

JOURNEYS 2010



SIR,

It has appeared very desirable to a number of respectable gentlemen, that a hospital for the reception of lunatics and other sick persons should be established in this town. By the appointment of a number of these gentlemen, we are directed to adopt such methods, as shall appear best calculated to promote such an establishment. We therefore beg leave to submit for your consideration proposals for the institution of a hospital, and to state to you some of the reasons in favour of such an establishment.

It is unnecessary to urge the propriety and even obligation of succouring the poor in sickness. The wealthy inhabitants of the town of Boston have always evinced that they consider themselves as "treasures of God's bounty"; and in Christian countries, in countries where Christianity is practised, it must always be considered the first of duties to visit and to heal the sick. **When in distress every man becomes our neighbour**, not only if he be of the household of faith, but even though his misfortunes have been induced by transgressing the rules both of reason and religion. It is unnecessary to urge the truth and importance of these sentiments to those who are already in the habit of cherishing them; to those, who indulge in the true luxury of wealth, the pleasures of charity. The questions, which first suggest themselves on this subject, are whether the relief afforded by hospitals is better than can be given in any other way; and whether there are in fact so many poor among us, as to require an establishment of this sort.

THE relief to be afforded to the poor, in a country so rich as ours, should perhaps be measured only by their necessities. We have then to inquire into the situation of the poor in sickness, and to learn what are their wants. In this inquiry we shall be led to answer both the questions above stated.

THERE are some, who are able to acquire a competence in health and to provide so far against any ordinary sickness, as that they shall not then be deprived of a comfortable habitation, nor of food for themselves and their families; while they are not able to defray the expenses of medicine and medical assistance. Persons of this description never suffer among us. The Dispensary gives relief to hundreds every year; and the individuals who practice medicine gratuitously attend many more of this description. But there are many others among the poor, who have, if we may so express it, the form of the necessaries of life, without the substance. A man may have a lodging, but it is deficient in all those advantages, which are requisite to the sick. It is a garret, or a cellar, without light and due ventilation, or open to the storms of an inclement winter. In this miserable habitation he may obtain liberty to remain during an illness; but, if honest, he is harassed with the idea of his accumulating rent, which must be paid out of his future labours. In this wretched situation **the sick man is destitute of all those common conveniences, without which most of us would consider it impossible to live**, even in health. Wholesome food and sufficient fuel are wanting; and his own sufferings are aggravated by the cries of hungry children. **Above all, he suffers from the want of that first requisite in sickness, a kind and skilful nurse.**

BUT it may be said that instances are rare among us, where a man, who labours with even moderate industry, when in health, endures such privations in sickness as are here described. They are not however rare among those, who are not industrious; and who, nevertheless, when labouring under sickness, must be considered as having claims to assistance. In cases of long protracted disease, instances of such a description do occur amongst those of the most industrious class. Such instances are still less rare among those women, who are either widowed, or worse than widowed. It happens too frequently that modest and worthy women are united to men, who are profligate and intemperate, by whom they are left to endure disease and poverty under the most aggravated forms. **Among the children of such families also instances are not rare of real suffering in sickness.** To all such as have been described, a hospital would supply every thing which is needful, if not all they could wish. In a well regulated hospital they would find a comfortable lodging in a duly attempered atmosphere; would receive the food best suited to their various conditions; and would be attended by kind and discreet nurses, under the directions of a physician. **In such a situation the poor man's chance for relief would be equal perhaps to that of the most affluent, when affected with the same disease.**

THERE are other persons also, who are of great importance in society, to whom the relief afforded by a hospital is exceedingly appropriate. Such are generally those of good and industrious habits, who are affected with sickness, just as they are entering into active life, and who have not had time to provide for this calamity. Cases of this sort are frequently occurring. **Disease is often produced by the very anxiety and exertions, which belong to this period of life; and the best are the most liable to suffer.** Of such a description, cases are often seen among journeymen mechanics, and among servants.

JOURNEYMEN mechanics commonly live in small boarding houses, where they have accommodations which are sufficient, but nothing more than sufficient, in health.—When sick, they are necessarily placed in small, confined apartments, or in rooms crowded with their fellow-workmen. They are sheltered from the weather, and have food of some sort, and these must in many cases be the extent of their accommodations. Persons of this description would do well to enter a hospital, even if they had to pay the expense of their own maintenance. In most cases they would suffer less, and recover sooner by so doing. When, as sometimes happens, they have not the means of payment, they become objects of charity; and the welfare of such persons should be considered among the strong motives in favour of establishing a hospital.

SERVANTS generally undergo great inconveniences at least, when afflicted with sickness; and oftentimes much more than inconveniences. With so much difficulty is the care of them attended in private families, that many gentlemen would pay the board of their servants at a hospital, in preference to having them sick in their own houses. In some cases however, neither the master nor servant can afford the expense of proper care in sickness. Not uncommonly a young girl is taken sick in a large family, where she is the only servant. She lodges in the most remote corner of the house, in a room without a fire-place. The mistress is sufficiently occupied with the unusual labours, which are thrown on her, at a time, perhaps, when she is least fitted to perform them. Under such circumstances how can the servant receive those attentions, which are due to the sick. Of what use is it that the physician leaves a prescription to be put up at the Dispensary. He goes the next day, and finds that there has not been time, even to procure the remedies, which he has ordered; meanwhile the period, in which they would have been useful, has passed by, and the incipient disease of yesterday has now become confirmed.

PERSONS of these descriptions would not be disposed to resort to a hospital on every trivial occasion. But, when afflicted with serious indisposition, they would find in such an Institution an alleviation of their sufferings, which it must gladden the heart of the most frigid to contemplate.

THERE is one class of sufferers, who peculiarly claim all that benevolence can bestow, and for whom a hospital is most especially required. The virtuous and industrious are liable to become objects of public charity, in consequence of diseases of the mind. When those, who are unfortunate in this respect, are left without proper care, a calamity which might have been transient, is prolonged through life. The number of such persons, who are rendered unable

From the president

*A*S WE APPROACH our bicentennial year, it is natural to look behind us and think about where we have been. We look back with special pride to August 1810 when this hospital was just a dream our founders argued for in a fundraising letter, the text of which is printed on the inside covers of this report. Known as the “circular letter,” this document still rings true in many ways today. Excerpts from the letter serve as inspiration for the stories found in this report. Those days were the crucible of our mission, and while we have expanded and enlarged our vision, we have not changed our purpose. Nor will we.



Standing at this moment, we appreciate the achievements of our forerunners, but from personal experience, I know that MGHers are forward thinkers. As the stories in this year’s *Journeys* reflect, this institution is defined by individuals who are constantly looking ahead and working toward a goal, whether they are clinicians like Susan Briggs and Nora Sheehan struggling to bring hope to patients in the face of implacable disaster, researchers like Jack Szostak and Bruce Walker searching for clues to the mysteries of biology, or nurses like Karen Clark and Beth West, ever vigilant in their efforts to bring a difficult pregnancy to term. I am constantly grateful that such persistent efforts to make this world a better place are common at Mass General – a goal that has motivated this hospital for 200 years.

The future of Mass General Hospital is as solid as the Building for the Third Century, now standing at the center of our campus. I can think of no better symbol of all our hopes and dreams than this – a grand and shining example of the support of our employees, trustees, donors and friends who collectively have guided us in the past and are now showing us the way to the future.

And so we look forward, both to a momentous bicentennial year and to the next two centuries, with confidence, pride and gratitude – and more than a little wonder.

A handwritten signature in black ink that reads "Peter L. Slavin".

Peter L. Slavin, MD

President

Massachusetts General Hospital

Cover: MGH neurosurgeon William Curry, MD, who was featured in the ABC documentary “Boston Med,” fields a call in the Ether Dome. The series, filmed at the MGH as well as two other Boston hospitals, premiered in June 2010.

“When in distress every man becomes our neighbour ...”

■ In June 2009, David Bangsberg, MD, MPH, was appointed director of the MGH Center for Global Health. Launched in 2006, the center seeks to build on the MGH’s long tradition of global health outreach and serves as a hub for the MGH’s activities around the globe, whether disaster response, research or patient care.

■ Kristian Olson, MD, MPH, of the Center for the Integration of Medicine and Innovative Technology Global Health Initiative, was named to the 2009 *Scientific American* Top 10 Honor Roll, which recognizes individuals who have demonstrated leadership in applying new technologies and biomedical discoveries for the benefit of humanity. Olson was honored for his work training midwives in developing countries to help newborns breathe by using a simple, inexpensive “Tekno-Tube.” Olson also has developed a neonatal incubator from car parts, which could make this life-saving equipment more accessible in rural hospitals.

■ MGHers Paritosh Prasad, MD; Chad T. Wilson, MD; Kerry Dierberg, MD; and Joy Williams, RN, were awarded the 2009 Thomas S. Durant Fellowship in Refugee Medicine. Created in 2003, the fellowship honors the life and work of the late Thomas S. Durant, MD, who had dedicated his career to helping victims of international crises, famine, war and disaster. Prasad served in Ethiopia and Cambodia, focusing on HIV care, while Wilson served as a surgical mentor in Kenya. Dierberg ran an HIV clinic and medical and pediatric wards in Liberia, and Williams served aboard the USNS Comfort in Haiti and helped start a rehabilitation clinic in that country.



ON JAN. 12, 2010, the world watched in horror as the tiny island nation of Haiti suffered a 7.0-magnitude earthquake that sent the country reeling into disaster. As buildings cracked and crumbled in the capital of Port-au-Prince and surrounding areas, many victims, injured and trapped, could only wait for rescue teams to mobilize and begin searching for survivors. Hours after the initial quake, volunteers from the MGH prepared to join relief efforts.



Serving with two federal organizations – the Boston-area MA-1 Disaster Medical Assistance Team and the International Medical Surgical Response Team (IMSuRT) East – MGH volunteers arrived in the country just days after the disaster. Along with these federal agencies, the MGH supported two relief organizations: Project HOPE, which provides care aboard U.S. Navy ships, and Partners in Health, an international health and social justice organization based at Brigham and Women’s Hospital.

“Conditions on the ground were as bad as they could be,” says Susan Briggs, MD, MPH, MGH trauma surgeon, director of the MGH International Trauma and Disaster Institute, and founder of IMSuRT. “We knew, even after the initial phase of caring for traumatic injuries, that the Haitian people would be affected for years to come.”

As weeks turned into months, MGH doctors, nurses and support staff continuously deployed to Haiti. Working alongside the Haitian people, volunteers shared heartache and hope, laughter and tears. Back in Boston, the MGH community organized supply shipments and a relief fund to support Haitian employees whose families had suffered losses most individuals will not experience in a lifetime.

Since the earthquake, more than 90 volunteers from the MGH have deployed to Haiti – motivated in part by the hospital’s longtime practice of reaching out, in the spirit of human dignity, to serve the most vulnerable with compassionate care wherever they may be.

Nora Sheehan, RN, of General Medicine, cares for a Haitian patient while serving with Project HOPE aboard the USNS Comfort. ➤

Inset: In 1917, the MGH sent medical personnel to Halifax, Nova Scotia, to aid victims of a munitions ship explosion that devastated the city. To this day, Nova Scotia sends Boston a large tree each Christmas as a special thank you.



Photo by Project HOPE volunteer and photojournalist Astrid Flecken



“... the sick man is destitute of all those common conveniences, without which most of us would consider it impossible to live ...”

RENEWE WEAVER, a lifelong nonsmoker, was devastated when at age 39, she was diagnosed with metastatic stage IV lung cancer.

Luckily for Weaver, the MGH had opened the Translational Research Laboratory in March 2009. The new lab has been pivotal for some cancer patients who simply have nowhere else to go.

A distinctive joint venture of the MGH Cancer Center and the Department of Pathology, the laboratory’s mission is to uncover genetic codes and gene mutations in patients’ tumors and match them to available targeted therapies.



Many of the Translational Research Laboratory patients are among the first recipients of what is known as personalized cancer care.

“There is a palpable feeling of energy that we are turning a corner in how we diagnose and treat cancers,” says Leif Ellisen, MD, PhD, who is co-executive director of the

lab with A. John Iafrate, MD, PhD. “We believe that the profiling of tumors – molecular fingerprinting – will become more and more integrated with clinical practice in the very near future.”

Weaver’s tumor was analyzed and found to have a mutation that was causing her cancer to grow uncontrollably. Based on this information, she was placed on a new, targeted drug, which immediately began to shrink her tumors.

“This is an exciting time to be a scientist studying cancer,” notes Ellisen. “It used to take 10 years or more for cancer research results to be translated from bench to bedside. Now it takes just months to bring therapies to patients. It’s a whole new era.”

“I’m taking it a day at a time,” Weaver says. “Whether the results will be this great next time, who knows? But I’m feeling good. I’m trying to get back to a normal life. Thank God for the researchers and doctors who have made this happen. I don’t want to think about where I’d be without them.”

■ The Survivorship Program at the MGH Cancer Center began accepting patients for care as of June 2010. The program provides treatment, counseling and support for patients and their loved ones facing the challenges of living with and beyond cancer.

■ MGH investigators reported in August 2010 that integrating palliative care early on in the treatment of patients with advanced lung cancer not only improved their mood and quality of life, but also extended their lives.

■ The beneficial effects of antiangiogenesis drugs in the treatment of the deadly brain tumors called glioblastomas appear to result primarily from reduction of edema – the swelling of brain tissue – and not from any direct antitumor effect, according to a study from MGH researchers. Their findings, published in 2009, suggest that antiangiogenesis therapy can increase patient survival even in the face of persistent tumor growth.

■ In 2009, a combination Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET) prototype machine was tested at the MGH Cancer Center, the only place in the world this machine was being used in clinical trials. In addition to saving patients time and anxiety by combining tests, researchers are optimistic that the combination MRI/PET imaging technology will soon translate into vast improvements in patient care.

◀ Darrell Borger, PhD, co-director of the Translational Research Laboratory, examines a specimen from a lung cancer patient.

Inset: The MGH Mallinckrodt Laboratory, circa 1935

“Above all, he suffers from the want of that first requisite in sickness, a kind and skilful nurse.”

- Two of the six *Nursing Spectrum* 2009 National Nurses of the Year were Grace Good, APRN, BC, leader of Team 5 of the Hospitalist Medical Service, and Adele L. Keeley, RN, BSN, MA, nursing director of the Medical Intensive Care Unit.
- Susan Lee, RN, PhD, of the Yvonne L. Munn Center for Nursing Research, received a \$900,000 grant from the Health Resources and Services Administration. The grant will fund a project focusing on the expansion of nursing knowledge, skills and competencies related to evidence-based practice (EBP) through continuing education programs; opportunities for nurses to participate in mentored, unit-based EBP projects; and the creation of an organizational infrastructure essential to supporting and sustaining EBP at the MGH.
- The Gil Minor Nursing and Health Professions Scholarship was established as part of an effort to increase the number of MGH Patient Care Services (PCS) employees from diverse backgrounds. Five scholarships were given in 2009.
- The Dedicated Education Unit (DEU) opened on the Ellison 7 Surgical/Trauma Unit in 2009. The DEU is an innovative model of clinical nursing education in which the entire unit serves as a teaching environment.
- In 2009, Deborah Washington, RN, PhD(c), director of the PCS Diversity Program, became the inaugural recipient of the Arnold Z. Rosoff Agent of Change Award and was named a Champion in Health Care by *Boston Business Journal*.

THEY SAY it takes a village to raise a child – but for expectant mothers who require dialysis, it can also take a village to have one. Five years ago, 36-year-old Noemy Rivera, originally from El Salvador, was diagnosed with Wegener’s granulomatosis. This rare disorder causes inflammation of the blood vessels, which in turn limits blood flow to various organs. To manage the disease, Rivera requires daily medication and lifelong dialysis.

When Rivera discovered she was pregnant in January 2008, she was excited, but also scared. Receiving dialysis while pregnant presents problems for both the



mother and baby; reaching the normal 40 weeks of gestation would be a battle against time.

After her 24th week of pregnancy, Rivera came to the MGH, where one of her caregivers set a goal: for Rivera’s pregnancy to reach its 30th week. The challenge would require the teamwork of many – physicians,

nurses, social workers and interpreters. Karen Clark, RN, of the Hemodialysis Unit, and Beth West, MSN, RN, of the Labor and Delivery Unit, were among those who rose to the challenge.

“Being pregnant while on dialysis carries many risks,” says West. “The normal medications and dialysis Noemy received had to be carefully adjusted now that there were two patients instead of one.”

“Arrangements were made for Noemy to receive her dialysis treatments in the Labor and Delivery Unit,” adds Clark. “We needed to be able to monitor both her and her baby’s health.”

Fluid volume, blood chemistry and blood pressure were only some of the factors the nurses had to closely track and react to in a moment’s time. After weeks of vigilant care, Rivera was transferred to the Surgical Intensive Care Unit because of hypertension and an unrelenting cough. But she had made it to 32 weeks, a full two weeks beyond the original goal – and the baby, Anthony, who was delivered through Caesarean section, was healthy. He turned two in July 2010.

“Seeing my son for the first time was indescribable,” says Rivera. “I am thankful to everyone at the MGH, especially the nurses, who cared for me with skill and kindness.”

Teamwork among nurses in the Hemodialysis and Labor and Delivery units, including Karen Clark, RN, *left*, and Beth West, MSN, RN, *center*, enabled Noemy Rivera to give birth to her son, Anthony.

Inset: MGH nurses, circa 1860





“Among the children of such families also instances are not rare of real suffering in sickness.”

KELLY HOLMES is amazed by the care her daughter Kassie received at MassGeneral Hospital *for* Children (MGHfC). A premature birth had left Kassie with developmental delays and severely damaged kidneys, ultimately requiring a kidney transplant.

“First we were told she had 48 hours to live, then one week, and now here she is, 14 years later,” says Holmes.

Holmes remembers when her newborn daughter was in the Neonatal Intensive Care Unit, and the infant’s blood pressure was difficult to regulate. Kassie was placed on peritoneal dialysis and a variety of medications. She eventually came off dialysis, but she was left with chronic kidney disease.

“They didn’t think she would ever walk, maybe not even talk,” says Holmes, “They didn’t think she’d get very far at all.”



Kassie’s kidney function deteriorated over the years to dangerous levels. Finally she was faced with going back on dialysis or receiving a transplant. Her parents felt a transplant was the best option. To their relief, both were matches for their daughter.

“Kassie was a candidate for a transplant regimen that did not include steroids,” explains Avi Traum, MD, MGHfC nephrologist. “We felt this would be important for her, given the side effects associated with steroids. We also were encouraged that her parents

were both potential donors, so Kassie could receive a pre-emptive transplant without having to suffer on dialysis.”

On Aug. 18, 2009, Kassie and her mother had surgery at the MGH. Within three weeks, Kassie was “up and running.”

“We’ve experienced major changes since her transplant,” says Holmes. “Kassie has more energy, and she is much happier. Her teachers have noticed that her attention level is way up, as is her receptiveness to what she is learning.” Kassie’s appetite and strength also have improved dramatically.

“She now tells us she’s hungry,” says her mother, “And she has no restrictions – she can eat whatever everyone else eats. She has the energy to ride her bike again, and she can keep up with the kids on the playground. The level of care we received – from the physicians to the front desk staff – was incredible.”

- MGHfC made international headlines in 2009 by introducing the world to the term “third-hand smoke,” defined by physician-researcher Jonathan Winickoff, MD, MPH, as “tobacco smoke contamination that remains after the cigarette has been extinguished.” This effort to protect children from toxic particles has led to increased smoking cessation programs across Massachusetts and other parts of the United States.
- To raise awareness of pediatric cancer research and treatment, members of the Boston Bruins and MGHfC’s Howard Weinstein, MD, chief of Pediatric Hematology/Oncology, had their heads shaved in April 2009 for the second annual “Cuts for a Cause” event with WBCN radio to benefit the MGHfC Cancer Center and the Boston Bruins Foundation. The event raised \$28,000.
- In 2009, Red Sox slugger David Ortiz proved his work extends far beyond the baseball field by partnering his David Ortiz Children’s Fund (DOCF) with MGHfC. The DOCF is committed to providing pediatric critical care and was founded following Ortiz’s visits to acutely ill children in his home country of the Dominican Republic.
- The Trauma Clinic at MGHfC was established in late 2008 to provide comprehensive evaluation and timely specialty referrals for children who have sustained a traumatic injury and previously undergone evaluation and treatment in a hospital or ambulatory setting.

◀ Kassie Holmes, left, and MGHfC nephrologist Avi Traum, MD

Inset: MGH co-founder Dr. James Jackson with his granddaughter, circa 1850

“In such a situation the poor man’s chance for relief would be equal perhaps to that of the most affluent, when affected with the same disease.”

- Revere CARES, an anti-drug and alcohol coalition that is an initiative of the Center for Community Health Improvement (CCHI) at MGH, received the 2009 Coalition of the Year Award from Community Anti-Drug Coalitions of America. The award recognized Revere CARES for measurable success in reducing teen substance abuse in Revere.
- CCHI’s Boston Youth Programs were reorganized in 2009 to focus on the subjects of science, technology, engineering, math and medicine and has been expanded through a \$150,000 grant from the Jessie Ball duPont Fund.
- At the MGH Chelsea HealthCare Center, collaboration between CCHI and the MGH Cancer Center has increased colorectal cancer screening for at-risk residents. In addition, a grant from the Centers for Disease Control and Prevention led to the establishment of a coalition at the Chelsea HealthCare Center to promote healthy lifestyles and prevent obesity.
- In 2009, MGH Community Health Associates (CHA) expanded its Stay in Shape Program to include five public schools. The program promotes good health, nutrition, physical fitness and relaxation for adolescent girls.
- Working with the Massachusetts General Physicians Organization, CHA initiated a program to place asthma coordinators at each health center. This effort led to an average 36 percent reduction in pediatric asthma-related emergency department visits at the centers.

THE DOZEN WOMEN gathered at the Revere HealthCare Center for a meeting of the HAPPY Hearts Program huddle over worksheets testing their knowledge of blood pressure medications. The topic of the evening is blood pressure control, and the program’s health coaches are arming the women with information they need to tackle hypertension.

The Heart Awareness and Primary Prevention in Your Neighborhood (HAPPY) Program offers personalized care for low-income English- and Spanish-speaking women in Chelsea and Revere. The program introduces participants to lifestyle



enhancements – such as exercise, smoking cessation, stress reduction and diet changes – that can help them achieve better health.

Malissa Wood, MD, co-director of the Corrigan Women’s Heart Health Program at the MGH Heart Center, established HAPPY Hearts to evaluate which primary prevention methods are effective at reaching this

population of women, who tend to have a higher prevalence of risk factors for cardiovascular disease.

“If preventive medicine is going to be the mandate and the goal, then we need to start doing it the right way,” says Wood. “HAPPY Hearts is providing the participants with the knowledge and tools to address their individual risk factors.”

HAPPY Hearts tackles economic barriers by pairing each woman with a health coach who addresses her individual needs and provides her with opportunities that encourage long-term lifestyle changes. For those who can’t make the weekly meeting, there’s a Saturday morning walking group and one-on-one coaching in person and by phone. Participants also have free access to classes and services offered by the MGH Community Health Associates Wellness Center.

HAPPY Hearts is in its second year, and participants are already healthier, more active and less stressed, says Wood. For participant Lennie Lyons, the program has been a learning experience, introducing her to many activities she now enjoys, like tai chi and yoga. “It has gotten me out, and I’m much more active than I was before the program,” she says.

Eliana Pineda, clinical research coordinator for the HAPPY Hearts Program, leads a Zumba aerobic dance class for the program’s participants and staff at the MGH Chelsea HealthCare Center. ➤

Inset: Famed MGH cardiologist Paul Dudley White, MD, left, is playfully “examined” by his patient, President Dwight D. Eisenhower, circa 1958.





“Disease is often produced by the very anxiety and exertions, which belong to this period of life; and the best are the most liable to suffer.”

TRISH, a young mother in western Massachusetts, became concerned when her son began struggling in the classroom. “Christian was falling behind academically, and the anxiety of not learning began affecting him socially,” she says. “School officials thought he might be autistic, and since the town had an autism program, they recommended he enter it.”

Uncomfortable with the recommendation, Trish contacted Ellen Braaten, PhD, director of the Learning and Emotional Assessment Program (LEAP) in the MGH Department of Psychiatry. LEAP’s experts work with parents and school administrators to negotiate the complexities of child development and school-based learning. The program offers neuropsychological assessment, evaluation and consultation services for children ages 2 to 22.



After careful analysis of Christian’s cognitive skills, academic achievement, memory, language functioning, and his organizational and planning skills, Braaten diagnosed him with attention-deficit/hyperactivity disorder. Armed with this knowledge, Braaten joined Trish at a meeting at the school to ensure Christian’s needs would be met.

Such innovative programs are a hallmark of the MGH Department of Psychiatry, which was established in 1934 with a \$50,000 grant from the Rockefeller Foundation. That gift helped bring psychiatry from the asylum setting into mainstream medicine. Since that time, the department has led the way in helping to reduce the stigma of mental illness by fostering a better understanding of its biological nature.

The Department of Psychiatry remains on the leading edge of recognizing and treating patients at high risk of psychiatric illness, among them adolescents and young adults like Christian. New initiatives aimed at this group are helping patients before their illness progresses.

“Christian was going to be put into a classroom situation that we didn’t feel was the right fit,” explains Trish. “Before working with LEAP, we felt completely stuck. We are grateful to the MGH and Dr. Braaten for changing that.”

◀ LEAP Program Director Ellen Braaten, PhD, counsels and conducts assessments of children, adolescents and young adults.

Inset: Stanley Cobb, MD, the first chief of MGH Psychiatry, from 1934 to 1954, has been called the father of biological psychiatry in the United States.

- The MGH Department of Psychiatry is the first hospital department in the country to establish a division of global psychiatry. The division was rededicated in 2009 as the Chester M. Pierce Global Psychiatry Division and addresses the acute shortage of mental health professionals in developing nations by providing training and service opportunities.
- Established in 2009, the Home Base Program — a partnership between the Red Sox Foundation and the MGH — is dedicated to improving the lives of veterans. The program includes clinical care, family support, research and educational outreach for servicemen and servicewomen returning from combat in Iraq and Afghanistan with deployment-related stress disorders and traumatic brain injury.
- How and whether genetic factors affect brain function is a complex question. The Brain Genomics Superstruct Project is a large-scale exploration of the links between genes, brain function and behavior. Through an MGH-led collaboration among 20 local investigators, data has been gathered on more than 1,500 human participants. This data will help shed light on the role of genes in the development of psychiatric illness.
- Since 1994, the Department of Psychiatry has earned the top ranking among psychiatry departments in the country in the annual “America’s Best Hospitals” survey of *U.S. News & World Report*.

“... women, who are unable to provide for their own welfare and safety, in one of nature’s most trying hours.”

- The Linda Kelly Visiting Scholar in Women’s Health Program was created to honor Linda Kelly, RN, NP, a highly respected nurse practitioner in the MGH Vincent Department of Obstetrics and Gynecology. The inaugural lecture, which aims to advance knowledge of women’s health, was held in April 2010.
- In early 2009, the Vincent Department of Obstetrics and Gynecology partnered with CBS Cares on a public service web campaign to raise awareness of the importance of Pap smears.
- All Vincent Department of Obstetrics and Gynecology physicians and midwives are on staff rather than in private practice, a system that offers patients highly collaborative and coordinated care.
- The Vincent Obstetrics and Gynecology Department has the rare distinction of offering three subspecialty fellowship programs approved by the American Board of Obstetrics and Gynecology: gynecologic oncology, reproductive endocrinology and infertility, and maternal-fetal medicine.



OF ALL THE BABIES delivered each year at the MGH Vincent Department of Obstetrics and Gynecology, 30 percent are born to mothers who receive their obstetrical care at one of the hospital’s community health centers. Some of these women endure living situations filled with poverty and isolation. They have few places to turn to for advice and limited access to help.

This was the case for one patient, Chrissie. Pregnant with her second child, Chrissie returned home one day close to her due date to discover that her apartment in Chelsea had been robbed of everything – including all the baby



items she had worked so hard to afford. When her midwife and other staff at the MGH Chelsea HealthCare Center heard about her situation, they gathered furniture, diapers and other items to give to Chrissie when the baby arrived. They also directed her to programs available through the obstetrics practice for women and their families.

“Women’s health is not just about physical well-being,” says Alessandra Peccei, MD, director of Obstetrics and Gynecology for the MGH Community

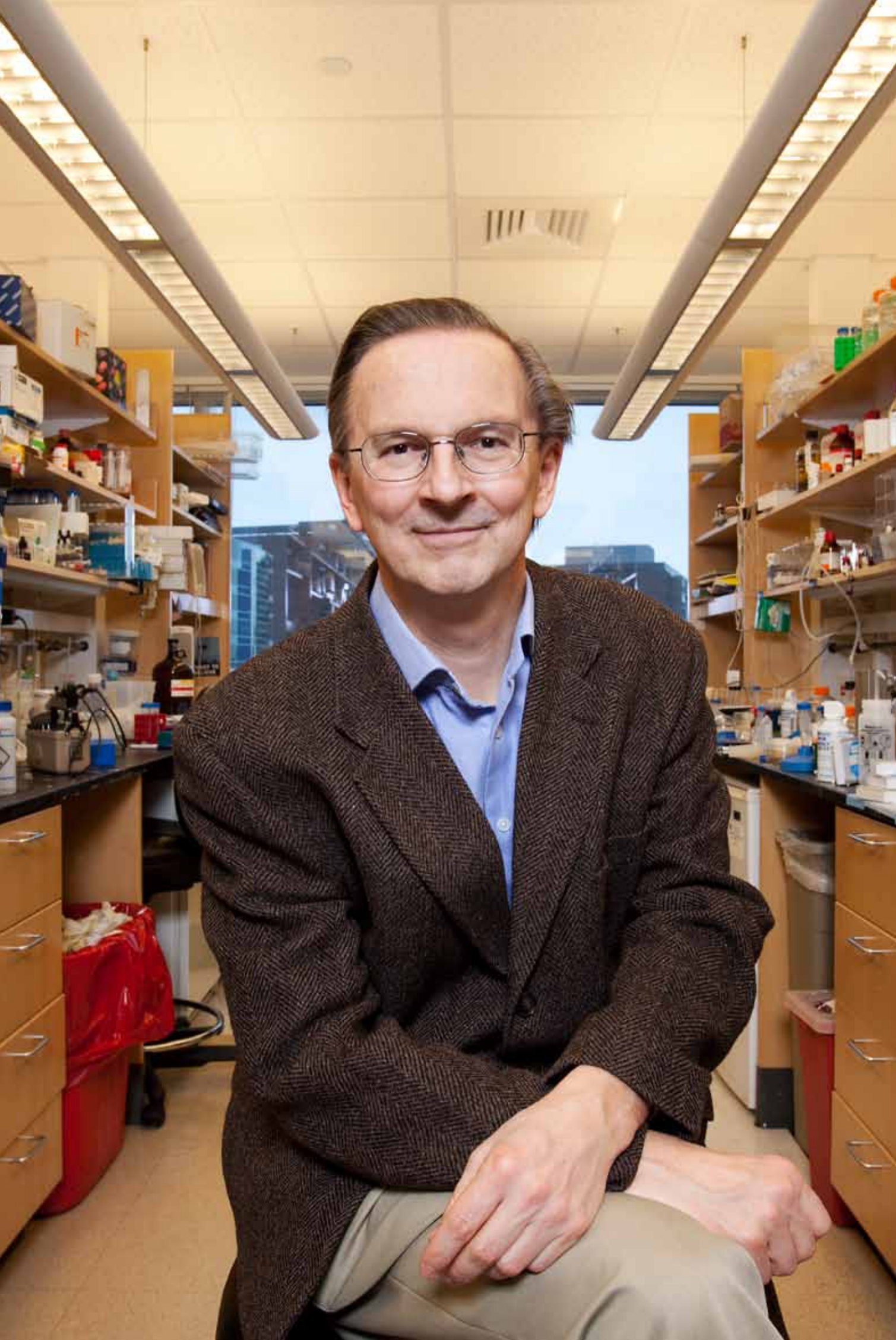
Health Centers. “In addition to providing high-quality care to these women and their children, we also tend to their emotional health and the needs of their families. Often, that’s where we make a tangible difference.”

At the MGH Chelsea HealthCare Center, the Vincent Newborn Necessities Program offers assistance to patients with limited resources. Developed in 2009 by The Vincent Club, a group of women dedicated to fundraising for the MGH Vincent Department of Obstetrics and Gynecology, the program provides families with new and gently used items, such as baby and maternity clothes and blankets. The Vincent Newborn Necessities Program is part of the Chelsea Prenatal Outreach Program, which works closely with health center providers to improve birth outcomes among at-risk pregnant women in Chelsea.

Britta Panda, MD, of the MGH Vincent Department of Obstetrics and Gynecology, ➤ sees a patient at the MGH Chelsea HealthCare Center.

Inset: An early gynecology ward at the MGH, circa 1878





“These are the facilities for acquiring knowledge ...”



ON OCT. 5, 2009, an early-morning phone call to the home of MGH investigator Jack Szostak, PhD, brought news of what is usually a once-in-a-lifetime honor: the Nobel Prize in Physiology or Medicine. Szostak and former colleagues Elizabeth H. Blackburn, PhD, of the University of California at San Francisco, and Carol W. Greider, PhD, of the Johns Hopkins School of Medicine, received the 2009 award “for the discovery of how chromosomes are protected by telomeres and the enzyme telomerase.” The insights provided by their work together and separately during the 1980s have led to subsequent findings by investigators from around the world on the role of telomerase in aging and cancer.

After helping to make fundamental discoveries in one field of scientific investigation, Szostak set off on another – discovering how the first cells emerged from the chemical environment of early Earth. In his laboratory in the MGH Department of Molecular Biology and the Center for Computational and Integrative Biology, Szostak’s team has been working to create “protocells” –

synthetic cells containing nucleic acid strands encased within a simple membrane – that eventually will replicate themselves and evolve in response to environmental factors.

Szostak’s team already has found that individual nucleotides – the building blocks of DNA and RNA – can easily pass through the kind of membrane that might have been present on primitive cells, in contrast to modern cell membranes that closely control what gets in and out. The team also showed that tiny sacs or vesicles formed by this primitive membrane can expand by taking up fatty acids from their environment and, if agitated, break apart into smaller vesicles. Nucleic acid molecules that pass into these membrane sacs can be used to copy a single-stranded DNA template molecule already within the vesicle.

Among the challenges the team is now pursuing are determining how simple, primitive membranes evolved into today’s complex and impermeable cell membranes and developing nucleic acid molecules that can copy themselves without the need for enzymes. Bringing together those elements to form a true protocell that can grow, reproduce and evolve would be the kind of accomplishment that might lead to yet another early-morning phone call.



- In July 2009, investigators from the MGH Cardiovascular Research Center and Harvard Stem Cell Institute reported identifying a master cardiac stem cell that gives rise to cells forming essential portions of the human heart. In a subsequent study, they used the mouse version of the same cell to create a functioning strip of heart muscle cells.
- In two 2009 studies, a team of MGH researchers reported how viewing videos that show the effects of advanced dementia or that clearly illustrate what is involved in specific levels of end-of-life care helps patients choose among future treatment options and increases the number who prefer receiving comfort measures only.
- A May 2009 study found that both patients and physicians considered virtual visits delivered through teleconferencing to be as satisfactory as face-to-face visits for primary care. Virtual visits may be useful for routine monitoring of chronic conditions and evaluation of acute, nonurgent conditions, while reducing overhead costs and the need for patients to travel.
- Using an antiangiogenesis drug to shrink benign tumors on the hearing and balance nerves of patients with neurofibromatosis 2, an MGH research protocol preserved or improved hearing in several participants, the first successful treatment for the condition that does not involve surgery or radiation.

“A hospital is an institution absolutely essential to a medical school, and one which would afford relief and comfort to thousands of the sick ...”

- Nursing students in the first Accelerated Bachelor of Science in Nursing class at the MGH Institute of Health Professions graduated in September 2009. The program was established in May 2008 to offer a fast-paced, yet in-depth nursing education to college graduates with a bachelor’s degree in another field.
- The MGH Primary Care Residency program was the first such program in the country. Founded in 1974, the program trains specialists in internal medicine to become experts in the provision of primary care.
- In 2009, The Norman Knight Nursing Center for Clinical and Professional Development at MGH launched a new method of delivering educational programs to more than 3,200 nurses across the MGH using HealthStream. The online learning management system provides staff nurses and other caregivers around-the-clock access to dozens of educational opportunities from any computer with internet access.
- The Accreditation Council for Graduate Medical Education established the Parker J. Palmer awards to honor program directors and institutional officials nationally each year. Since its establishment in 2001, two MGH program directors have received the Parker J. Palmer Courage to Teach Award: Hasan Bazari, MD, of Internal Medicine, and Gene Beresin, MD, of Pediatric Psychiatry. Debra Weinstein, MD, director of Graduate Medical Education, received the Parker J. Palmer Courage to Lead Award in 2007.

THE MGH FOUNDING FATHERS promoted the establishment of a hospital not only to care for the sick, but also because they recognized that hospitals are essential for the education of health care providers. Today the MGH educates thousands of medical and other health professionals each year through its world-renowned graduate medical education programs, which include 20 residency and 86 fellowship programs. The MGH plays a critical role in the education of Harvard Medical School (HMS) students and serves as a training site for students in nursing and other health professions through the MGH Institute of Health Professions.

The hospital has long attracted a select group of talented and highly motivated young professionals who are given the opportunity to work with a faculty of expert clinicians and researchers. MGH trainees use the hospital’s



state-of-the-art facilities to care for a diverse group of patients presenting the full spectrum of diagnostic and treatment challenges. Program graduates have had a significant impact as leaders in all areas of health care.

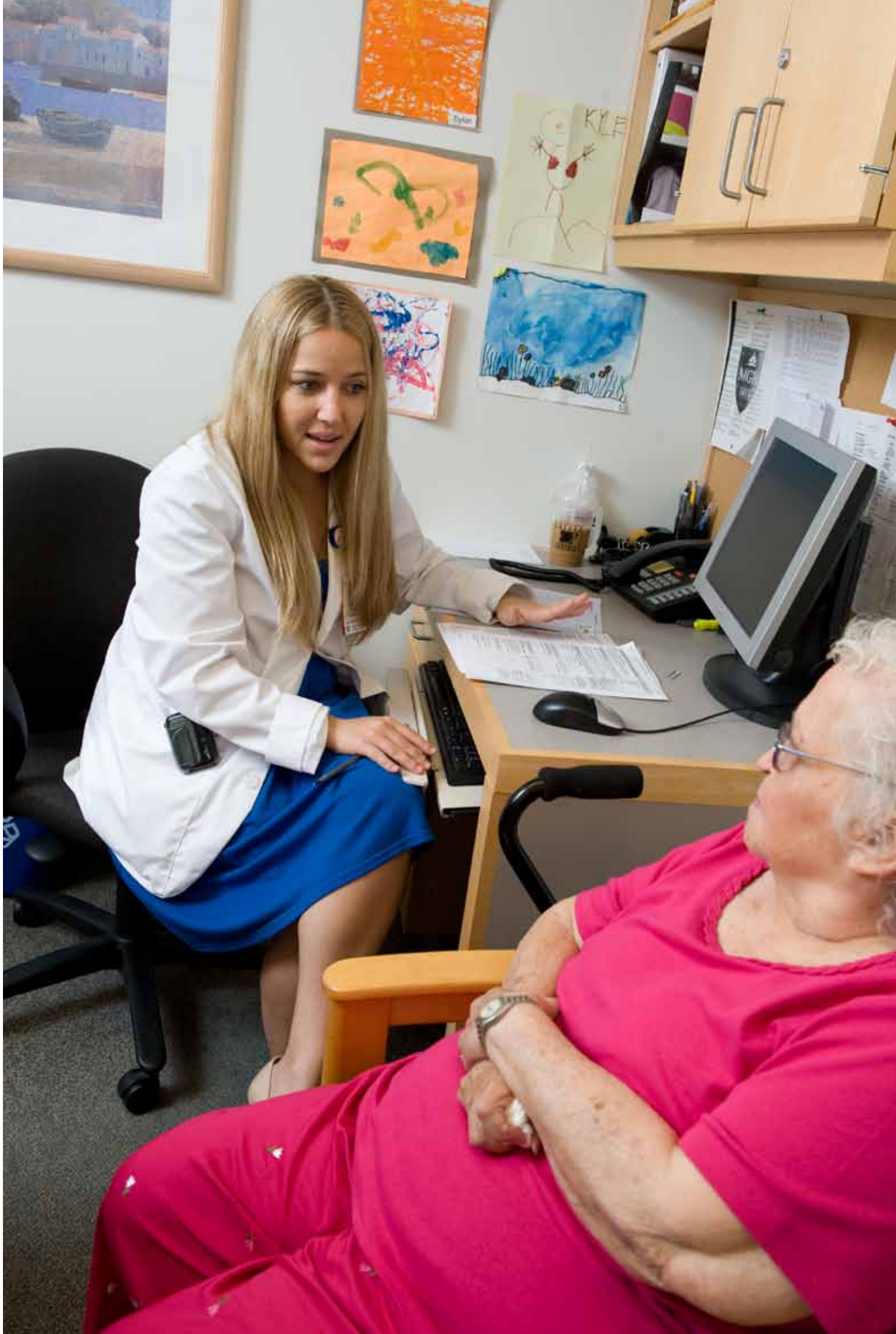
Trainees receive outstanding specialty-based clinical training, enriched by interdisciplinary retreats focusing on topics such as patient safety, end-of-life care or professionalism. Many residents and fellows also pursue interests in global health, quality and safety, academic health care administration, and health policy through the “Centers of Expertise.” This Partners graduate medical education initiative provides opportunities for in-depth experience and mentoring from world-renowned faculty members.

Residents and fellows alike value these opportunities. “Walking through the halls of the MGH, surrounded by rich history and some of the world’s finest physicians, poses a challenge to the new trainee to strive to be his or her very best,” says Brandon S. Beamer, MD, an Orthopaedic Surgery resident. “This creates an environment of lifelong learners who will continue to advance medicine. I’m proud to be a part of this group.”

Since 1811, the MGH has been a leader in the education of tomorrow’s caregivers. This remains a top priority and will continue as a vital element of the hospital’s mission for generations to come.

Second-year resident Jessica Ravikoff, MD, speaks with one of her patients at the Internal Medicine Associates at MGH.

Inset: Harvard Medical School and the MGH share a long history together. The medical school, *building at right*, was originally located adjacent to the MGH Bulfinch Building, circa 1855.





“... it is to erect a most honourable monument of the munificence of the present times, which will ensure to its founders the blessings of thousands ...”

IN THE 30 YEARS SINCE HIV/AIDS emerged as a global health crisis, scientists like MGH infectious disease specialist Bruce D. Walker, MD, director of the Ragon Institute of MGH, MIT and Harvard, have made great strides in understanding the disease and treating its symptoms. In South Africa – the heart of the AIDS epidemic – Walker has developed HIV treatment centers, established a research institute and a program for training African scientists, organized an MGH medical residency program overseen by Krista Dong, MD, and launched community outreach programs. But despite the significant scientific and medical progress made in AIDS treatment, the world is still waiting for an effective HIV vaccine.

With the establishment of the Ragon Institute in February 2009, Walker is now focusing on the development of such a vaccine, the ultimate public health goal.



“AIDS is a global pandemic, but I believe it’s a solvable problem,” says Walker. “We need to infuse more creativity into the field by bringing people with incredible expertise to the same table.”

The Ragon Institute, founded through an unprecedented gift from Phillip (Terry) and Susan Ragon, is making it possible to do just that. Walker has already begun to assemble the research and clinical resources of the MGH and the science and engineering talent of Massachusetts Institute of Technology (MIT) and Harvard University to bring them to bear on the mission to stop the spread of AIDS.

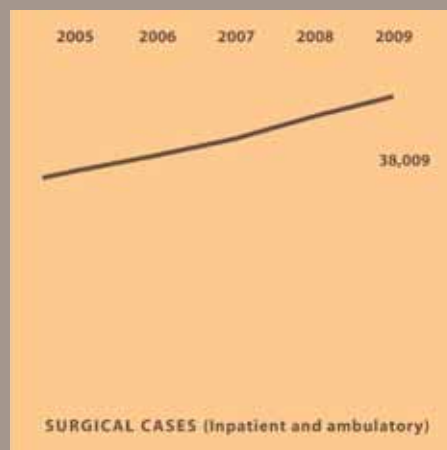
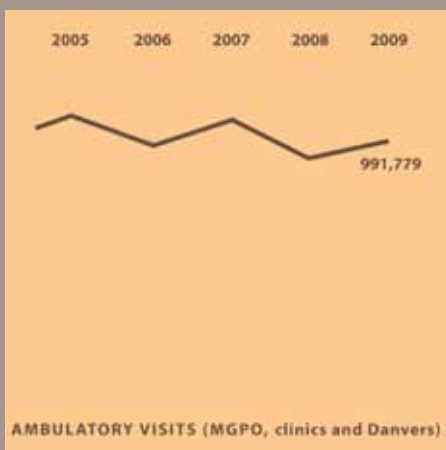
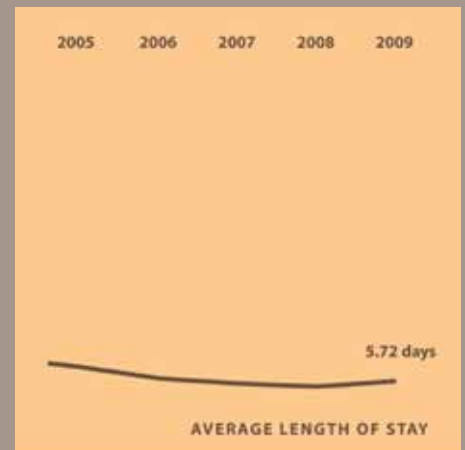
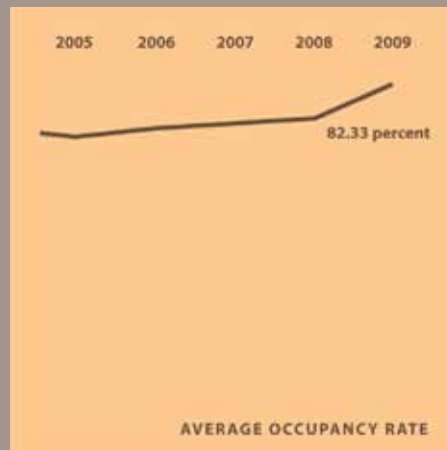
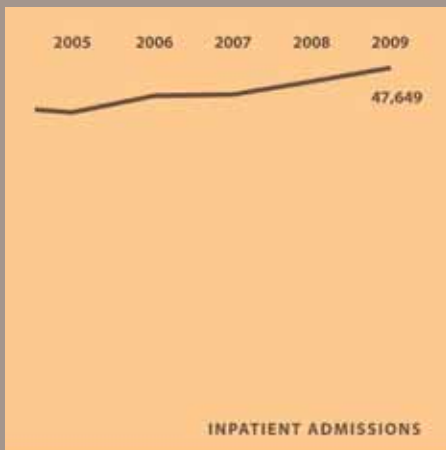
The challenge ahead is daunting, because HIV infects the very cells that should defend against the virus, damaging the human immune system in the process. The virus also is characterized by extreme variability and is evolving at a rapid rate. But Walker and his colleagues – bolstered by the funding and support of generous donors such as the Ragons, Mark and Lisa Schwartz, and Bill and Melinda Gates – are optimistic that this is a fight they can win. In an effort to identify a gene or protein that is critical to controlling the disease, the team currently is studying a group of 1,300 patients called “elite controllers,” who are infected with HIV but have no symptoms and are incapable of infecting others.

- In 2009, thanks to a generous gift from Nancy Lurie Marks and her family, the Lurie Family Autism Center at MGH was established. The center provides comprehensive diagnostic and clinical care for both children and adults, pioneering research, a distinctive policy and advocacy program; and training for clinicians and researchers.
- The MGH Cancer Center was one of five multi-institutional “dream teams” to receive a grant from the newly formed organization Stand Up To Cancer. The center received \$15 million to help accelerate and disseminate research on the circulating tumor cell (CTC)-chip, a microchip-based device for detecting and analyzing tumor cells in the bloodstream.
- Supporting primary care is a growing interest of MGH donors. In 2009 nearly \$1 million was raised to support initiatives to enhance patient care, create innovative medical technologies and establish methods for the delivery of care under the auspices of the John D. Stoeckle Center for Primary Care Innovation at MGH.
- Many spaces within the Building for the Third Century (B3C) will include the names of generous donors who have supported the building’s construction. The B3C houses an expanded radiation oncology center, an enlarged emergency department, three floors of high-tech surgical suites and five inpatient floors.

◀ Bruce D. Walker, MD, with students in the KwaZulu-Natal province of South Africa

Inset: The first demonstration of ether as a surgical anesthetic in 1846 is among the MGH’s renowned achievements in patient care, daguerreotype circa 1847.

FACTS AND FIGURES | 2009 STATISTICS



Available beds	907	Staff	
Average occupancy rate	82.33%	Clinical staff	1,937
Admissions	47,649	Residents	827
Average length of stay (in days)	5.72	Clinical fellows	353
Admissions to observe	8,308	Research fellows	932
Births	3,566	Nonclinical staff	625
Surgical cases		Registered nurses	3,731
Inpatient	19,206	Per diem registered nurses	302
Ambulatory	18,803	Other per diem	1,185
Total surgical cases	38,009	Bulfinch temps	1,551
Ambulatory visits		Other employees	10,904
MGPO visits	508,827	Total employees	22,347
Clinic visits	476,289	Research expenditures	\$619,247,000
Danvers visits	6,663		
Health center visits			
Charlestown	55,253		
Chelsea	141,602		
Revere	90,832		
Back Bay	18,292		
Emergency visits	88,393		
Total ambulatory, health center and emergency visits	1,386,151		

FINANCIALS | THE GENERAL HOSPITAL CORPORATION

Excerpts from internal financial statements (in thousands of dollars).
Years ending Sept. 30.

Revenue	2008	2009
Net patient service revenue	1,751,607	1,857,914
Other operating revenue		
Direct research revenue	409,199	466,820
Indirect research revenue	140,462	152,427
Other	160,657	156,707
Total operating revenue	2,461,925	2,633,868
Expenses		
Operating expenses		
Employee compensation and benefits	955,256	1,009,908
Supplies and other expenses	769,107	803,699
Direct research and academic expenses	475,842	532,157
Depreciation and amortization	107,745	113,720
Interest	17,331	12,933
Provision for bad debt	22,282	29,479
Total operating expenses	2,347,563	2,501,896
Income from operations	114,362	131,972
Nonoperating gains, net	(7,713)	(85)
Excess of revenue over expenses	106,649	131,887

FINANCIALS | MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION, INC.

Excerpts from internal financial statements (in thousands of dollars).
Years ending Sept. 30.

Revenue	2008	2009
Net patient service revenue	474,609	514,660
Other operating revenue	137,424	151,466
Total operating revenue	612,033	666,126
Expenses		
Employee compensation and benefits	485,403	534,301
Supplies and other expenses	83,997	95,797
Depreciation and amortization	1,504	2,137
Provision for bad debts	13,895	9,473
Interest	0	0
Total operating expenses	584,799	641,708
Income from operations	27,234	24,418
Nonoperating gains (expenses)		
Income from investments	9,343	1,283
Change in net unrealized gains (losses) on equity method investments	(22,633)	8,371
Gifts and other	(2,524)	(727)
Total nonoperating gains (losses)	(15,814)	8,927
Excess of revenue over expenses	11,420	33,345
Other changes in net assets		
Transfer from/(to) affiliates	94	(804)
Other	623	(1,107)
Cumulative effect of accounting change		(1,061)
Increase in unrestricted net assets	12,137	30,373

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Partnering to make a difference

Massachusetts General Hospital is a legacy bequeathed by the first donors to the hospital, whose support made exceptional patient care available to the diverse community of 19th century Boston. As the hospital approaches its bicentennial year in 2011, we celebrate our February 1811 founding and the groundwork it laid for the successful medical institution that is the MGH of the 21st century. Today's donors are creating their own legacy for the future, making it possible for the MGH to continue delivering the best patient care; conducting groundbreaking research; developing best practices that improve quality, safety and efficiency; training world leaders in tomorrow's medicine; influencing public policy; and serving diverse and distressed communities at home and abroad. Throughout our 200-year history, donor support has been the backbone in our commitment to turn science into medicine and advance human health around the world.

Thanks to the remarkable generosity of hospital donors, MGH programs and services continue to flourish despite challenging times in health care. During the 2009 fiscal year, MGH friends and supporters provided the hospital with \$236 million in gifts, exceeding our philanthropic goal of \$185 million. The MGH is exceptionally grateful to its donors; they are, indeed, everyday heroes. Their contributions are essential to advance cutting-edge research and develop new therapies and treatments. Charitable support also provides the cornerstone for the building of new facilities, which are necessary in accommodating the latest technological advances in clinical care.

Valued donors already have stepped forward to support the MGH's critically important clinical expansion program by naming services and spaces within the Building for the Third Century. This state-of-the-art facility is scheduled to open in 2011 – the hospital's bicentennial year – and will allow for the expansion and renovation of vital inpatient and outpatient services. The project holds enormous promise for the future of medicine, and the MGH looks forward to forging new relationships with key friends and donors to expedite the completion of the project.

The MGH Development Office serves as a resource to offer donors gift options, assist donors in achieving their philanthropic objectives and identify donor recognition opportunities. Donors may wish to direct their gifts to a program or research initiative at the hospital that holds special meaning for them or choose to make an unrestricted gift to the MGH Fund, which provides support for the hospital's most critical priorities.

The MGH counts on and appreciates the support from all of its donors. We invite you to join the MGH in its ongoing effort to deliver leadership and excellence in the treatment and care of patients locally and worldwide.

For more giving opportunities or information, contact the MGH Development Office:

Massachusetts General Hospital
Development Office
165 Cambridge Street, Suite 600
Boston, MA 02114

Phone: 617-726-2200
Toll-free: 877-644-7733

E-mail: mghdevelopment@partners.org
Website: www.massgeneral.org/give

to provide for themselves, is probably greater than the public imagine; and of these a large proportion claim the assistance of the affluent. The expense, which is attached to the care of the insane in private families, is extremely great; and such as to ruin a whole family, that is possessed of a competence under ordinary circumstances, when called upon to support one of its members in this situation. Even those, who can pay the necessary expenses, would perhaps find an Institution, such as is proposed, the best situation, in which they could place their unfortunate friends. It is worthy of the opulent men of this town, and consistent with their general character, to provide an asylum for the insane from every part of the commonwealth. But if funds are raised for the purpose proposed, it is probable that the Legislature will grant some assistance, with a view to such an extension of its benefits.

OF another class, whose necessities would be removed by the establishment of a hospital, are **women, who are unable to provide for their own welfare and safety, in one of nature's most trying hours.** Houses for lying-in women have been found extremely useful in the large cities of Europe; and although abuses may have arisen in consequence, these are such as are more easily prevented in a small, than in a large town.

THERE are many others, who would find great relief in a hospital, and many times have life preserved, when otherwise it would be lost. Such especially are the subjects of accidental wounds and fractures, among the poorer classes of our citizens; and the subjects of extraordinary diseases in any part of the commonwealth, who may require the long and careful attention of either the physician or surgeon.

It is possible that we may be asked, whether the almshouse does not answer the purposes, for which a hospital is proposed. That it *does not* is very certain. The town is so much indebted to the liberality of those gentlemen, who, without compensation, superintend the care of the poor, that we ought not to make this reply without an explanation. The truth is that the almshouse could not serve the purpose of a hospital, without such an entire change in the arrangements of it, as the overseers do not feel themselves authorized, to make; and such as the town could not be easily induced to direct, or to support.

THE almshouse receives all those, who do not take care of themselves, and who are destitute of property, whether they be old and infirm, and unable to provide means of subsistence; or are too vicious and debauched to employ themselves in honest labour; or are prevented from so employing themselves by occasional sickness. This Institution then is made to comprehend what is more properly meant by an almshouse, a bridewell or house of correction, and a hospital. Now the economy and mode of government cannot possibly be adapted at once to all these various purposes. It must necessarily happen that in many instances the worst members of the community, the debauched and profligate, obtain admission into this house. Hence it has become in some measure disreputable to live in it, and not unfrequently those, who are the most deserving objects of charity, cannot be induced to enter it. To some of them death appears less terrible, than a residence in the almshouse.

It is true, that the sick in that house are allowed some greater privileges and advantages, than are extended to those in health. Yet the general arrangements and regulations are, necessarily, so different from those required in a hospital, that the sick, far from having the advantages afforded by the medical art, have not the fair chance for recovery, which nature alone would give them. Most especially they suffer for the want of good nurses. In these officers must be placed trust and confidence of the highest nature. Their duties are laborious and painful. In the almshouse they are selected from among the more healthy inhabitants—but unfortunately those, who are best qualified, will always prefer more profitable and less laborious occupations elsewhere. It must then be obvious that the persons employed as nurses cannot be such, as will conscientiously perform the duties of this office.

IN addition to what has already been stated, there are a number of collateral advantages, that would attend the establishment of a hospital in this place. **These are the facilities for acquiring knowledge,** which it would give to the students in the medical school established in this town. The means of medical education in New-England are at present very limited, and totally inadequate to so important a purpose. Students of medicine cannot qualify themselves properly for their profession, without incurring heavy expenses, such as very few of them are able to defray. The only medical school of eminence in this country is that at Philadelphia, nearly four hundred miles distant from Boston; and the expense of attending that is so great, that students from this quarter rarely remain at it longer than one year. Even this advantage is enjoyed by very few, compared with the whole number. Those who are educated in New-England have so few opportunities of attending to the practice of physic, that they find it impossible to learn some of the most important elements of the science of medicine, until after they have undertaken for themselves the care of the health and lives of their fellow citizens. This care they undertake with very little knowledge except that acquired from books;—a source whence it is highly useful and indispensable that they should obtain knowledge; but one, from which alone, they never can obtain all that is necessary to qualify them for their professional duties. With such deficiencies in medical education, it is needless to show to what evils the community is exposed.

To remedy evils so important and so extensive, it is necessary to have a medical school in New-England. All the materials necessary to form this school exist among us. Wealth abundantly sufficient can be devoted to the purpose without any individual's feeling the smallest privation of any, even of the luxuries of life. Every one is liable to suffer from the want of such a school; every one may derive directly or indirectly the greatest benefits from its establishment.

A HOSPITAL is an institution absolutely essential to a medical school, and one which would afford relief and comfort to thousands of the sick and miserable. On what other objects can the superfluities of the rich be so well bestowed?

THE amount required for the institution proposed may, at first sight, appear large. But it will cease to appear so, when we consider that it is to afford relief, not only to those who may require assistance during the present year, or present age; but that **it is to erect a most honourable monument of the munificence of the present times, which will ensure to its founders the blessings of thousands,** in ages to come; and when we add that this amount may be raised at once, if a few opulent men will contribute only their superfluous income for one year. Compared with the benefits, which such an establishment would afford, of what value is the pleasure of accumulating riches in those stores, which are already groaning under their weight?

HOSPITALS and infirmaries are found in all the Christian cities of the old worlds; and our large cities in the middle states have Institutions of this sort, which do great honour to the liberality and benevolence of their founders. **We flatter ourselves that in this respect, as in all others, Boston may ere long assert her claim to equal praise.**

We are, sir,

Very respectfully,

Your obedient servants,

JAMES JACKSON

JOHN C. WARREN



MASSACHUSETTS
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