roche is working with the U.S. Food and Drug Administration to determine requirements for expedited regulatory approval.

On Dec. 21, 2001, the FDA approved the rapid anthrax test as an investigational test for testing human samples.

The success of the project, in such a short period of time, was facilitated by the determination of Mayo scientists who collaborated with researchers at other institutions and, with the help of Mayo Medical Ventures, developed relationships with companies in other countries.

The development of the same-day diagnostic anthrax test in a period of weeks, which under normal circumstances would have taken months or years, illustrates how rapidly and effectively Mayo can respond to a societal need.

What is anthrax?
Anthrax is a disease caused by the bacterium Bacillus anthracis, which is housed in a hardy spore, normally found in the soil. The disease usually affects livestock, but also infects humans.

Anthrax occurs in three forms:

**Cutaneous anthrax** — This form infects the skin, causing a sore with a characteristic black center that is responsible for the origin of the term anthrax, a derivative of the Greek word “anthracis” for “coal black.” It occurs when a skin wound comes into contact with anthrax spores. Left untreated, up to 20 percent of cases of cutaneous anthrax progress to septicemia, which can be fatal.

**Intestinal anthrax** — You can contract this form by consuming meat from an infected animal. Initial signs and symptoms include nausea and vomiting, loss of appetite and fever followed by sores in the mouth, abdominal pain, vomiting of blood and severe, bloody diarrhea. About 25 percent to 60 percent of untreated cases of intestinal anthrax result in death.

**Inhalation anthrax** — This most deadly form of the disease occurs when you inhale enough anthrax spores to infect the lungs. The spores can take anywhere from one day to two months to become active and cause flu-like symptoms, followed by a high fever and breathing problems within three days. The disease destroys lung tissue and may spread to the brain, causing meningitis. Once the infection has spread, inhalation anthrax is fatal in about 90 percent of cases.

All three forms can be prevented or treated with antibiotics. However, to be most effective, treatment must begin early.
I Just Needed A Valve Job

Last summer I was going to learn how to take it easy. And then it turned out that I needed heart surgery. So now I’m taking it easy as a slow-moving, achy guy who ran chest-first into a wall with a short stick protruding from it. I shuffle down the sidewalk, wary of bicyclists and uneven ground, aware that a guy doesn’t get the sort of pity for this that would have been his due even 20 years ago. That is the fate of heart surgery. It became one of those ordinary miracles.

Fifty years ago, in my boyhood, a guy who blew out a mitral valve was sent home to sit in a sunny corner and play cribbage until congestive heart failure swept him away. Open-heart surgery was big news. One of the pioneers was C. Walton Lillehei at the University of Minnesota, a local celebrity on the order of Dr. Albert Schweitzer. The operations were enormously expensive, the survival rate around 50 percent, and Minnesota has always had plenty of finger waggers to remind you that all that money spent to repair that fat man’s aorta could have bought nourishing breakfasts for X number of orphans. But Doc Lillehei was surrounded with innocent kids with congenital heart defects, and nobody said boo.

I am one of those innocent kids, except I’m 58. I’ve always had a slight heart murmur, inherited from my flinty ancestors, and when the valve came loose at the moorings, there wasn’t much doubt about it. So my wife drove me to the Mayo Clinic, and they wheeled me into a bright blue industrial room and put a mask over my face, and I took a breath, and it was eight hours later.

Heart surgery is an artistic performance to benefit an audience that is sound asleep at the time. A man you’ve met once slices open your chest so your heart can be stopped and chilled so a loose flap in your mitral valve can be sewn up. No big deal when it goes right, which, with an ace surgeon, it should.

A couple of days later, I’m in bed trying to inhale air through a blue plastic tube so as to raise a white plastic disc up past the 3,000-ml level. It’s a version of the high-striker booth at the state fair meant to clear the lungs. The prize is a fit of coughing, which is good for your lungs and which feels like you’re taking machine-gun rounds in the chest. But I keep making progress, not wanting to let down my buddies in the ward.

It is rough on a man’s pride to be a patient. Even after you get into your Extremely Late 40s, a life phase that lasts until 70 or so, you maintain a certain manly sense of yourself (He jumps! He shoots! He scores!), but now, taking a slow postoperative stroll down the hall, heading for the lounge with the jigsaw puzzles, you catch a glimpse of yourself in the glass door ahead, a shambling galoot in droopy pajamas.
But it doesn’t matter. I’m still here on the planet. And what I remember most clearly about my week is a murky stretch docked in Intensive Care.

There was dim light and deep mist and a hissing and grumbling of machinery and my little boat of life bobbing on the waves. And there were voices in the fog. First a young woman, then a man, then a woman. Erinn Erickson, Clint Williams, Erin Pawlaski. Angels saying my name, saying I was doing well, that the breathing tube would soon be out, putting a cool cloth on my forehead. A day’s work for them, a revelation of human kindness to me.

And now it’s almost two weeks later. Most everybody who’s going to say, “It’s good to see you up and around and looking well,” has said it. My chest aches less. Early this morning I walked out the front door and bent and picked up the morning paper. Cool air, distant traffic, a whiff of lilies from along the driveway, and in the park across the street, a woman loping along with a yellow Lab. After a heart operation, it is all indescribably beautiful.


Garrison Keillor was born in Anoka, Minn., the third of six children. He attended the University of Minnesota, and started his career at Minnesota Public Radio. In the summer of 1974, A Prairie Home Companion began as a Saturday afternoon live variety show.

Today, along with the radio show, Mr. Keillor writes occasional essays for Time and has published numerous books and memoirs.
Philanthropy is rooted in the values — and actions — of the Mayo family.

Born in England, Dr. William Worrall Mayo emigrated to the United States as a young man. He worked his way west in the mid-1800s and settled in Rochester, Minn., when Abraham Lincoln appointed him as examining surgeon for Union Army recruits heading off to the Civil War.

With his wife, Louise Wright Mayo, he set an example of service to family, community and the medical profession. Their sons, Dr. William J. Mayo and Dr. Charles H. Mayo, followed this tradition in their own medical careers.

In their mid-50s, the Mayo brothers gave the assets of their private medical practice and the majority of their personal savings to create what today is Mayo Foundation, “a private trust for public purposes.”

Generations of patients, alumni, staff, friends and philanthropic organizations have continued this tradition.

“Our father recognized certain definite social obligations. He believed that … the important thing in life is not to accomplish for one’s self alone, but for each to carry his (or her) share of collective responsibility.”

William J. Mayo, M.D.

“Mayo Clinic met the challenges of 2001 with resolve and a focus on our primary commitment — to provide the best care to every patient, every day through the most advanced programs in medical research and education,” says Director for Development Dr. E. Rolland Dickson.

“In a year of tragedy and economic uncertainty, our benefactors responded with boldness and generosity.”

Pioneering surgeon William Worrall Mayo, center, inspired his sons, Dr. William J. Mayo, right, and Dr. Charles H. Mayo, with a commitment to medical excellence and humanitarian ideals.
More than 46,000 benefactors provided contributions of $146.3 million to Mayo Foundation in 2001. This represents the fourth-largest total since the Department of Development began in 1970. The total includes $114.8 million of giving via check, securities and property — the highest in Mayo’s history.

“The opening of the Gonda Building in Rochester, our plans for a new hospital in Jacksonville and the initiatives under way to expand our facilities and cancer programs in Arizona are possible only with the philanthropic investment of Mayo’s benefactors,” says Dr. Dickson.

“Your gifts are a vote of confidence in the future.”

Department of Development leadership held planning sessions at Mayo Foundation House, the former residence of Dr. and Mrs. William J. Mayo.

Top from left: William P. Cooney III, M.D., David A. Ahlquist, M.D., John W. Joyce, M.D. (representing The Doctors Mayo Society), Director for Development E. Rolland Dickson, M.D. and Bruce W. Pearson, M.D.

Bottom from left: Scott K. Swanson, M.D., Michael D. Brennan, M.D. and James C. Schroeder, Ph.D. (chair, Department of Development).

Drs. Cooney, Ahlquist, Pearson, Swanson and Brennan were appointed to the new position of associate medical director for Development in 2001.

Together, the leadership team represents each Mayo Clinic campus, the system-wide view of Mayo Foundation and a diversity of biomedical and administrative perspectives.

(Photo by Brady Willette.)
When you consider making a charitable gift — to any organization — it’s natural to ask:

Do they really need my help?
Will my gift be wisely used?

We created this “annual report” to show how every gift makes a difference at Mayo. Your support is greatly needed and deeply appreciated.

Stewardship Report 2002 takes you inside the world of philanthropy at Mayo. You’ll learn how we raise and allocate philanthropic funds.

You’ll meet creative, generous supporters. Our contributors come from many walks of life — but share the goal of helping medical progress at Mayo.

---

**Mayo Philanthropy 2001**

**Highlights**

Gross contributions .................................. $146.3 million
(cash, checks, securities, property and irrevocable contributions
from 46,340 benefactors)

Administrative expenses (7.9 percent) .................... $11.5 million

Net ....................................................... $134.8 million

**Analysis**

- Gifts in 2001 included $114.8 million in gifts of cash, check, securities and property — the highest in Mayo’s history. (Please see chart, page 57.)
- In total gifts, 2001 was the fourth-highest year since the Department of Development began in 1970. 487 benefactors informed Mayo that they would provide $106.4 million in future gifts.
- Philanthropic support in 2001 was especially impressive considering the condition of the investment markets, the unsettled economy and the impact of the tragedies of Sept. 11.

---

**Impact of Philanthropy 2001**

How Mayo benefactors designated their gifts

Research 30.9% .............................................................

Education 3.1% ..........................................................

Charity/Other 6.6% .....................................................

Unrestricted 26.4% .......................................................

Facilities 33.0% ..........................................................
How you can help Mayo Foundation

Your support is vital if Mayo Foundation is to maintain the medical programs and facilities so essential to patient care of the highest quality. There are a variety of ways to express your support:

- **Gifts of Cash** — Most gifts to Mayo Foundation are in the form of cash, usually by check, and provide a charitable income tax deduction.

- **Gifts of Securities** — Gifts of appreciated securities offer substantial tax advantages including forgiveness of the tax on capital gain and an income tax charitable deduction for the fair market value of the securities.

- **Estate and Planned Gifts** — The most frequent planned gift to Mayo Foundation is the bequest by will, which qualifies for an estate tax deduction. Charitable gift annuities provide income for life for one or two persons, and an income tax deduction. Charitable remainder trusts also provide income for life or for a term of years, and both income and estate tax deductions. By making such a gift to Mayo, you are eligible to join The Mayo Legacy.

- **Gifts of Property** — Friends can make meaningful gifts of property such as real estate, life insurance, retirement accounts, works of art, jewelry, and valued collections. These gifts provide tax advantages and may require independent appraisals to meet IRS regulations.

- **Tribute Gifts** — Gifts in memory of a family member or friend, in honor of an individual, or in recognition of a special occasion express what words alone cannot and provide important support for Mayo Foundation.

- **Matching Gifts** — Many employers have matching gift programs through which your gifts to Mayo Foundation can be multiplied. This is an excellent way of increasing your support.

Thank you for your friendship, generosity and continuing participation with Mayo.
Mayo Clinic in the news
Rochester, Minnesota

“Jan and I established this fund to match gifts from other benefactors. Together we all can make a difference.”
Charles Briscoe

New fund supports myeloma and related research
Mayo Clinic is proud to announce the Robert A. Kyle, M.D., Hematologic Malignancies Fund for Myeloma, Lymphoma, Chronic Lymphoproliferative and Myeloid Diseases Research.

Established with the generous support of Mr. and Mrs. Charles Briscoe and named in honor of Mayo Clinic pioneer Dr. Robert Kyle, the challenge grant will match individual contributions to this fund.

Mr. Briscoe was a longtime patient of Dr. Kyle. He continues to receive treatment at Mayo Clinic for myeloma, and is a national leader and advocate for advancing research in the disease.

Gifts of all sizes are needed and appreciated for this funding priority. Please consider making a gift to Mayo Foundation to provide essential support for Mayo’s leadership in the fight against these important conditions. You may target your tax-deductible gift to one of the four disease groups.

For more information, please contact the Department of Development at 1-800-297-1185.
Mayo Clinic staff members run with Olympic flame

The 2002 Winter Olympics started in December 2001 with the torch relay that eventually brought the flame to Salt Lake City and the 19th winter games, where athletes from 78 countries competed in February.

Three people from Mayo Clinic in Rochester — Dr. Philip Greipp, Dr. Nicholas LaRusso and Judy Dokken — carried torches in Wisconsin on January 5, as the flame made its way to Utah. They still smile and enjoy recounting the experience.

“I wish you could bottle it, so you could live it again,” says Dr. Greipp. “It goes so fast that you barely have time to enjoy it. I know I did enjoy it, because I had a huge smile on my face. I could feel it.” Dr. Greipp had planned to pace himself on his early-evening run in Milwaukee, but the adrenaline rush sparked by the event quickened his steps, even though his route was uphill.

Dr. LaRusso, a marathon runner, managed to temper his strides on his daytime route through Kenosha, Wis., south of Milwaukee. “I went as slowly as possible, because I wanted it to last as long as it could,” he says. “Frankly, I didn’t appreciate how meaningful it was going to be when I was notified that I was chosen.”

Ms. Dokken’s time with the torch in Kenosha was “one of the most exciting events in my life,” she says. And she didn’t feel alone when she lit her torch. “As I turned and started my two-tenths of a mile, there was an incredible feeling of support from family, friends, other torchbearers and spectators.”

Two Mayo Clinic patients, one from Jacksonville and one from Scottsdale, were also among the torchbearers when the relay made its way through those regions of the country. They were selected for their battles against their diseases.

“Even though we weren’t chosen on behalf of Mayo Clinic for the run, I feel like we represented Mayo Clinic,” says Dr. LaRusso. “The theme of the Olympics is inspiration, and Mayo has an abundance of inspirational people.”
Mayo Clinic in the news
Jacksonville, Florida

Plans under way for new hospital

Plans are moving ahead to construct a new hospital on the Mayo Clinic campus.

Designed with attractive amenities and 21st-century technology, the hospital would provide convenience to patients and further integrate the medical and surgical practice of Mayo Clinic.

The project calls for expanding the Mayo Building to four floors and constructing a six-floor adjoining tower with space for about 200 hospital beds.


The plans involve selling Mayo’s current hospital, St. Luke’s. The new hospital will be funded with proceeds from the purchase and significant private contributions.

St. Luke’s Hospital is located about 10 miles from the Jacksonville campus. With roots dating to 1873, it has provided generations of service and been part of Mayo Clinic since 1987.

There are several important milestones on the road to making this vision a reality:

  Those decisions were appealed, leading to administrative review. Hearings are set for mid-May.

- Philanthropic support — The Mayo Foundation Board of Trustees approved this project on the condition that major philanthropic support be provided to fund it.
  Our goal is to raise $70 million in private gifts.

  As this issue of Mayo Magazine goes to press, we have passed the $50 million mark in gifts and commitments.

  “We’re deeply thankful for this incredible expression of support,” says Dr. Denis A. Cortese, chair of the Board of Governors.

Dr. Denis Cortese, (bottom row, right) chair of the Board of Governors, works with benefactors who support the hospital project. Representing the Hospital Campaign Steering Committee: (top row, from left) Billy Walker, Jay Skelton, Dan Davis; (bottom row) Bob and Isabelle Davis. (Photo by Frances Dodge and Dennis Heslin.)
Ground broken for Vincent A. Stabile Administration Building

Ground was broken and a new example of philanthropy was set when work began on the Vincent A. Stabile Administration Building in March.

The Stabile Building consists of an existing facility and a new structure (please see map below). The Stabile Building will support business functions that ensure the smooth delivery of patient care, research and education at Mayo Clinic. Ultimately, the new building can be expanded to 10 floors.

Administrator Robert M. Walters says: “The partnership between medical care and administrative excellence dates to the earliest days of the Mayo medical practice. This technically advanced, efficient and beautiful building will take that model into the new century, as we work together to serve our patients.”

The building is named for Vincent A. Stabile, whose gift is supporting construction of the facility and a distinctive sculpture on the plaza in front of the building. Along with the Mayo family, he is the only benefactor to have named buildings on multiple campuses. The Vincent A. Stabile Building opened at Mayo Clinic in Rochester, Minn., in August 2000. It supports advanced programs in medical education and research.

This map shows the impact of philanthropy on the Mayo Clinic campus in Jacksonville. Note the number of buildings and areas named for benefactors, as well as the opportunities for future support.

Construction of the Vincent A. Stabile Building is under way.

Highlights refer to the planned hospital:
- two-floor addition to the Mayo Building
- six-floor bed tower
- the Commons, an inviting outdoor area
Arizona leader Bert Getz is new chair of Mayo Foundation Board of Trustees

The Mayo Foundation Board of Trustees named Bert A. Getz as its new chair. He succeeds Frances Fergusson, Ph.D., president of Vassar College, who completed her term of office.

Mr. Getz, chief executive officer and director of the Globe Corporation in Phoenix, joined the Mayo board in 1990. He brings a wide range of business experience to the position, as well as insights from service to boards in banking, education, public television and agriculture.

“I am honored to serve with this board. The members are cordial and dedicated, yet willing to speak their minds,” he says.

“As trustees, we have the responsibility to bring an outside perspective to Mayo’s leaders, to address issues at the national and global levels that bear on Mayo’s medical practice.”

Mr. Getz and his wife, Sandy, are loyal patients of Mayo Clinic and major benefactors of Mayo Foundation.

Their support includes the concourse of Mayo Clinic in Scottsdale and the Getz Family Professorship at Mayo Medical School.

With historic roots and many current activities in the Chicago area, Bert Getz and his family have been leaders in Arizona for more than 30 years. Among his diverse activities in the Valley, Mr. Getz is a founder and emeritus chair of the Arizona Community Foundation.

“Our role is to bring a national and global perspective to issues that impact Mayo.”

Bert A. Getz
Chair, Mayo Foundation
Board of Trustees
Dr. Victor Trastek appointed chair of Board of Governors

Dr. Victor F. Trastek is the new chair of the Board of Governors, following the retirement of Dr. Michael B. O’Sullivan.

Previously, Dr. Trastek was chair of the Department of Surgery at Mayo Clinic in Scottsdale. He joined Mayo Clinic in Rochester in 1981, and transferred to Arizona in 1998. Dr. Trastek is a professor of surgery at Mayo Medical School and is recognized for his contributions to esophageal surgery.

Mayo Clinic Hospital named best in Phoenix

For the third consecutive year, Phoenix consumers named Mayo Clinic Hospital their first choice.

In a study conducted by the National Research Corporation, Mayo Clinic Hospital also ranked in the nation’s top 125 hospitals, out of 2,500 hospitals in the report. More than 400,000 consumers across the United States participated in the study.

Consumers ranked hospitals for Best Overall Quality, Best Doctors, Best Nurses and Best Image/Reputation.

“Continuous improvement and quality care are top priorities,” says Thomas C. Bour, administrator of Mayo Clinic Hospital. “We’re proud to receive the Consumer Choice Award again this year. It’s a tribute to the dedication of our entire medical, nursing and allied health staff.”

About 30,000 patients have been admitted since Mayo Clinic Hospital opened in 1998. Patients receive care from almost 300 Mayo Clinic physicians who specialize in nearly 70 medical and surgical areas. The hospital has 178 licensed medical and surgical beds, an Organ Transplant Center, and an Emergency Department and Urgent Care Center.

“We are planning major initiatives in the research and treatment of cancer, and expansion of our hospital campus in Phoenix.”

Victor F. Trastek, M.D.
Chair, Board of Governors

About 30,000 patients have received care at Mayo Clinic Hospital since it opened in 1998.
Mayo Sponsors

Annual gifts support facilities and programs

The newest philanthropic organization at Mayo focuses on a distinctive method of giving: annual support at the leadership level. Mayo Sponsors provide $10,000 or more in yearly gifts. Sponsors may direct gifts to Mayo’s wide-ranging initiatives or to specific programs (such as cancer research) and facilities (such as the Gonda Building in Rochester).

Every year that you give $10,000 or more to Mayo Foundation, you will be listed as a Mayo Sponsor in Partners for Philanthropy. Mayo honors requests for anonymity. You also will receive a set of decorative tiles that replicate unique designs in historic and contemporary buildings at Mayo.

Mayo Sponsors: Fast Facts

- 555 individuals, families and family foundations were named as Sponsors in 2000, the organization’s charter year.
- 596 individuals, families and family foundations were named as Sponsors in 2001 (310 new members and 286 second-year members).
- Membership criteria: annual support of $10,000 or more.

(Data as of Jan. 1, 2002)

For more information, please contact:
Cynthia R. Nelson, program manager (nelson.cynthia2@mayo.edu)
Marilyn M. Toogood, program assistant (toogood.marilyn@mayo.edu)
1-800-297-1185
www.mayoclinic.org/development (click “Membership Organizations”)

Pioneering business leader Bernard McDonough (left) established a foundation in Parkersburg, W. Va., which provides leadership support for Mayo’s programs in Alzheimer’s disease research. Above from left: James T. Wakley, president; Katrina A. Valentine, secretary; Mark C. Kury, executive vice president. (Photos by Joe Kane.)
The Mayo Legacy

Estate and other planned gifts help advance the Mayo mission

The Mayo Legacy, established in 1990, is an organization of Mayo patients, staff and benefactors who provide a bequest in their will or another type of planned gift to support Mayo Foundation.

There are no membership fees or required amounts to join The Mayo Legacy. The size of gift is entirely your choice, and is kept confidential.

Members of The Mayo Legacy enjoy special publications, invitations to events and updates on medical progress from senior leaders at Mayo.

Each Mayo Clinic campus has an interactive video display that includes statements and photographs of members, in addition to information about Mayo.

The next meeting of The Mayo Legacy will be held Sept. 12-14, 2002, in Rochester, Minn.

Allison Everett’s father struggled with the familiar question, “What do you give the hard-to-buy-for couple at Christmas?”

He came up with a solution that pleased him, his daughter and son-in-law, Ken Svendsen: a contribution to Mayo Foundation in their honor.

Allison and Ken recently pledged their own support by joining The Mayo Legacy, a membership group for patients and friends who make a bequest or other planned gift to the institution.

For more information, please contact:
Cynthia R. Nelson, program manager (nelson.cynthia2@mayo.edu)
Marilyn M. Toogood, program assistant (toogood.marilyn@mayo.edu)
1-800-297-1185
www.mayoclinic.org/development (click “Membership Organizations”)

The Mayo Legacy: Fast Facts

- 2,468 individuals are members.
- 120 new members in 2001.
- Members live in 49 states. (wanted: a representative from Vermont!)
- Members live in 14 countries.
- Gifts in 2001 (current and estate): $34.5 million.
- Membership criteria: Bequest or other planned gift to support Mayo.
- Amount of gift is your choice.

(Data as of Jan. 1, 2002)
Chartered in 1977, The Doctors Mayo Society is the oldest philanthropic organization at Mayo. The commitment and support of its members have placed the Society in the top 10 all-time benefactors of Mayo Foundation.

“The Society continues the tradition of generosity that started with the Mayo brothers,” explains Dr. Miguel E. Cabanela, who became chair of the Society in April. Previous chairs: Dr. Edward C. Rosenow, Jr. (1977-82), Dr. Oliver H. Beahrs (1982-93) and Dr. John W. Joyce (1993-2002).

Members of the Society provide qualifying lifetime or estate gifts. Members are listed in perpetuity, in the Society’s directory as well as the annual publication, Mayo Alumni Contributors. Mayo honors requests for anonymity.

Surviving spouses may initiate a qualifying gift, which entitles the spouse as well as the deceased alumnus/alumna for membership. Such gifts are an ideal way to remember a loved one.

The Doctors Mayo Society: Fast Facts

- More than 2,600 individuals belong to The Doctors Mayo Society.
- Members live in 50 states and 17 countries.
- 186 individuals joined the Society in 2001.
- Members represent 95 medical disciplines.
- Gifts from alumni members in 2001 (current and estate): $1,524,002.
- Total giving from alumni members (current and estate): $33,354,245.

(Data as of Jan. 1, 2002)

For more information, please contact:
Barbara J. Plathe, manager of The Doctors Mayo Society
(e-mail: TDMS@mayo.edu) 1-800-297-1185
www.mayoclinic.org/development (click “Membership Organizations”)

Dr. Joseph Fiore chairs the Mayo Medical Alumni Association Committee on Development. Avid skiers, he and his wife, Phyllis, live near the site of the 2002 Winter Olympics. (Photo by Brady Willette.)
Mayo Alumni Laureates
Recognizing the generosity of Mayo physicians and scientists

Laureate” is an honorary title, rather than a group that one joins. Mayo alumni are identified as Laureates when they achieve qualifying levels of philanthropic support through lifetime and irrevocable estate giving.

Spouses of deceased alumni may provide a qualifying gift, which earns recognition as Laureates. These gifts honor a long-time relationship with Mayo.

Many Laureates are members of The Doctors Mayo Society. In this case, the same gifts are included for totals of the Society as well as the Laureates.

The roster of Laureates is maintained in perpetuity; it includes the names of distinguished physicians throughout the history of Mayo Clinic. Laureates are listed in Mayo Alumni Contributors. Mayo honors requests for anonymity.

During 2001, Laureates gathered in Rochester for fellowship and to celebrate the dedication of the Gonda Building.

Mayo Alumni Laureates: Fast Facts
- 140 individuals are designated as Mayo Alumni Laureates.
- Laureates live in 26 states.
- Cumulative giving of Laureates (lifetime and estate): $77,635,732.
(Data as of Jan. 1, 2002)

For more information, please contact:
Laird G. Yock, manager of Mayo Alumni Laureates
(e-mail: yock.laird@mayo.edu) 1-800-297-1185
www.mayoclinic.org/development (click “Membership Organizations”)

Dr. and Mrs. Chucker provide leadership support for cardiovascular research. The Dr. Francis and Eleanor B. Chucker Lecture Hall in Rochester’s Gonda Building is named in their honor. (Photo by Brady Willette.)
Public Members of the Mayo Foundation Board of Trustees
As of March 1, 2002

Bert A. Getz
Chair, Mayo Foundation Board of Trustees
President
Globe Corporation
Scottsdale, Ariz.

Lilyan H. Affinito
Former President and
Chief Operating Officer
Maxxam Group, Inc.
New York, N.Y.

Robert E. Allen
Former Chair and
Chief Executive Officer
AT&T Corporation
Basking Ridge, N.J.

H. Brewster Atwater, Jr.
Former Chair of the Board and
Chief Executive Officer
General Mills, Inc.
Minneapolis, Minn.

James L. Barksdale
The Barksdale Management Corporation
Ridgeland, Miss.

John H. Dasburg
Chair, Chief Executive Officer and President
Burger King Corporation
Miami, Fla.

A. Dano Davis
Chair, Board of Directors
Winn-Dixie Stores, Inc.
Jacksonville, Fla.

Louis L. Gonda
President
Lexington Commercial Holdings
Beverly Hills, Calif.

W. Thomas Johnson, Jr.
Former Chair and
Chief Executive Officer
CNN Television
Atlanta, Ga.

Honorable Charles T. Manatt
Chair
Manatt, Phelps & Phillips
Los Angeles, Calif.
Former Ambassador to the Dominican Republic

Patricia E. Mitchell
President and
Chief Executive Officer
Public Broadcasting Service
Alexandria, Va.

Marilyn Carlson Nelson
Chair and Chief Executive Officer
Carlson Companies, Inc.
Minneapolis, Minn.

Hugh B. Price
President and
Chief Executive Officer
National Urban League
New York, N.Y.

Frederick W. Smith
Chair and Chief Executive Officer
FedEx Corporation
Memphis, Tenn.

Dr. Donald M. Stewart
President and
Chief Executive Officer
The Chicago Community Trust
Chicago, Ill.

Anne M. Tatlock
Chair and Chief Executive Officer
Fiduciary Trust Company International
New York, N.Y.

Robert C. Winters
Chairman Emeritus
The Prudential Insurance Company of America
Newark, N.J.

Mayo Clinic hosted an exhibit of contemporary sculpture on our Scottsdale, Ariz., campus. In a collaborative project with the Bentley Gallery and Scottsdale Museum of Contemporary Art, The Cultural Desert highlighted the importance of art in the healing process.

Jerusalem Stabile, 1976
By Alexander Calder (1898-1976)
Painted steel: 43 x 105 x 45 inches
When Nita J. Maihle, Ph.D., was a teenager in Ohio, a painful experience devastated her family, but inspired her life’s work. Dr. Maihle’s father was diagnosed with a lymphoma in the early 1970s. When his health declined, the family set up a hospital bed in their living room and watched television as President Richard Nixon declared war on cancer. Dr. Maihle recalls: “Everyone in my family thought, ‘Yes, a war, we need to fight!’ So, my personal experience coincided with that declaration.” Dr. Maihle’s father passed away in 1972.

Dr. Maihle earned a biology degree from Miami University in Oxford, Ohio, and a Ph.D. from the Cancer Center at Albert Einstein College of Medicine of Yeshiva University in New York. She describes her work:

“This is a very inspiring time. The last three decades of cancer research are paying off. Science has advanced from population studies — with virtually no understanding of the biology of the cancer cell — to the identification of about 200 genes directly involved in the development of cancers. We have improved public awareness and better methods of cancer prevention, screening, diagnosis and treatment. We’re seeing the first reduction in cancer mortality.

In our laboratory, we’ve uncovered a pathway that we believe is unique to certain types of cancer cells. This pathway should allow investigators to target cancer cells for developing new and more effective treatments. Biologically targeted treatments have fewer side effects and appear much more effective than traditional chemotherapy.

We’ve also discovered molecular markers in the blood that may help identify the first stages of cancer. Early detection is key.

At Mayo, we train our students in a way that few medical institutions do today — with a focus on multiple disciplines. Mayo has the potential to be one of the finest institutions in the world for translating discoveries of basic science into clinical practice.