



# Practically Speaking

NUMBER 18, WINTER 2005

## *Plus ça change, plus c'est Donaghue*

We hope the Connecticut research community uses words, when describing the Donaghue Foundation as a source of support for high quality research yielding knowledge of practical benefit, such as “steadfast” or “reliable.” Surely some degree of predictability is essential for scientists who must plan their research path — and the funding it requires — in blocks of years. We know that it may take several months or longer for an idea to develop to the point that it can be written as a grant application. If we continually zig and zag, we may baffle prospective applicants and hinder our own progress in fulfilling the purpose Ethel Donaghue assigned to us.

But, as the saying goes, change is inevitable. We must balance our desire to be predictable with our need to improve our processes and refine our program goals. We have made several changes this year. Because we think it would be informative to describe these changes and, perhaps more importantly, our reasons for making them, here is a list — in no particular order — of changes made to Donaghue Foundation programs during the past year as well as one we are considering making next year.

**Co-Principal Investigators.** Currently Donaghue allows only one principal investigator to be named in our Clinical and Community Health Issues grant application, believing this more clearly defines accountability for the project, both for Foundation reviewers, as they assess the experience of the person responsible for the grant, and for staff, as they monitor the grant over its two- or three-year term. Our thinking is changing, however, because those aims prevent truly collaborative projects, a goal we value, to be seen for what they are. Increasingly, we

notice that the kinds of medical research we seek to fund — research that adds knowledge of how behavior influences health and health care — requires the skills of different disciplines. We are likely to change our Clinical and Community Health Issues policy to allow co-principal investigators for the second application deadline in 2005.

**Using a standard panel for the Donaghue Investigator interviews.** Many *Practically Speaking* readers know that the Trustees and a small group of Foundation advisers interview the finalists for the Donaghue Investigator award. With several finalists, this process needed to be scheduled over three days and, in consideration of our advisers' busy schedules, we have not expected any one to attend all interviews. Out of a panel of four or five, not including the Trustees, there might be only one or two advisers who were able to attend all interviews. This year we structured our interview process as more of a retreat and asked the panel members to make the commitment to be present for all interviews. We scheduled the interviews across two days and arranged for our panel members to spend the night at the Water's Edge Resort, where the interviews were held. We built in more time between interviews so panel members could get up and stretch and discuss their thoughts about each candidate and how he or she fit in with the goals of the program and the aims of the Foundation. In addition to the Trustees, we were fortunate to have four advisers who volunteered to participate in this process.

Reflecting on this change after the interviews were completed, Trustees, staff and panel members agreed it was an improvement. The panel members

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## Donaghue Annual Meeting to be Held at Mark Twain House on May 11, 2005

The Donaghue Foundation is pleased to announce that its 13th Annual Meeting and Reception will be held Wednesday, May 11, 2005 at the Mark Twain House & Museum in Hartford.

Rima Rudd, ScD, Senior Lecturer on Society and Human Development at Harvard School of Public Health, will be our keynote speaker, discussing the issue of health literacy. We hope you will plan to attend. Please save the date!

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Office: 18 North Main Street  
West Hartford, CT 06107-1919  
Tel: 860-521-9011  
Fax: 860-521-9018  
Web: [www.donaghue.org](http://www.donaghue.org)

**Executive Director:**  
Lynne L. Garner, PhD  
Email: [garner@donaghue.org](mailto:garner@donaghue.org)

**Program Administrator:**  
Jacqueline C. Daniel  
Email: [jacque@donaghue.org](mailto:jacque@donaghue.org)

### FROM THE TRUSTEES

## The more things change...

A thread running through this issue of *Practically Speaking* is change — some sweeping swerves, some tiny tweaks, but change nonetheless. We've often described the Donaghue Foundation as a work in progress, and we've hoped it will always remain so, never satisfied, always seeking improvement. Even, as noted in the lead article, at the risk of occasionally confusing some who follow our course.

It is fundamental that improvement requires change, and we're committed to improving what we do and how we do it whenever we can. We've instructed our staff to focus always on possibilities, and we've given them our blessing in thinking out of the comfortable box of the status quo in search of better ways to further our mission. This is not to say, of course, that *carte blanche* is the rule. We've borrowed a line from an obscure poem by Thomas Gray for guidance. Nestled in a sentence that gives us the well-known "all that glitters is not gold" is the blunt admonition, "Be with caution bold." This says two important things to us at one time: First, be bold, not timid. Second, be bold, not reckless. Have the courage to dare and the good sense to exercise care in daring.

At Donaghue, we're very comfortable with the old saying that "The only thing constant is change." We also accept the truth in the French saying, "Plus ça change, plus c'est la même chose." The more things change, the more they (or at least their essence) stay the same. Our attitude about research and our attitude about philanthropy make us what the Donaghue Foundation is: we'll willingly change our methods, even our mission if need be. The only thing about us that's immune from change is the purpose given to us in the will of Ethel Donaghue.

Much of what we think of in the way of improving things comes from the insights of our advisers and the scientists with whom we work. We welcome ideas from any quarter as long as they're aimed at a possibility of improvement. ▀

Raymond S. Andrews, Jr.  
Trustee

Sheilah B. Rostow  
for Bank of America, Trustee

### In October the Clinical & Community Health Issues Committee convened to review the Fall 2004 applications. The Trustees are pleased to announce their decision to fund the following grants:

**Robert Kerns, PhD**, Professor of Psychiatry, Neurology and Psychology at the VA Connecticut Healthcare System, Yale School of Medicine, will evaluate the usefulness of cognitive-behavior therapy (CBT) for the management of painful diabetic neuropathy.

**Carol Lammi-Keefe, PhD**, Professor of Nutritional Sciences at the University of Connecticut, is taking a multidisciplinary approach to determine the effect of increasing the consumption of docosahexaemoic acid (DHA), in the diets of pregnant women experiencing postpartum depression.

**Linda Niccolai, PhD**, Assistant Professor of Epidemiology at Yale School of Medicine, will look to combine behavioral and molecular epidemiologic methods to determine the relative importance of partnership-level characteristics in determining risk for repeat sexually transmitted diseases. ▀

## Plus ça change (continued from page 1)

were able to give the Trustees a more considered assessment of each candidate in relation to all of the others and also to mull over the entire Donaghue Investigator program, now in its seventh year, and how it might be used in the next few years to help fulfill the Donaghue mission.

**Moving to an electronic application process.** We still need a printed application that has original signatures from the principal investigator and the institutional officer denoting their acceptance of the Foundation's terms of the funding program, but an electronic file on a CD replaces the 20 copies.

We readily admit that our first use of this process in the 2004 Donaghue Investigator program had a hitch or two, so we made a couple of slight modifications when we instituted the electronic application to the Clinical and Community Health Issues program. The most notable change is that the application no longer has a section for Institutional Assurances. These assurances focus on safeguards to research subjects, human and animal, and also include statements on issues such as scientific misconduct and use

of biohazards. It is important for us to keep the wording in these assurances consistent, and that created challenges with having sections of the document "protected," in word processing jargon. In addition, the institutional assurances are not used in reviewing the application and are only necessary for investigators whose application has been selected to receive a grant. Therefore, these assurances have now been taken out of the application and put into the funding agreement sent to grantees for signature before the grant period begins.

**Shortening the application time.** In both of our investigator-initiated programs, Donaghue Investigator and Clinical and Community Health Issues, we have decreased the time between application deadlines and grant announcements. Donaghue Investigator applicants have about six months to wait for a decision. Applicants to the Clinical and Community Health Issues program can expect to hear the Trustees' decision in about four months. To achieve the reduced time for the Clinical and Community Health Issues, the process was streamlined by eliminating the Statement of Intent. (See previous issue of *Practi-*

*cally Speaking* or the Donaghue website for details.)

## Specifying research topics within the Donaghue Investigator program.

This change was made for the 2004 applications and the Trustees have decided to stay with that change for at least another year. The review committee and Trustees were pleased with the applicants and the nature of the research projects they proposed. All of them, and in particular the seven finalists, were engaged in research that mirrors the Trustees' interest in the role of organizational and individual behavior in improved health.

We also know another saying about change — that it always has unintended consequences. We hope these are not large and do not create problems for applicants. If you find that one of these changes has created difficulties, we hope you will contact the Foundation office. We're always willing to change if it means improvement.

We can assure you of two things that will not change: the Foundation's commitment to honor Ethel Donaghue's gift to her parents' memory and our commitment to practical benefit. ▣

## Respiratory Syncytial Virus is the leading cause of lower respiratory tract infections in infants and young children

Respiratory Syncytial Virus (RSV) infects about two-thirds of infants before their first birthday and causes upper respiratory illness. RSV infection may also cause serious lower respiratory tract disease in certain high-risk pediatric patients.

**Dr. Jeffrey Kahn, MD, PhD,** Assistant Professor of Pediatrics at Yale School of Medicine, was awarded a Clinical & Community Health Issues grant in 2002, titled "Epidemiological investigation of human respiratory viruses." Dr. Kahn's overall objectives are 1) to define the epidemiology of a new identified human respiratory virus, human metapneumovirus (hMPV) and 2) to identify genetic markers or virulence of respiratory syncytial virus (RSV).



Over the past two years Dr. Kahn was able to make significant progress in both areas. With the tools of molecular biology he was able to develop a diagnostic test to detect hMPV in respiratory specimens. This test was used to screen children five years and under for the presence of the virus. Dr.

Kahn's lab was the first to report hMPV infection in children in the United States. One important discovery about hMPV is that the virus has a seasonal distribution; the most specimens were collected from hMPV-infected children in the winter and the early spring.

For the second research project involving the common respiratory virus, RSV, Dr. Kahn found that a particular strain, which was associated with greater severity of illness in



Dr. Jeffrey Kahn, MD, PhD in the lab.

children, induced higher levels of cytokines, which are molecules responsible for inflammation. Dr. Kahn will continue to study virulent and less virulent strains of RSV to help understand how RSV causes severe lung disease in young children. ▣



“Ray and I are trying to train people to approach the Executive Director. And this is part of the transition. Everyone is used to calling Ray, and I understand that. But more and more people are reading the tea leaves and realizing that I am the person to contact.”

— Lynne Garner, PhD

## A Job Redefined, A Staff Redesigned — A Conversation with Donaghue’s Executive Director —

**L**ynne Garner, PhD, joined the Donaghue Foundation staff in September 2001 as Director of Program Development and Evaluation. As Trustee Ray Andrews explained at the time, “We needed to bring science expertise in-house, and our program planning has become stronger as a result.”

The departure of Director of Operations Maggie Willard late the following year caused the trustees to reexamine the Foundation staff structure. The resulting model would lead in April 2003 to the redeployment of Dr. Garner as Executive Director and long-time staffer Jacque Daniel as Program Administrator. The move would also allow Mr. Andrews to “take a step back,” relinquishing daily oversight functions while maintaining governance responsibilities in partnership with Bank of America. And so, evoking a game of “musical chairs” as imagined by Lewis Carroll, when the music stopped there were still three chairs for three players in the Donaghue office, but the chairs themselves had changed size and shape.

We recently sat down with the upwardly mobile Dr. Garner to discuss her role as Executive Director, and to learn more about how the division of labor “works” in the Donaghue office under the revised staffing model, now 20 months old.

**Lynne, why did Donaghue change to an executive director model of management after a dozen years of operating without one?**

Before I even came to the Foundation, the trustees recognized that the Foundation was extremely dependent on Ray Andrews and that they needed to put a continuity plan in place that would withstand Ray’s sudden disappearance if that were to ever happen. Even in a best-case scenario, it is unlikely that a person filling his shoes would have the opportunity to spend the kind of time that Ray has spent in the role of trustee, or would bring the kind of knowledge and passion that he has about health. So they began to develop a plan to address that issue, the first part of which was to hire somebody — it turned out to be me — in September 2001

to take on the program development role with the trustees.

And then a couple of things happened completely outside the planning process. In October 2002 Maggie Willard accepted a job at the Hartford Foundation for Public Giving. This was also a period when the stock markets were plummeting. So it seemed like a good opportunity for the Foundation to revisit its staffing issues — in part to go from three people to two people to see if we could save some money, but also because Mr. Andrews realized that this would be a great time for him to begin the process of stepping back.

**In an interview in these pages last year, Mr. Andrews likened the division of labor at Donaghue to a pie chart cut into thirds: program development, execution and governance. How would you characterize each slice?**

Governance is the trustee role — interpreting the will of Ethel Donaghue and making decisions on how that will be acted out. The trustees are kind of like a board of directors. They have the ultimate responsibility for the Foundation.

Program development involves taking an idea and developing it to the point where we can actually solicit grants or make grants. Included in that is an evaluative role — looking back and asking, “Did we really accomplish what we wanted to with that program idea?”

The third role, execution, is the day-to-day administration. To some degree, Ray was doing parts of all of these three roles for many years. Today he focuses chiefly on governance.

**So Ray’s administrative and program development cards were dealt to you and Jacque after the shuffle?**

Yes, along with Maggie’s. Some of my friends react with amusement when they hear my title and then learn that there are only two people employed at Donaghue if I count myself. But the title Executive Director is

really for the outside world, to indicate who the contact person is and the individual in charge of running the Foundation on a day-to-day basis.

**How often do you see Mr. Andrews now?**

Ray has gone from being in the office almost every day to being in the office intermittently. He comes and goes at his leisure — I no longer know his schedule. When I need to contact him, I email him at the office and at home. Ray has so many functions outside of this Foundation that keep him occupied. He is on many boards of directors, which keep him very busy.

**How often, then, does the Executive Director interact with the trustees?**

Jacque, Ray and I have a standard meeting on our calendars on Monday mornings where we go over a fairly routine agenda which hits all of our programs; our communications — such as meeting with our Policy Advisory Committee, developing our annual report and meeting, writing the newsletter; what was spent during the week; any policy issues which came up during the week; and similar items. Given our schedules, the meeting doesn't happen every week, though we try.

Ray, Sheilah Rostow [of Bank of America] and I have a fairly standard quarterly meeting. We speak more frequently than that, of course, but the meeting gives me a more formal way to discuss ideas with the trustees. That meeting is probably 90 percent focused on programs — projects we are in the process of developing, a report on what has been happening with grants that have been approved, and other related matters.

**In between those meetings, do you copy the trustees on emails about issues that come up on a daily basis?**

I talk frequently with Ray, but not Sheilah. As we are fond of saying, Sheilah has a real job. She simply can't devote the time to the smaller details. Ray is actually interested in talking about these things and has the time to do so, but Sheilah doesn't have that luxury.

**How has the program development function evolved under the Executive Director model?**

An oversimplified answer is that I'm taking a greater lead on new programmatic ideas and

changes to programs begun since the transition — those that I have had a greater hand in developing. There are some long-standing projects that Ray had a particularly active role in developing that he has continued to stay involved with. Personal relationships form when you collaborate on multi-year grant projects, just as they do in the business world. Many people have those relationships with Ray, so to some degree that's where the tipping point is.

Two different Practical Benefit Initiative projects will help illustrate. One is the Donaghue Initiative in Biomedical and Behavioral Research Ethics at Yale. Ray met the people who spearheaded and are leading that project long before I came on the scene, so he has continued to stay directly involved. On the other hand, I will have an active role in designing the Patient Safety Initiative that we announced at the annual meeting. We're currently having conversations with experts in patient safety and gathering information that can be used to design this grant-funding program. That's something I'm leading, though Ray is attending most of those meetings because that's an area of great interest to him.

**You came aboard entirely focused on program design and evaluation, and now you've segued into a position that also includes daily management. Yet you're still the same one person. Do you ever feel overwhelmed by it all?**

Two-word answer: Jacque Daniel. The reason we were able to make this transition was because we redesigned Jacque's job to Program Administrator. Jacque takes on most of the responsibility of the day-to-day operation of two of the Foundation's three programs — the Clinical and Community Health Issues program and the Donaghue Investigator program — so she is really the one who is most active in these areas. She takes care of the grant applications as they come in; works with the chair of the review committee to select reviewers; gets the materials out to the reviewers; sets up the review meetings; prepares the funding agreements; collects the annual narratives and financial reports and does a first review of those; and she is the point person for investigators' questions about these programs.

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## 2004 Donaghue Investigators Named

**Cheryl Oncken, MD**, Associate Professor of Medicine and **Janet McElhaney, MD**, Associate Professor in the Center for Immunotherapy of Cancer and Infectious Diseases, both of the University of Connecticut Health Center, are the 2004 Donaghue Investigator award winners. They were each awarded a five-year, \$595,791 grant for their research.

Dr. Oncken was previously awarded a grant in 2000 from the Foundation's Clinical & Community Health Issues program that focused on the impact of smoking on osteoporosis. She also received funding in 2003 from the National Institutes of Health focusing on the safety and effectiveness of nicotine gum for pregnant smokers who want to quit. Supported by her Donaghue Investigator grant, Dr. Oncken's research program will continue her work on smoking cessation in women. Her work will attempt to identify biomarkers for

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Cheryl Oncken, MD



Janet McElhaney, MD

## Donaghue Investigators (cont'd)

women whose smoking during pregnancy has a more severe impact on their infants and who therefore should receive a more intensive cessation program.

Dr. McElhane's research is in developing models to accelerate the testing of immunizations for the aged population. Many vaccines have not been tested in older people and, because of changes in the immune system during aging, are not as effective in that population. Another barrier to the effective use of vaccinations in the elderly population is an individual's resistance to getting a vaccine — rates of immunization in the elderly population, particularly in some groups, are not high. Dr.

McElhane is therefore also collaborating with the Institute for Community Research to understand the social barriers to using vaccines in minority populations and to develop methods to increase vaccine use.

The Donaghue Investigator program, in its seventh year, was modified slightly for 2004 to widen the diversity of disciplines and topics that would eventually have been funded by this program. For the first time, the grant program restricted research topics to specific areas. After awarding 22 grants, the program still had several major areas of research which were not yet represented. The program is based, in part, on the belief that five years of funding for investigators across a broad spectrum of research fields, particularly those involving studies that focus on the prevention and alleviation of human suffering, will accomplish significant gains in knowledge aimed at improving health. The Trustees wish to achieve, over the course of the program, diversity both in institutions receiving grants and in fields of research and disciplines that are funded. Therefore, after determining the candidate has the qualifications and the research project proposed in the application is scientifically meritorious, the Trustees consider the alignment of the investigator's

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Executive Director Lynne Garner, PhD, confers with Trustee Ray Andrews about final details before the 2003 Donaghue annual meeting.

### Interview (continued from page 5)

Just as Ray and I are doing a transition, Jacque is also doing a transition, taking on more responsibilities at the Foundation. In the future, she will be keeping our website up to date and will be more responsible for overseeing the production of our newsletter.

#### **What about the third Donaghue program?**

While Jacque runs the day-to-day operations of the CHHI and DI programs, I do that work on our third grant area, the Practical Benefit Initiatives program. So making sure the investigators get their money, and submit their reports, and get their questions answered, as well as the work associated with new proposals — I am the point person there.

#### **What are Practical Benefit Initiatives grants?**

They are projects that are individually designed with the initiation, and collaboration, of the trustees. They are very dissimilar from one another in terms of their size, reporting structure, and what they're accomplishing, whereas you can characterize the other two programs in terms of the length of the grant, the size of the grant, the reporting requirements, and so on. They are much more similar. The Practical Benefit Initiatives are all over the lot. Right now they take up about half of the Foundation's spending.

**“This is a transition for everybody. The steps in the dance are: me stepping forward, Ray stepping back, and people noticing where we're standing. And I know that takes time.”**

— Lynne Garner, PhD

#### **What are some examples of these trustee-initiated grants?**

I mentioned the Yale program on research ethics and the patient safety research. We've got one called Churches and Hospitals, which has a weight-loss and maintenance program designed for women in predominantly African-American churches in Hartford. Another is the Connecticut Collaborative Fall Prevention Project. While we're continuing to support the ones already in progress, we're also developing new ones.

#### **Even though they're called “trustee-initiated,” in today's Donaghue should a researcher come to the Executive Director first about a new program idea?**

You raise a good point. The word “trustee” has been used in the past to distinguish the initiative in a program from “investigators.” Ray and I are trying to train people to approach the Executive Director. And this is part of the transition. Everyone is used to calling Ray, and I understand that. But more and more people are reading the tea leaves and realizing that I am the person to contact. I think we'll start calling some programs “Donaghue-initiated.”

#### **What are some of your other responsibilities as Executive Director?**

More and more the trustees are looking to me to run the Policy Advisory Committee meetings. Ray used to do a lot of the speaking

at these meetings. So he is really making a very good effort to step back, which is hard because people are so used to looking to him for input. It's a transition for everybody. The steps in the dance are: me stepping forward, Ray stepping back, and people noticing where we're standing. And I know that takes time.

I'm also planning and preparing more of the content for the newsletter, as well as our annual meetings — two initiatives that are all about communication. And then there is a constant stream of administrative tasks. Because we're just a two-person office, I may be licking envelopes for our holiday greeting card mailing at the same time I'm thinking about the Next Big Thing. Jacque and I share our work enormously. While she has her areas of focus and I have mine, I can't think of anything that isn't touched by both of us.

**With the individual trustee no longer involved in daily oversight of Donaghue operations, is the Foundation becoming less of a trustee-centric organization?**

Absolutely not. The Foundation has always been centered around the purpose that Ethel Donaghue gave us. It used to be that the person who was the individual trustee also had a

hefty portion of some of the other roles that were necessary to carry out our mission. But now we have an organizational structure that is becoming increasingly similar to other foundations. The trustees' role is governance.

There are probably many foundations where the trustees have no office role, and meet perhaps only quarterly to make some big decisions and move on. In fact, Ray has said, "You should be prepared for a time when the individual trustee is going to look in once a month to say, 'Is there anything I need to know?'" It's hard to imagine, isn't it?

**Ray Andrews has been the "public face" of Donaghue for many years. Do you see the Executive Director evolving into that function, or is the goal for Donaghue to become more of a "faceless" organization?**

We won't become a faceless organization. One of the great things about being a Connecticut foundation and dealing with Connecticut institutions is you can know the people who are actually doing the research and working with those projects. And that can be an enormous asset. So we are trying to get people to understand that I am now the first line. And we're making good progress, I think. ▮

**Donaghue Investigators (cont'd)**

research goals with the Foundation's goals.

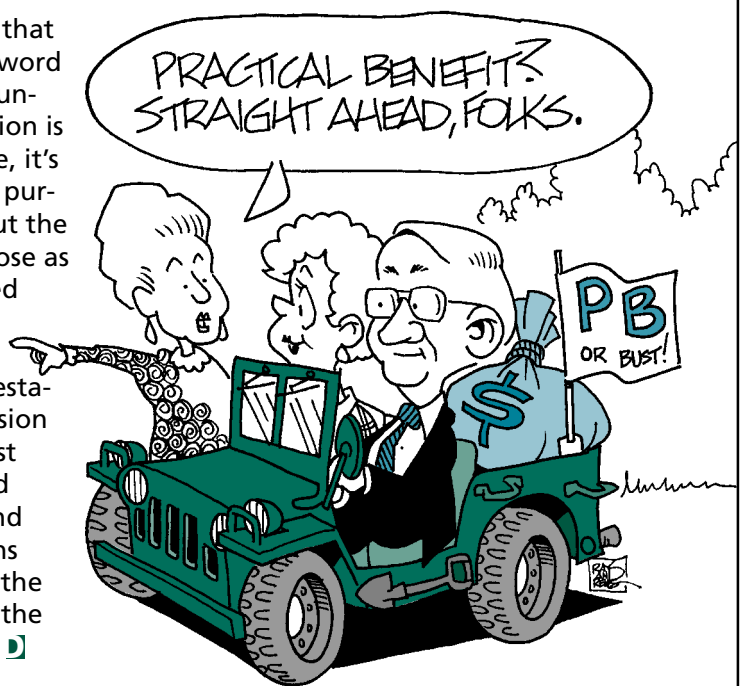
The Donaghue Investigator program for 2005 will again be open to applicants who are conducting research in the fields of pain management, patient safety, injury prevention, the organization of health delivery services, the ethics of health care and research, complementary and alternative medicine, or programs that are testing interventions to relieve suffering or prevent disease.

Applications are due at the Foundation office by 12:00 noon on Thursday, April 28. More information about the program and application materials are available at [www.donaghue.org](http://www.donaghue.org). ▮

**DONAGHUE DICTIONARY**

**pur·pose**

"Purpose," one of those words so basic that it's hard to define without using the word itself, is the first of the Donaghue Foundation's stated values. Perhaps the best definition is simply "the end to be attained." For Donaghue, it's also "our reason for being." An organization's purpose is sometimes confused with its mission, but the two can be distinguished if one thinks of purpose as the destination and mission as the road selected for the trip. The Donaghue Trustees make frequent reference to the Purpose Clause in the will of Ethel Donaghue, because it states her testamentary mandate for the Foundation. Our mission as Trustees is to devise and execute ways to best serve Miss Donaghue's purpose — or, one could say, routes to take in our journey. We can — and should — change our mission as road conditions warrant (and also change the specifics of it, as the feature article illustrates), but we cannot alter the purpose set down indelibly by Miss Donaghue. ▮



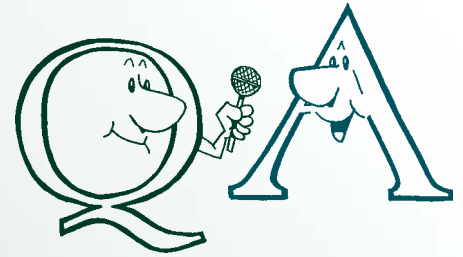
## ASK THE TRUSTEES

**QUESTION:** What motivated Ethel Donaghue to give her money to medical research, as opposed to the arts or a university or some other cause?

**Ray Andrews:** As a trustee, my reflexive response to the question is simply, "It doesn't matter." In other words, my concern isn't what Miss Donaghue didn't do or why. It is what she stated she wanted done (and, to the extent I can discern it, why). But that, although my quick answer, isn't complete, because in figuring out how to follow the course she chose, I've thought about what else she might have done and why she put virtually all of her wealth into health research. Some of my speculation: The sheer scale of her fortune called for something wide-sweeping and far-reaching, with the flexibility to make a huge impact and/or persevere indefinitely. Her painful personal experience with family health problems must have made her acutely aware of the importance of seeking elusive solutions that call for disciplined pursuit by talented scientists. Finally, I imagine that she had a vision of honoring her parents with a truly noble endeavor that would be highly regarded through later generations, having an effect on all people, not just those, for example, who might have easy access to institutions of art or culture.

**Sheilah Rostow:** The short answer is we really don't know for certain. Perhaps the illnesses and deaths of her parents influenced her or perhaps she had an affinity for the sciences. But, in truth, Miss Donaghue died without

explaining her reasons to anyone. She did leave a clue or two, however. Years before her death and before the creation of the document



that would establish the Donaghue Medical Research Foundation, Miss Donaghue created another trust that set up a medical research foundation that almost exactly duplicated the one now in existence. It was funded with a modest amount and served, I believe, as the model for the current Foundation.

So it appears that Miss Donaghue was already thinking about medical research, albeit in a narrower form focusing on heart disease and cancer. By the time she wrote her final document, she had clearly expanded her thinking to include a broader definition of "medical research" and to develop innovative direction for her Trustees in the discharge of their duty to her charitable purpose.

During her life, Miss Donaghue was involved in this smaller medical research foundation, giving direction and collaborating with her trustee on the distribution of the funds. Perhaps she was practicing, working out the kinks and developing her innovative and radical thinking that is part and parcel of the Donaghue Medical Research Foundation. If so, it was time well spent. We don't know why she felt as strongly about medical research as it is clear she did, but we are very grateful for her foresight. ▣



18 North Main Street  
West Hartford, CT 06107-1919

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