A DECADE AS DEAN
10 YEARS OF TRANSFORMATION AND GROWTH UNDER DEAN HESS

Dean Jay Hess brought a fresh perspective—and a game plan—to IU School of Medicine, taking the school to a higher level.

CARING FOR THOSE WHO CARE
IU researchers focus on aiding Alzheimer’s caregivers

A COMMITMENT TO DIVERSITY
Striving to do better

RESEARCH IMPACTING LIVES
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A NOTE FROM THE EDITOR

This fall, Dean Hess marks his 10th anniversary as leader of Indiana University School of Medicine. From a massive increase in research grants, to an overhaul of the curriculum, new buildings, new recruits, a major philanthropic campaign and landmark milestones, much has happened in the last decade. While Dean Hess says almost nothing gets done without many people working together, it’s also clear that his leadership has been transformational. This issue of IU MEDICINE attempts to capture the essence of his decade as dean.

BOBBY KING
Editor, IU MEDICINE

MAKE A GIFT
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This publication is produced by the Office of Gift Development and Alumni Relations to keep alumni and donors informed about the power of philanthropy. To comment, contact Bobby King at 317-278-1986 or bk16@iu.edu.

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A father’s dream, a son’s achievement

By: Bobby King

Lester Thompson never had one of those childhood moments where he saw a doctor at work and just knew he wanted to be a physician. He never had an epiphany, such as after losing a loved one to illness, that inspired him to pursue a career as a healer.

Instead, the idea that he would become a doctor was almost entirely his father’s.

Calvin Thompson had grown up in Nashville, Tennessee at the turn of the 20th century with a dream of becoming a doctor. But, with the death of his own father, he had been forced to quit school at a young age to help support his brothers and sisters. At some point, he decided that if he ever had a son, the boy would grow up to become a doctor. That was the legacy Lester inherited.

“He just told me from my earliest recollection that this is what you are going to do. I don’t ever remember him asking me if this was what I wanted to do,” Thompson recalls. “My dad, by today’s standards, was an autocrat who said, ‘Here’s the agenda, do you understand your role? End of discussion.’

Thompson followed his father’s roadmap and, with the extraordinary generosity of an Indianapolis philanthropist, graduated from Indiana University School of Medicine in 1968. He would go on to enjoy a 37-year career as a urologist, retiring in 2012.
My father was the engine and (Goodman) provided the fuel. Without him, it just wouldn’t have happened.”

His memoir of the journey, published in February by IU Press, is called Lucky Medicine: A Memoir of Success Beyond Segregation. As the title suggests, the book delves into Thompson’s life and the segregation he faced as a young Black boy growing up on Indianapolis’ Near Northside. It follows him to Bloomington, where he enrolls at IU. Immersing himself in the Black Greek community, and comes fist-to-fist with tensions of the era during a race riot in Bloomington. And it continues in Indianapolis, where he enters IU School of Medicine as one of only a handful of Black students learning from an almost all-white faculty. Here, though, he realizes his father’s dream of becoming a physician—epitomized by a graduation photograph of Dean Glenn Irwin, Jr., MD, Thompson and his father. By then, it is a dream that Thompson has made his own.

The foundation for the book was laid in the 1960s, with a journal Thompson kept through his college years that ran 800 pages long. During the decades he was practicing medicine and raising a family, the journal gathered dust. A few years after retirement, he returned to his story.

Thompson’s father is a central character. A barber who for years had a shop in a downtown Indianapolis office building, Calvin Thompson cut the hair of many of the city’s white powerbrokers during the middle of the 20th century. It gave him access to an extensive network of some of the most influential leaders. “My dad knew where the bodies were buried, and he knew how to keep a secret,” Thompson said.

He also introduced young Lester to one of his best customers—wealthy businessman and philanthropist Lazure L. Goodman, whose death in 1966 would warrant an obituary in The New York Times.

His father would take him along on haircut house calls to Goodman’s home. Young Lester marveled at the size of it and the lavish furnishings but for years wondered why his father kept bringing him. Eventually, he learned that his father and Goodman had struck a deal years before: if Thompson was willing to name his son after Goodman, Goodman would pay the costs of the boy’s college and medical school. For the arrangement, the barber chose Goodman’s middle name—Lester—for his son’s.

Of this arrangement between the Black barber and the Jewish industrialist and its impact on his life, Thompson says simply: “My father was the engine and (Goodman) provided the fuel. Without him, it just wouldn’t have happened.”

Thompson said that, in all the attention that historians have rightly spent on the Jim Crow era familiar to his parents and the racial unrest of the late 1960s, he feels his formative years in between have been somewhat overlooked.

He took up the book project in 2016, intent on telling his perspective on that period, especially the Black Greek social life of the day, before time slipped away from him. The murder of George Floyd in 2020 and the social justice uprisings that followed gave him an added impetus to finish it. He’s planning to devote a portion of the proceeds to the IU Black Philanthropy Circle, which supports scholarships, academic, cultural and arts programs.

Now 79, Thompson hopes that the story of “how this poor kid from Indianapolis—skinny and insecure” became a physician will resonate with others. “I was fortunate to have a mentor, but I did this. They opened the door, but I had to go through it,” he said. “I’m hopeful it will inspire people to pursue their dreams and follow their passions, be it medicine or some other field.”
Even as her husband declines, Mona Peck remains resolute and aided by research focused on Alzheimer's caregivers.

BY: MATTHEW HARRIS
PHOTOS BY: LIZ KAYE
When she returned, he was gone. As she stepped inside for just a moment, she kept an eye on him from a balcony, but he went to the pool to sunbathe. Usually, Mona said, he just wanted to relax. The next morning, Daryl ventured out to explore the familiar streets, but he'd gotten disoriented. His phone rang. Trying to navigate the once-familiar streets, he'd gotten disoriented. He'd been gone quite a while when the phone rang. Trying to navigate the once-familiar streets, he'd gotten disoriented. He'd been gone quite a while when the phone rang. Trying to navigate the once-familiar streets, he'd gotten disoriented.

He'd been gone quite a while when the phone rang. Trying to navigate the once-familiar streets, he'd gotten disoriented. "Can you get me back?" he asked. Using an iPad, Mona navigated him to their condo.

The next morning, Daryl ventured out to the pool to sunbathe. Usually, Mona kept an eye on him from a balcony, but she stepped inside for just a moment. When she returned, he was gone. As she prepared to search for him, Daryl returned. "You’re never going to guess what I did," he told her. "I got off on the wrong floor, and I was at the wall for 20 minutes."

Mona burst into tears.

THAT WAS EIGHT YEARS AGO.

Today, Daryl is among an estimated 6 million Americans and 130,000 Hoosiers diagnosed with Alzheimer’s disease, according to the Alzheimer’s Association. By 2050, as baby boomers age, those numbers are expected to double. The progression of Daryl’s disease ushered Mona into her own group: family members overseeing the care of a loved one.

Up to 26 million Americans fill that role. Among people over 65, one in three is a caregiver. According to a 2020 AARP study, almost 15 percent of them assisted someone with Alzheimer’s disease.

"Caregiving is such a prolific aspect of society now," said Fowler, director of research for the Division of General Internal Medicine and Geriatrics. "It’s hard to imagine not talking about it in the context of goals that we have as a health care system."

"Tending to a family member is never easy but, for those caring for someone afflicted by a neurodegenerative disorder, the strain is high. They not only get a person out of bed, usher them to the restroom, and dress them for the day. They provide transportation, oversee medical care and manage finances."

Unlike other chronic conditions, the ebb and flow of Alzheimer’s is as distinct as the patient, keeping caregivers on alert and constantly adapting. All while its insidious pathology weathers away the person they love. It’s why 53 percent of caregivers experience severe emotional distress, per the AARP’s data. "They’re not able to interact with you anymore," Fowler said. "You experience that loss of a person long before their physical body dies."

As Mona puts it, "You’re a widow before you’re a widow."

To address such situations, Sachs’ study explores how a diagnosis affects the mental health of caregivers. Often, it triggers anticipatory grief, an early form of mourning that lingers until a patient’s death. She’s found that, for caregivers, it’s not a passive state. Anticipatory grief raises their stress level, impairs problem-solving, and leads to second-guessing their own decisions, even good ones. Sachs devised a remote therapy program to combat anxiety and depression, which affects 60 percent of those with dementia two years of caregiving. That small study showed a significant reduction in symptoms—gains that remained six months after a caregiver’s final session.

"Caregiving is such a prolific aspect of society now. It’s hard to imagine not talking about it in the context of goals that we have as a health care system."

Nicole Fowler, PhD

Greg Sachs, MD, started the IN-PEACE program, and Nicole Fowler, PhD, focuses her research on easing the strain caregivers experience.
MONA PECK’S DAYS have a familiar rhythm. Each morning, she rouses Daryl from his sleep in their Anderson home, gets him out of bed and sanitizes the air cushion that prevents bed sores. Since late summer, Daryl, now 69, has become incontinent. Sometimes an aide—who visits two days a week—helps him to the bathroom.

The routine includes a sponge bath, teeth brushing, shaving, and dressing. They usher him to the family room—a task complicated by Daryl’s knee and hip problems. Once seated, they pack in pillows for cushioning. As the aide changes bed linens, Mona serves Daryl a meal from a rolling cart. Occasionally, she turns on a Cincinnati Reds game. Once, Daryl could pluck arcane baseball statistics from mid-air. Now, he listens silently. “For a while, we did crossword puzzles,” Mona said. “He’s not very interested in them these days.”

Mona still sees the man she married 49 years ago when he was a young maintenance electrician at a General Motors plant outside Cincinnati. He had a quick wit, a love of fun, and a deep faith. When they moved to Anderson, a company town for the auto giant, they raised a daughter. Daryl coached his grandsons in Little League. And they often set off on road trips near and far, including the excursion to Florida.

Once the Pecks returned from Florida, Daryl scheduled a checkup with his primary care physician. An MRI didn’t reveal the tau plaques that are a hallmark of Alzheimer’s. But Daryl’s symptoms and family history—his parents each had dementia—led to a neurological referral. He passed a basic memory test, but his other symptoms led to his grim diagnosis. He asked his doctor if Alzheimer’s would take his life. No, he was told.

“I didn’t want his life to change if it did not have to,” she said. Even if it meant trundling a wheelchair everywhere. Or casting a keen eye for seating a short walk from a restroom. They kept up trips to Gatlinburg. They made short excursions to Reds games—even if they left in the middle innings when Daryl got dehydrated. It also unearthed fault lines. When it became too arduous to attend church, Mona queued up a live stream. But Daryl groused: “You never take me anywhere.”

Early on, Daryl’s dementia was almost imperceptible. He kept working for three years, and Mona’s workload remained relatively modest. But eventually, the little hacks Daryl used to keep track of tools and projects weren’t enough. When he began misplacing equipment, he retired.

Only then did Mona realize how he’d tried to mask changes. “They hide it,” she said. “And it bothered me that I hadn’t been up on it.”

Months later, at a couple’s retreat, Daryl had been subdued. He hesitated to share the news. Privately, in their room, he made a request of Mona: “Can we pray the Lord takes me another way?”

“We simply want him to allow you to pass before it gets to the point I can no longer take care of you,” Mona answered.

Early on, Daryl’s dementia was almost imperceptible. He kept working for three years, and Mona’s workload remained relatively modest. But eventually, the little hacks Daryl used to keep track of tools and projects weren’t enough. When he began misplacing equipment, he retired.

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Soon, health issues triggered more declines, starting with a hip replacement in 2018. When Mona asked Daryl to raise his left leg, he lifted his right. After a knee replacement, he wouldn’t engage in physical therapy so Mona rehabbed his leg. “It was murderous,” she said.

The family put off two more joint replacement procedures, but painkillers left Daryl in a perpetual fog. After other mobility and balance issues—and falls—he refused to get out of bed. It was too painful. After being hospitalized for COVID in late 2020, he had no peripheral vision. His waning coordination meant he couldn’t eat with either hand. Yet Mona made a pledge.

“I didn’t want his life to change if it did not have to,” she said. Even if it meant trundling a wheelchair everywhere. Or casting a keen eye for seating a short walk from a restroom.
From an in-home aide. Mona receives assistance twice a week rather than seeing she was mostly dealing realistically with everything, ” Pemberton said. “I needed to find out whether I was dealing realistically with little mistakes. “It’s not uncommon for caregivers. "You’re just kind of stuck in that space,” Fowler said. "You need to have a certain way to reframe your feelings and address them. Throwing more education at those people isn’t going to work. There’s a need to design something that allows them to acknowledge caregiving is hard.”

Fowler implemented a form of teletherapy. Sachs is trying another model that delivers expertise directly to those who need it. It’s distinct in the American health care system, which excels at providing drugs but struggles with behavioral interventions. Scaling it up is a challenge. Pemberton seeks local partners “close to the ground.” In Indianapolis, it might be CICOA, the state’s largest agency on aging, which funnels home and community-based services to Hoosiers with cognitive disabilities. Identifying potential partners, however, remains a way off for IN-PEACE. Sachs and his team will need to parse data and publish their findings. And then there’s the question of being able to find and train enough staff. Both Pemberton and Vrobel are unique within their field. Each worked in long-term care facilities and hospital settings. Each has first-hand experience assisting family members diagnosed with dementia, ALS, and Parkinson’s. Any program based on IN-PEACE could have training modules for coaching and consulting skills. And while that expertise is essential, caregivers place as much importance on the fact that Pemberton has faced the same crisis of confidence and overcome it. “Not just anybody can walk off the street and do this,” she said. “You need professionals that have extensive knowledge, and they need coaching and consulting pieces.”

“Sometimes,” Pemberton said, “the details can get you fuzzy.” There are times when bad days outnumber good ones, when he refuses to eat or acknowledge her presence. Yet there are also fleeting moments when he finds coherence long enough to bestow moments of grace: a kiss on the forehead, a knowing smile. Recently, Daryl reached up and gently stroked the sleeve of her shirt. He leaned forward and whispered. "I love Mona," he said. “Well, Mona loves you, too,” she said. And a few old habits persist. At night, after slipping a CPAP mask over Daryl’s face, Mona climbs into bed and rests her head on his chest. Then she feels his hand gently stroke her head.

AMY PEMBERTON doesn’t hesitate when describing Mona’s caregiver traits. "She wants to make sure that what she’s doing genuinely serves Daryl," she said. “She’s strong in her faith and remains true to who she is.”

Each month, Pemberton, a nurse, and Andrea Vrobel, a social worker, grew to know Mona and her needs well. As part of IN-PEACE’s protocol, they oversaw 50 pairs of patients and caregivers. In real terms, it meant Pemberton placed a phone call to chat about a patient’s behavioral changes, the side effects of medications, and how Alzheimer’s interacts with other chronic conditions. For Mona and others, it meant having a sounding board for dealing with physicians, family members who critique their care, and transitioning a loved one to skilled care. When patients were stable, their check-ins became a chat between old friends. Instead of following strict protocols, they could tailor their approach and act as a coach or consultant.

They are adaptive to the circumstances caregivers confront. They flesh out advanced care plans. They set goals and boundaries for care that match a patient’s values. With that, caregivers feel more confident discussing medical matters, seeking resources, and adapting as a patient’s disease evolves. For many, it’s a space and time to sit and talk through their concerns and weigh options—with someone who can offer objective insights. “I’m indifferent to the choices you make,” Pemberton said. “I want to give them the risks and benefits.”

Mona’s conversations with Pemberton also rooted her in the reality of Daryl’s disease. “I needed to find out whether I was dealing realistically with everything,” she said. Pemberton saw that Mona’s devotion might lead her to fixate on little mistakes rather than seeing she was mostly succeeding. “You need to have a certain way to reframe your feelings and address them. Throwing more education at them isn’t going to work. There’s a need to design something that allows them to acknowledge caregiving is hard.”

MONA HARBORES NO ILLUSIONS ABOUT DARYL’S FUTURE. There are times when bad days outnumber good ones, when he refuses to eat or acknowledge her presence. Yet there are also fleeting moments when he finds coherence long enough to bestow moments of grace: a kiss on the forehead, a knowing smile. Recently, Daryl reached up and gently stroked the sleeve of her shirt. He leaned forward and whispered. "I love Mona," he said. “Well, Mona loves you, too,” she said. And a few old habits persist. At night, after slipping a CPAP mask over Daryl’s face, Mona climbs into bed and rests her head on his chest. Then she feels his hand gently stroke her head.

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“Sometimes,” Pemberton said, “the details can get you fuzzy.”
DEAN HESS | 10 YEARS OF TRANSFORMATION

TRANSFORMATIONAL LEADERSHIP

BY BOBBY KING | PORTRAITS BY LIZ KAYE
When he became the Indiana University School of Medicine dean in 2013, overnight, Jay Hess went from a relatively open calendar to having more than 150 speaking engagements his first year. He was charged with overseeing a medical school with nine campuses, but he needed a map to find them. And as someone with little fundraising experience, he was a central figure in a fundraising campaign with a goal of $1.3 billion.

As daunting as that may have seemed, Jay Hess, MD, PhD, MHSA, arrived with an impressive list of credentials. He was a skilled pathologist with expertise as a teacher and researcher. His resume included stints at some of the nation’s top medical schools—Johns Hopkins, Michigan, Penn, Washington University and one of the premier teaching hospitals at Harvard. And he came equipped with a set of priorities—outlined over three single-spaced pages—that may sound familiar to anyone who’s been paying attention over the last decade. It spoke about boosting the School of Medicine’s research funding to speed discovery and benefit patients, greater diversity, and building on strengths in neurosciences, cancer, and cardiovascular diseases with targeted investments in those priority areas.

In September, Hess will mark his 10th anniversary as dean, and it’s clear that IU School of Medicine is still following the course he outlined back in 2013. During that span, the school’s annual awards for research funding from the National Institutes of Health more than doubled to nearly $215 million from $97 million. Much of the growth came in areas that are the school’s strengths, particularly neuroscience and cancer. But the research expansion is evident in every corner of the school—from obstetrics to otolaryngology and from pediatrics to surgery.

Despite being relatively new to fundraising, Hess took the case for the School of Medicine to donors around Indiana, Florida, Arizona, and elsewhere. The fundraising campaign raised more than $1.7 billion, far surpassing the original goal. And the school’s endowment—vital for recruiting faculty, funding research, supporting scholarships and faculty chairs—has doubled to $1.17 billion from $579 million.

Academically, the school responded to the national doctor shortage by growing its enrollment 30 percent, mostly at regional campuses, firmly establishing itself as the nation’s largest medical school. To respond to accreditation concerns about a lack of consistency at those campuses, the school adopted a common curriculum, and ensured that students learn from its best teachers, no matter which campus is their home.
Hess not only found his way to those regional campuses but saw major facility upgrades with new buildings in West Lafayette, Evansville, and Bloomington.

In Indianapolis, he’s laid the groundwork for a new medical education and research building that will be the largest construction project in school history.

As it expanded, the student body has grown more diverse while its performance has improved. When Hess arrived, the share of students from populations underrepresented in medicine was 13 percent. In his tenure, that share rose higher than 20 percent, before slipping slightly. While some key administrative posts now have more women and people of color and the school has inched above the national average for faculty diversity, Hess acknowledges that more progress is needed in diversifying the faculty and that continues to be a priority.

Beyond numbers, the school has progressed in other ways. Researchers developed a new FDA-approved treatment for a debilitating bone disease called XLH, which affects children. The school became home to one of two NIH-funded centers pegged to discover treatments for Alzheimer’s. The IU Melvin and Bren Simon Cancer Center joined the nation’s elite cancer centers by earning the National Cancer Institute’s designation for being “Comprehensive,” an honor that made it into the center’s name.

The school’s reinvigorated cardiovascular research program may revolutionize the way we treat the aftermath of heart attacks. The school has become a powerhouse in biostatistics and data science, established a new center to tackle psychiatric disorders of children, and planted a flag in the rapidly evolving field of regenerative medicine.

“The data speak for themselves,” said IU School of Medicine Dean Emeritus D. Craig Brater, MD, Hess’s immediate predecessor. “If you look at the classic three disciplines in academics—teaching, research, and patient care—it seems that over the last 10 years, all of those are hitting on all cylinders. And Jay gets the credit for that.”

Steve Becker, MD, who leads the Evansville campus, said Hess quickly appreciated the need to expand residency slots in Indiana. And his emphasis on expanding funding for research has been “mission critical.” “He will be viewed among our most consequential deans,” Becker said, “the sort that launched the school into the 21st century.”

Discussing his decade at IU School of Medicine, Hess gives a nod of thanks to Brater and his other predecessors as dean. He credits the talent and dedication of researchers, teachers, and staff. He appreciates the key role of philanthropy in major breakthroughs. And, given the enormity of the school and its many functions, he’s learned a key lesson: “There is almost nothing you’re going to get done without a lot of other people working alongside you.”
Chosen from a field of more than 50 candidates, Hess became just the second IU School of Medicine dean (with Charles Emerson, MD, in 1912) who didn’t emerge from within the school’s own ranks. While some saw an outsider, others saw someone with a fresh perspective.

“Jay was at places we had always said were the kinds of places to which we want to aspire—the University of Michigan and (Johns) Hopkins and those places,” Brater said. “By living in those environments, he knew what it meant and what it took to get there. I think it’s very healthy.”

Tatiana Foroud, PhD, now the school’s executive associate dean for research affairs, was a member of the search committee in 2013. She said there’s value in “having seat time” at a place and the ability to understand its rhythms, quirks, and key players. “But it’s also really valuable to bring in people from the outside,” Foroud said. “You also need a totally new way to look at things.”

While his predecessors had worked to grow research funding with some success, Hess found that growth had plateaued—and the school ranked 42nd nationally in NIH funding. From early on, he made it a priority to grow those totals to ensure IU’s place in the nation’s research story, and to help patients. He supported investments in core research facilities. He invested in current faculty and in recruiting people with curiosity and a drive to work hard. And he promoted mentoring for early-career researchers just getting established. “At a high level, medical schools are largely judged by their NIH funding. It is a proxy for excellence,” he said. “The better your reputation, the more people want to come and work at your school. That floats a lot of boats.”

One area where his outsider’s viewpoint may have helped was in the school’s relationship with Indiana University Health.

When he arrived, it wasn’t clear to Hess where IU Health was headed or the enormous effort it would take to bring their visions into line. Soon, he learned IU Health had plans to close University Hospital and move its functions to a new hospital near IU Methodist. This, Hess said, was an “inflection point.”

“They were essentially moving away from the university’s center of gravity,” he said. “I thought it was important that the School of Medicine be front and center there. We’re an academic health system. The School of Medicine is an integral part of that.”

Hess advocated for the school’s inclusion in IU Health’s master plan, and, in the end, the school was given a long-term lease for property where the new medical education and research building is being constructed. IU Health is contributing substantially to its construction.

The closer ties were also evident at the end of 2021, when IU Health made a $400 million gift to the school, money that will be aimed at building diversity, recruiting faculty, and investing in research. These are indicators, he said, of how the relationship has improved. “We are interdependent. Our success is their success, and vice versa. Ultimately, everything we do is about improving health in the state,” Hess said.

Hess credits much of the progress to IU Health President and CEO Dennis Murphy. “We couldn’t have accomplished what we have without Dennis’ leadership and support,” he said. “I don’t think you’ll find a medical school dean and hospital CEO who work better together than we do.”

Murphy came to the health system in 2013 and assumed leadership in 2015. He describes Hess as a “collaborative and compelling leader” who has taken the school to new heights in ranking and reputation.

He said he and Hess have developed a common vision and goals aimed at creating a tighter alignment between the two and improving the state’s health. “From the start, Jay and I shared a belief that by working together, we could make (the school) and IU Health a national leader in academic medicine,” Murphy said.

Distinguished professor and former cancer center director Pat Loehrer, MD, said Hess came at a time when the school-health system partnership was at a difficult stage. “I think he’s done an excellent job of navigating that,” Loehrer said. “I think the school is very well placed.”

The partnership still faces a steep climb when it comes to improving Indiana’s health. The state ranks 35th in overall health, according to America’s Health Rankings 2022 report. While Hess points to some improvement in infant mortality numbers, he recognizes that Indiana faces many health challenges.

Indiana has the fifth highest smoking rate and 12th highest rate of obesity. But there are policy challenges, too. Hess said the state’s investment in public health is low compared to the rest of the country and Indiana has been reluctant to make evidence-based changes, such as increasing the cigarette tax.

And he’s concerned about the doctor-patient relationship. “I think the patient and the physician are the best informed to think the patient and the physician are the best informed to reason for being is to improve the health of people. If we have evidence to say, ‘if you do this, our people will be healthier,’ I think we have a responsibility to at least make people aware of that and advocate for our patients, being careful to stick to the data and the science.”

Speaking to medical students shortly after being hired by IU.

Meeting with faculty in charge of a pediatric immunotherapy program.
Hess has been an advocate in his own way. He’s marched in Indy Pride parades in support of the LGBTQ+ community. In the aftermath of the 2020 murder of George Floyd and the national reckoning on race that it prompted, he appointed professor emeritus Pat Treadwell, MD, as a special advisor and the school’s chief diversity officer. The move, she said, was no window dressing. The school created a task force on diversity and began holding town halls, revised its honor code to oppose racism, and raised the profile of inclusivity and respect.

“I’ve been here for five deans, and he has had the strongest commitment to diversity of all the deans that I’ve worked with,” Treadwell said. “My appointment was evidence of that.”

As Treadwell stepped aside and toward retirement, Hess in January appointed Chemen Neal, MD, to be the school’s first executive associate dean for diversity, equity, inclusion, and justice, as well as chief diversity officer.

Of course, 2020 also brought the arrival of the first documented cases of COVID-19 in the United States. At the outset, Hess saw the gravity of an airborne virus that could spread before a patient shows symptoms. Soon, IU President Michael McRobbie appointed him to lead the committee guiding IU’s response to COVID. When vaccines arrived, he joined a small army of students who were administering them around the state. For Treadwell, it was an example of a leader willing to gain perspective on the big picture by viewing them from the ground level. She added, “I think it is because of his sincerity, his genuineness, and integrity.”

Hess is IU School of Medicine’s 10th dean.

The length of his tenure falls just in the middle of the pack of previous deans, which skewed longer before the 1950s. Yet his 10 years is far above the national average for medical school deans around the country today, where the norm is closer to 4½ years. Some people, he said, aren’t a good fit for a job which can be demanding, complicated, and time-consuming; others get “crosswise” with stakeholders, suffer burnout, or move to more attractive jobs. “I think the ones who stay,” he said, “stay because they are getting things done. That’s a big part of what keeps me here.”

Looking ahead, Hess sees more work to do. The new medical education and research building is due to open in 2024, there’s a re-accreditation visit in 2025, and the new IU Health hospital is due to open in 2027. He wants to see all that to fruition. He also has loftier goals—to see the school reach the top 10 in NIH grant funding for public medical schools and top 20 of all medical schools, public or private. And he is hopeful the school will make truly historic new discoveries, in areas like Alzheimer’s disease and others.

As to what he’s learned on the job, there are a few things. From students, staff, faculty, alumni, donors, and corporate and political leaders, he found that there are plenty of stakeholders, whose interests are sometimes not aligned. “You’re going to get buffeted every day by a lot of things, but, ultimately, you have to remember what the results are that you’re looking for,” he said. “You’ve got to be able to sleep at night—being fair with people, being equitable, feeling that you did your best. And wherever possible, try to get along.”

“Jay Hess has been a truly outstanding dean of the IU School of Medicine and IU executive vice president since his appointment in 2013. He has led the school to new records in research funding, deepened and enhanced the school’s central partnership with IU Health, carried out a major and ongoing expansion of the school’s facilities, standardized the curriculum across all nine statewide medical education centers, hence improving the quality of their training, and improved the overall standing of the school’s education, research and clinical activities. I am personally grateful to him for the vital role he played in IU’s response to the COVID-19 pandemic in ensuring IU mounted a science-driven response to the pandemic and vaccination.”

MICHAEL A. McROBBIE, PHD, UNIVERSITY CHANCELLOR, PRESIDENT EMERITUS, UNIVERSITY PROFESSOR

“HE WILL BE VIEWED AMONG OUR MOST CONSEQUENTIAL DEANS, THE SORT THAT LAUNCHED THE SCHOOL INTO THE 21ST CENTURY.”

STEVE BECKER, MD

Taking time to join medical students in administering COVID-19 vaccines while leading IU’s response to the pandemic.
Ten years ago, IU School of Medicine’s annual research funding from the National Institutes of Health stood at $97 million. A decade later, that number stood at nearly $215 million.

What’s more complicated to grasp are the factors that brought about the explosive growth in research grants for the school that came as federal research spending plateaued and competition has grown fierce. Some key elements were at work.

When Dean Hess arrived in 2013, he set the priority for the school’s own investments in areas where it could be a national leader, such as research on Alzheimer’s disease and specific types of cancer, like multiple myeloma and breast cancer.

The school put money into core research facilities, such as biobanks, data science and gene sequencing tools. Enhancing these capabilities, school leaders say, is an essential aspect of recruiting scientists who may be drawn to a campus with better research tools.

Along with those tools—and robust philanthropic support—the school was able to attract even more talented researchers, many of whom have proven to be a fabulous return on the investments.

Over a decade, it came together to pay off in a huge way—with research grant totals more than doubling.

NIH grant funding to IU School of Medicine has exploded in the last 10 years. How did it happen?

BY: MATTHEW HARRIS AND BOBBY KING

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**You do everything you can to lower barriers and advise and support people because research is difficult,” said Hess. “When the culture is right, everyone in the organization sees some role in education and research and feels that’s part of my job.”**

A portion of the gains were secured from scientists recruited from elsewhere, with the help of $2 million endowed chairs to support their work. A few examples include:

- **Lianna Apostolova, MD**, was recruited from UCLAT in 2015 to become the Barbara and Peer Baekgaard Professor in Alzheimer’s Disease Research. She has subsequently received more than $78 million in NIH funding.
- **Bruce Lamb, PhD**, came from Case Western Reserve University in 2016 to become the Roberts Family Professor of Alzheimer’s Disease Research. He has received more than $449 million in grants.
- Both were named a Distinguished Professor at Indiana University.

At the same time, the school became quite intentional in helping early and mid-career researchers grow their research portfolios and land their first grant. The School of Medicine started the Independent Investigator Incubator (I³) program, which pairs early career scientists—with faculty who are passionate about mentoring and have a track record of securing funding. The early career researcher meets regularly with their mentor to put together a development plan, get guidance on research, and feedback on their grant application. The I³ program has helped faculty build better cases for funding and coached them on things such as the subtle art of grant writing.

“It’s one thing to say you’re going to write a grant,” said, Matthew Allen, PhD, who is the program’s director. “Then you hit any number of roadblocks that are so common. This program helps early-career faculty hit benchmarks and overcome many of the challenges they face when working toward their first big grant.”

Since 2014, the majority of the 140 early-career faculty in I³ have been awarded one or more extramural grants. The program has brought in more than $100 million in federal funding. “The grant process can be very intimidating and overwhelming,” Allen said. “Having a committed mentor walk alongside them can make all the difference.”

In 2008, the Indiana Clinical and Translational Sciences Institute (CTSI) was established through funding by the NIH. The Indiana CTSI is a research partnership with Purdue, Notre Dame, and IU to provide infrastructure support for all investigators and build collaboration across the school and the state. These collaborations have also built key partnerships in industry that have helped develop new therapies. “Collaboration is part of the IU culture,” said Sharon Moe, MD, CTSI’s co-director and associate dean for clinical and translational research.

“That’s very different from the cutthroat environments on the East Coast and West Coast,” she said. “Our Hoosier hospitality is a real thing.”

For example, CTSI creates project development teams for researchers composed of faculty with diverse expertise to review their potential project. After that feedback, the researcher can turn to specific research cores for services, including 40 in Indianapolis, to get their project off the ground. The advice is as important as the small pilot funding, with a return on investment of $29 in external funding for every $1 dollar spent in the program.

“The important thing is we discuss with the person on the front end on what they need and direct them to one of our many programs,” Moe said.

Wade Clapp, MD, knows what it’s like to give a hand—and to need one.

Before he became a renowned researcher and head of a program with $23.4 million in grant funding, Clapp was a young scientist who needed help just to understand some of the basic terminology.

A fellow at Case Western Reserve University, he’d been told to bring a lab notebook, with its grid lines for computations and scale drawings. Instead, he showed up with one of those English composition books with the marble cover. Great for journaling. Less helpful in a lab. His mentor was not pleased. “He looked at me like I was a hayseed from Indiana and pretty much told me the same thing,” Clapp said.

Once he arrived at IU in 1991, Clapp found a more empathetic mentor, working on a project with Hal Broxmeyer, PhD. At meetings and informal chats, Clapp soaked up everything he could from Broxmeyer and others with more experience. And he saw how distinguished faculty operate. “You learn how to do deep and impactful science,” he said.

That culture of mentoring at the School of Medicine is manifested in different ways. Some faculty members are working with colleagues in their own departments—coaching them, helping with their presentations and troubleshooting proposals, making it possible for some investigators to land their first research grants—some multimillion dollar awards.

Apostolova helps other young researchers at IU and elsewhere as a researcher mentor. From there, she advises them on career growth and navigating the academic environment. Often, she finds, the exchange is two ways: “My mentees are sometimes my mentors, too,” she said. “There’s so much we learn and it’s not always unidirectional.”

For all the work that has gone into doubling the school’s NIH awards, the number has remained modest, particularly in recruiting faculty and students. “People look at where you fail,” said Tatiana Freudenthal, PhD, executive associate dean for research affairs. “People want to be at a place known for its success. When you have great talent, it helps our ecosystem in Indiana.”

The research expansion has been broad based, with departments across the school increasing their NIH grant funding. Pediatrics moved from 13th to 6th in NIH funding among departments of pediatric and Medical and Molecular Genetics is now ranked 6th as well. Obstetrics and Gynecology improved from 40th to 21st in NIH funding. All told, the school has seen awards more than double, from $78 million in NIH funding in 2012 to $100 million in federal funding in 2022. The majority of those dollars are spent on investigator initiated research, with some going toward the school’s core research facilities and endowment. It’s a virtuous cycle.

“From the funding, we’re able to support our core programs, which have been in place for years,” said Dr. James Martin, PhD, associate dean for research affairs. “This ongoing support helps us to maintain our clinical and translational research environment. It’s not always unidirectional.”

Ultimately, though, research—and research funding—is about discoveries that can make a difference in the lives of patients. As Hess said: “We’re teaching people to do more than practice status quo medicine. For our researchers, it’s not about the grants. It’s about having an impact on people’s lives.”

**KEEPING THE MOMENTUM**

**DEAN HESS | 10 YEARS OF TRANSFORMATION**

“We’re teaching people to do more than practice status quo medicine. For our researchers, it’s not about the grants. It’s about having an impact on people’s lives.”

DEAN HESS
Drug makers have poured billions of dollars into the search for an Alzheimer’s drug. As the failures piled up, many abandoned the search. Four years ago, though, IU earned a $36 million grant to launch a drug discovery center.

The center’s faculty curates a list of potential drug targets submitted by the government, private industry, and non-profit organizations. If a candidate emerges, it packages information about its structure, chemistry, and preclinical data to share with groups interested in exploring the drug’s potential.

Researchers use biological samples to better understand neurological diseases and develop therapies. And they find them at a biobank maintained by IU School of Medicine.

Since the early 1990s, the repository has collected more than 500,000 samples. Often, they’re used in the search for biomarkers of the disease. Because the condition is at work years before symptoms appear, having a biomarker test would help us catch it earlier.

Five years ago, the biobank used NIH funding to expand operations—and help accelerate the pace to reach a national goal of developing effective prevention and treatments by 2025.

The CTSI helps scientists move their research from the lab to the clinic. It is a one-stop shop for researchers, with project development teams, expertise in drug development, and centralized cores that provide essential services to scientists.

Ideally, a researcher brings forward a project to a development team for advice on how to structure their project. Once they have data, that faculty member can return for help translating it to preclinical development.

In its recent renewal application, the CTSI pitched a program that helps basic science researchers stand up clinical trials.

In 2006, the NIH brought together an international consortium to amass rich data on HIV worldwide. That database stores information on more than 2.2 million people living with or at risk for the disease. And it falls to IU to coordinate the effort in East Africa.

That mission took on a new dimension during the pandemic, which interrupted long-term HIV care around the globe. As a result, the consortium’s East Africa arm is exploring its effect on helping patients maintain treatment to suppress the virus.

This most recent round of funding will also allow the regional arm to explore the long-term impact of tuberculosis and cervical cancer diagnoses among HIV patients.
A DIAMOND IN THE MIDWEST

BY: MATTHEW HARRIS

THE FIRST TIME Dean Hess met Paul Wallach, MD, the circumstances weren't ideal.

In early 2017, IU School of Medicine was gearing up for a stressful rite: reaccreditation. To have it renewed, the school would host a visit by officials from the Liaison Committee on Medical Education. To prepare, the school staged dry runs.

“We were struggling,” Hess said.

They were the latest in a series of growing pains Hess encountered early in his tenure. Previously, IU had scaled up enrollment by 30 percent to address a looming physician shortage in Indiana. Doing so meant increasing head counts at eight regional campuses and shifting them from teaching two years of basic science to a full four-year curriculum.

Under LCME guidelines, a medical school requires a uniform curriculum which must be deployed in a comparable way at schools with regional campuses—the opposite of IU’s system at the time. From their inception, most regional campuses operated with considerable independence. When the school adopted a new common curriculum, faculty who had long taught courses they created now used materials prepared by others and taught as part of a team.

“There was a small number of people who just couldn’t go along with it,” Hess recalled.

Meanwhile, the school had to sway potentially skeptical LCME officials that the school’s education was comparable across its nine campuses. Hess hired consultants. The process included a simulated or “mock” site visit. One member of the trio was Wallach, then-vice dean of academic affairs at the Medical College of Georgia.

Over several days, Wallach made a lasting impression on Hess. After the school’s credentials were renewed, Hess wooed him to Indianapolis. “It was clear to me Paul had this incredible knowledge base,” Hess said. “I worked to get Paul here so we would have someone of that caliber.”
NOW, THOSE EARLY strains have proven to be worth the effort.

With more than 1,400 students (approximately 40 percent are based at regional campuses) IU remains the nation’s largest medical school. Each regional campus has carved out a distinct niche. Three of them have relocated to newly constructed facilities. And the school has made marked improvements in preparing graduates to excel once they leave IU behind and begin residency.

From his sixth-floor office at Fairbanks Hall, Wallach recalled the ambition he and Hess share. “When I was being recruited, we spoke about the development of a prem squad medical education program,” said Wallach, executive associate dean for educational affairs. “This was a place that could become absolutely spectacular.”

By the time Wallach arrived in 2018, enrollment was cresting, and the new curriculum had been rolled out. His task was to do more than keep it all humming. “It’s the biggest sandbox to play in,” he said.

The new curriculum streamlines a student’s first two years, shaving off several months and getting students to clerkships earlier. A series of brief courses were created to manage the transition. By their fourth year, IU students focus on professional communications, and ethics. Short intercessions impart skills in behavioral health, research, and rotate among subspecialties across the state. Outside of three advanced clerkships (emergency medicine, obstetrics, and pediatrics), the new curriculum had been rolled out. His task was to do more than keep it all humming. “It’s the biggest sandbox to play in,” he said.

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The school also launched 17 scholarly concentrations across the state, drawing on each campus’s faculty, expertise, and character. The programs involve electives, a research project, and targeted mentoring. Unlike traditional certificates, there’s no added time or cost. Most students can complete the entire concentration prior to graduation. “The concentrations allow a student to focus their education on topics such as health disparities and urban health care, rural health, biomedical engineering, or the business of health care. They also enable campuses to claim an area of excellence,” Wallach said.

ALMOST EVERY OBJECTIVE metric shows the plan is working.

Students scored above the national average on all exams given at the end of their clerkships. This spring, the Class of 2023 had a match rate of 99.7 percent, sending graduates to New York University, Johns Hopkins, Stanford, and Yale, to name a few. A survey of residency program directors found that almost 98 percent reported IU graduates were equal to or above the expected competency level.

To Wallach, it reflects that the school is upholding its duty.

“We don’t just teach medical knowledge for the sake of it,” he said. “The people who graduate from these programs are entrusted to care for me, you, our families, and our communities. There’s a sacred trust involved in educating doctors. It’s critical that our graduates are extremely capable.”

“To make it easier for Hoosiers to access care, there’s not only a need to graduate more doctors but also to create more residency slots in Indiana. In the last five years, the School of Medicine has expanded residency slots at IU Health Arnett in Lafayette and partnered with four hospital systems to launch primary residencies in Evansville. Steve Becker, MD, who has overseen the Evansville campus for 13 years, said that growth can’t be undersold. When Hess was hired, Becker and a local consortium of business and political leaders were pushing the state legislature to fund a portion of 94 positions as part of the Southwest Indiana Internal Medicine Residency program.

Hess was enthusiastic about the idea and that mattered when the group met with the powerful heads of appropriations committees and then-Gov. Mike Pence. “He’d only been here a couple of months, but he rapidly wrapped his arms around the idea,” Becker said.

The first class of new southwest Indiana residents is getting ready to graduate, and they’ve already made a difference. Before the program started, two internal medicine physicians—older than 75—served patients in a 10-county area around Vincennes. Under the expansion, four physicians and 16 residents now handle that patient volume. “It will be that way for the next 40 years,” Becker said. “That’s impact.”

IU’s EVOLUTION is ongoing.

As the school constructs a new building just north of downtown Indianapolis, Hess envisions classrooms as venues for small group learning and fewer passive lectures. “More discussions,” he said. “More of the students working through a problem and generating their own approach to finding solutions.”

The school was ahead of its peers when it began incorporating new diagnostic tools like point-of-care ultrasound. The new building will also have dedicated 3D printing, virtual reality spaces, and telehealth simulation. “We want to be a medical school that’s leading rather than following,” Wallach noted.

Meanwhile, Hess wants the school to strive for “more engagement with the community and more of an understanding about how social determinants of health impact outcomes.” The school earned a $17 million federal grant to enhance the education about primary care, health equity, and enhanced health care technology. The grant has provided faculty funding for 18 health equity research projects across Indiana.

Soon, the School of Medicine will start gearing up for another LCME renewal process slated to take place in 2025. Odds are there won’t be as much angst this time.

“IU School of Medicine is a diamond in the Midwest,” Wallach said. “I would love for our reputation to grow to the point where folks everywhere would see us as a destination.”

“There’s a sacred trust involved in educating doctors. It’s critical that our graduates are extremely capable.”

PAUL WALLACH, MD

IU School of Medicine gears up for a visit from the Liaison Committee on Medical Education.

Paul Wallach, MD, serves as one of three consultants for the reaccreditation.

The school launches 17 scholarly concentrations across the state drawing on each campus’s faculty, expertise, and character.

The school’s match rate reaches a five-year high in 2022.

Almost 98 percent of residency program directors report IU graduates equal to or above the expected competency level.

IU earns a $72 million federal grant to enhance primary care education and health care technology, including funding for 18 health equity research projects across the state.

Next LCME reaccreditation renewal process.

2025
We know that the more diverse that physicians and other health care providers are, the better results are going to be for diverse populations.

A FOCUS ON DIVERSITY, EQUITY, INCLUSION AND JUSTICE

BY: BOBBY KING

BEFORE 2020, IU School of Medicine was working to improve the diversity of its faculty, providing scholarships for students from populations underrepresented in medicine, and studying how Black women are more susceptible to aggressive breast cancers.

Then, the COVID-19 pandemic hit, casting a harsh light on racial disparities in health care. And the public murder of George Floyd renewed the nation’s push for racial justice. Both issues resonated with the IU School of Medicine community, providing the impetus for renewed efforts in these areas.

Dean Hess responded in June 2020 with a set of actions aimed at improving the school’s climate, sense of security and belonging, particularly for people of color. That included reviewing data on the school’s racial diversity and inclusiveness; town halls to get input on the subject; training for faculty and students on unconscious bias; and enhancements to the curriculum to address health disparities. He followed that by naming professor emeritus Pat Treadwell, MD, to a new role as Special Advisor to the Dean and Chief Diversity Officer.

Moving ahead to January 2023, Hess named Chemen M. Neal, MD, to be the school’s first executive associate dean for diversity, equity, inclusion and justice, and chief diversity officer, taking the place of Treadwell in an elevated role.

“One avenue to improving diversity is to make IU School of Medicine more welcoming and inclusive at every step of the way—not only for faculty, but also for medical students, residents and fellows—making them more likely to stay in Indiana to practice medicine.

“We need a great environment so we have to work on our culture and making all parts of our organization inclusive for the people that work here,” she said. “We can’t get people to come here if they don’t think it’s a safe place to work.”
There are many benchmarks for gauging the success of a medical school—research grant funding, metrics for student performance, and advances in patient care. For IU School of Medicine Dean Hess, another important indicator has been when talented faculty recruits from other schools say, “Yes, I want to be a part of that.” Here’s a look at some who have said yes during his tenure.

BY: MATTHEW HARRIS AND BOBBY KING

KARL BILIMORIA, MD, spent more than a decade carving out various leadership roles at Northwestern Medicine and its network of 11 hospitals. Yet Bilimoria recognized a compelling opportunity in Indianapolis.

He saw a close-knit camaraderie and a stellar leadership culture at IU School of Medicine, its alma mater. The school and IU Health were surging, and that momentum, paired with an extensive health system, offered the chance to improve care across Indiana. Gary Dunnington, MD, who was retiring as chair, had positioned the department as a national leader in training.

Now, Bilimoria is carrying that spirit of innovation forward to elevate the department further and place it among the national leader in training.

LJANA APOSTOLOVA’S decision to leave UCLA for IU School of Medicine came down to several factors. Everyone from Dean Hess to her potential colleagues had a clear vision to grow the Alzheimer’s research program. There were scientists, led by Andy Saykin, PhD, MS, who shared her interest in brain imaging and genetics. And she found they were eager and willing to collaborate.

The commitment to growth stood out. Many schools make such pitches, she said, but IU came with a plan on how they would invest in Alzheimer’s research. “You become not just a building block but an empowered person with the necessary resources to fulfill whatever mission you are tasked with,” she said.

Another key was an endowed chair—the Barbara and Peer Backgaard Chair in Alzheimer’s Disease Research—waiting for her. All of it added up to an attractive place where she could thrive. “It’s fabulous that I came. I have no regrets,” she said. “It’s been a great ride.”

RICH ZELLARS was drawn to IU, from Johns Hopkins University School of Medicine, for several reasons. He was drawn to IU, from Johns Hopkins University School of Medicine, for several reasons. He was drawn to IU, from Johns Hopkins University School of Medicine, for several reasons. He was drawn to IU, from Johns Hopkins University School of Medicine, for several reasons. He was drawn to IU, from Johns Hopkins University School of Medicine, for several reasons. He was drawn to IU, from Johns Hopkins University School of Medicine, for several reasons. He was drawn to IU, from Johns Hopkins University School of Medicine, for several reasons. He was drawn to IU, from Johns Hopkins University School of Medicine, for several reasons.

Zellars was eager for the chance to rebuild the radiation oncology department and show the rest of the school community that it could be a good potential collaborator on research studies. In that regard, Zellars said, “I believe we have been very successful.”

SUBHA RAMAN’S interest in IU School of Medicine was piqued, when the school began recruiting her from The Ohio State University College of Medicine, by IU’s scale and reach.

“We have a chance to impact the population in a way that very few organizations around the country do,” Raman said. Raman cultivated expertise in using MRI as a diagnostic tool. And once she arrived, she framed her opportunity in those terms. Each hydrogen atom captured by MRI is a little magnet that spins constantly, and each atom has its own rate and direction. “I saw the opportunity at IU as aligning all those spins.”

BRUCE LAMB’s reaction to his recruiting visit to IU School of Medicine is exactly what you want to see from a prospect: “It was like, ‘Wow, we can really do something here,’” Lamb said.

He was impressed by the scientists—talented, and eager to collaborate—all ready here. He was impressed by the facilities—the Neurosciences Research Building and IU Health’s Goodman Hall—and the partnership between the school and the hospital system.

And then there was the endowed chair he was offered—the Roberts Family Chair of Alzheimer’s Disease Research. Lamb’s move from the Cleveland Clinic to an executive director’s role at Stark came with great responsibilities. The chair provided support he needed so he could focus on the job—building the program and recruiting talent. “If there wasn’t an endowed position, that probably would have been a deal breaker,” he said.

IU offered me the opportunity to make even more of a difference...
IU research leads to FDA-approved drug for debilitating bone disease

Usually diagnosed in childhood, X-linked hypophosphatemia (XLH) is an inherited form of rickets that’s somewhat rare—affecting one in 20,000 people—but it can have dramatic effects. Along with rickets, XLH causes bowed legs, short stature, and dental abscesses in children. It can cause lifelong symptoms such as bone pain, fractures, and impaired mobility in adults.

Becca lift lived with XLH—and the pain—for most of her life. When her daughter Zofia was diagnosed with it before her first birthday, it looked like history might repeat itself.

But research at IU School of Medicine in 2018 led to the Food and Drug Administration’s approval of a new treatment for XLH that’s making a big difference in the lives of patients.

Burosumab normalizes the low levels of phosphate in a patient’s blood that cause bone problems and symptoms. It targets a bone hormone, called FGF23, discovered by IU faculty members Michael Econs, MD, and Kenneth E. White, PhD—that causes phosphate deficiency. The discovery led to burosumab, now under the brand name Crysvita, which targets the effects of the hormone. Clinical trials were led in part by IU physicians Munro Peacock, MD, and Erik A. Imel, MD, who was Zofia’s physician.

Zofia began receiving the treatments at age 4. Her once bowed legs straightened. “Toes that turned inward now point ahead. Legs that were once much shorter than her torso grew more proportional to her body. “It’s exciting just to see the way it works in your body,” Becca said.

Zofia is doing so well she’s taking ballet and tap dance classes. Her mother says she keeps up with the other kids her age. Becca has benefitted, too, with Crysvita easing her pain.

More than 3,000 children and adults have been treated with Crysvita in North America. The drug has also been approved for use in multiple other countries. The previous treatment—taking pills multiple times a day—was difficult, often with limited effect. Many children needed leg surgeries. Crysvita injections—every two weeks for children, every four for adults—is both easier to manage and more effective, Imel said.

“It has been a joy to see the look on parents’ faces after the children start burosumab, and they see their children’s legs straighten, and their growth and physical activity improve,” Imel said. “We hope this will translate into fewer surgeries and better mobility into adulthood.”

The celebration marked the pinnacle of a 20-year march toward the elite status.

The IU Simon Cancer Center becomes “Comprehensive”

Pat Loehrer, MD, knew before anyone else. And, for a few moments, he savored the privilege.

For 20 years, the Indiana University Melvin and Bren Simon Cancer Center had been climbing toward the summit of elite cancer centers in the country—those that the National Cancer Institute deemed “comprehensive” in their cancer research capabilities.

Already strong in many areas, the cancer center systematically worked to close the remaining gaps. It built a portfolio of population research. It expanded clinical trials to hospitals around Indiana, showing its wide reach. It compensated for a lack of state funding with sizable gifts from donors and foundations. And it began to land larger government grants, including those that required collaboration with other institutions. Steadily, the cancer center improved during its National Cancer Institute reviews.

Finally, in 2019, word came via email to Loehrer—by then the cancer center’s director for 10 years—that the NCI’s latest review had put the cancer center over the top: It was “comprehensive.” As he read the words, Loehrer was overcome. “It was an unusual time in life when you read something no one else has read,” he said. “I was moved to tears.”

There was a grand celebration and name change to mark the achievement: IU Melvin and Bren Simon Comprehensive Cancer Center. In a rare move, the acting director of the NCI appeared on campus to make the formal announcement. The real payoff came in other ways as it joined a prestigious group of only 51 comprehensive cancer centers in the nation.

“IU’s grant applications seem to get more attention,” Loehrer said. “Comprehensive status is yet another carrot to dangling.” The center became eligible for more research dollars, enabling the IU Simon Cancer Center Network to increase its research productivity and expand cancer research to all 17 IU campuses. And the IU Simon Cancer Center became a member of the National Comprehensive Cancer Network, which sets national guidelines and standards for cancer care.

And, especially for those who’d been around the cancer center for a while, the Comprehensive designation adds up to new reasons for swagger. “You work each year. You hope you get it. At the end of it, you realize it’s not one person that’s responsible,” Loehrer said. “This is a team sport. And we won the championship.”

Setting Our Sights on Alzheimer’s Disease

Decades of intensive work and billions of dollars have been poured into the hunt for a treatment for Alzheimer’s disease—so far, without success.

The challenge has been so steep that some pharmaceutical companies pulled back from the quest, prompting the need for another approach to revitalize the pipeline for Alzheimer’s drugs. In 2019, IU School of Medicine—known for its leadership and broad capabilities in Alzheimer’s research—was tapped by the National Institutes of Health to do just that.

The NIH awarded the School of Medicine $36 million to explore potential drug targets submitted by the government, drug companies, and non-profits.

Known as the TREAT-AD Center: the IU-led effort is being conducted in partnership with the Purdue Institute for Drug Discovery. It is one of only two multi-institutional teams chosen by the NIH to pursue new Alzheimer’s drugs.

Co-directed by IU’s Bruce Lamb, PhD, and Alan Palkowitz, PhD, the center aims to explore two promising targets each year. So far, they’ve stayed on schedule.

The center is now focused on exploring targets that cause a type of immune cell, called microglia, to set off a tragic feedback loop in the brain. Microglia are supposed to protect fragile neurons by breaking up a plaque known as amyloid. But sometimes, the switch for that clean-up process gets stuck and cells instead start damaging neurons.

Early on, the center focused on a target that blocks signaling to turn off microglia. The question was whether it could be drugged. New, researchers have amassed enough data to seek funding to explore molecules that might do the job.

Keep an eye on the TREAT-AD Center. As challenging as its task remains, it continues to be a source of hope in the fight against Alzheimer’s disease.

BY: MATTHEW HARRIS AND BOBBY KING

The World’s First Therapy for Rare Tumors

Nearly three decades ago, Wade Clapp, MD, made a curious decision about the disease he would study.

Clapp chose neurofibromatosis, which affects less than 100,000 people, many of them children, and one given so little attention that it was considered an “orphan” disease.

Born with a lone copy of the NF1 gene, patients develop tumors in the sheath of tissue covering nerves. While the tumors are usually benign, they can foreshadow rare childhood leukemias or sarcomas. The gene mutation also shows up later in breast cancer, lung cancer, brain tumors, and melanomas.

Clapp’s lab outlined the biochemical processes that power the tumors, developed mouse models for drug development, and saw them used in the trial that won approval for the world’s first therapy for neurofibromatosis.

Clapp, who chairs the Department of Pediatrics, is now leading the next step.

In 2021, IU earned an $11.4 million NIH grant to study how the NF1 gene interacts with a protein that drives several forms of cancer. The study brings together the National Cancer Institute and medical centers at Johns Hopkins, Memorial Sloan Kettering, UT Southwestern, the University of California-San Francisco, and the University of Pennsylvania.

Ideally, the program will amass data and identify existing drugs to treat rare tumors caused by NF type 1—findings that will translate to other cancers. Clapp’s group at IU is heading up basic discovery in those NF1 tumors. Other scientists are trying to understand the role of NF1 mutations in glioblastoma and a form of juvenile leukemia.

“They’re already making headway. In February, data showed the group might be able to launch three clinical trials. When asked about the significance of the work to the school, Clapp, an IU Distinguished Professor, said: “We’re a shining star in the Midwest. This grant is representative of all the great work that’s done at the school—not just in this area.”
Building a Legacy

The School of Medicine upgraded facilities to match its regional campuses’ growing size and role.

By: Matthew Harris and Bobby King

When Dean Hess came to IU School of Medicine, he hit the road to visit the eight campuses outside of Indianapolis. Immediately, he saw the need to upgrade some facilities. The West Lafayette project was underway, while the others followed in subsequent years. Here’s a look at what they meant to students.

Bloomington: IU Health Regional Academic Health Center

Once Katherine Hiller, MD, MPH, arrived in 2020 to lead IU School of Medicine—Bloomington, she received a welcoming gift: a new medical education building. “They said, ‘Here it is, hope you like it,’” recalled Hiller, the associate dean.

Sleek and elegant in design, the space has flexible classroom space, kitchenettes, and communal areas. You can reserve meeting rooms by scanning a QR code. And the anatomy lab is no longer crammed into the basement of the Biology Building on the main IU campus. The potential of the $45 million building, which opened early in the pandemic, is only now being realized. It adjoins the new IU Health Regional Academic Health Center, and the proximity is critical. Students are a short walk from preceptors. Once they begin clinical years, they can return to familiar spaces. “They would go off to the hospital and not come back,” Hiller said. “Now, they still feel connected.”

IU School of Medicine’s roots, stretching back more than a century, are planted in Bloomington. But basic science and health professions programs evolved in a vacuum. Each year, the school receives 400 applications from Bloomington undergraduates—many of whom didn’t know the school was nearby. “The new building,” Hiller said, “is a giant yellow highlighter to let them know we’re here.”
“It’s continuing to grow, and we’re looking to offer students great opportunities and for ways to expand what they do.”

MATTHEW TEWS, MS, DO

EVANSVILLE: The Stone Family Center for Health Sciences
A decade ago, a consultant asked Steve Becker, MD, what was more important for IU School of Medicine—Evansville: More residency slots? A new home for medical education? With the area facing a physician shortage, his choice was easy.

“If we could get the community and everyone else together to build the center, residencies would be a done deal,” said Becker, who has led the campus for 13 years. “He looked at me like I had horns growing out of my head.”

The Stone Family Center for Health Sciences, which opened in 2018, embodies that wisdom. At 145,000 square feet, the School of Medicine now has ample room, including an anatomy lab and top-flight simulation centers. While enhancing education, Becker says the school’s presence helped revitalize downtown Evansville.

New hotels have opened nearby, and a gleaming YMCA facility. A student-focused apartment complex is going up. Most of its students live within walking distance. Making the facility a reality forged ties among business leaders, elected officials, and four hospital systems—links vital in creating almost 90 new residency positions.

“When people drive by here, there’s a big difference,” Becker said. “The Stone Center is a symbol that things get done here.”

WEST LAFAYETTE: Lyles-Porter Hall
When the IU School of Medicine—West Lafayette campus opened in 1969, it was a beta test for the regional campus model. Yet for several decades, medical students spent their days in the basement of Lynn Hall, the veterinary medicine building on Purdue’s campus, yearning to see the sun.

That changed in 2014 with the opening of Lyles-Porter Hall. Today, the medical school has settled into its portion of the $38 million facility, home also to Purdue’s Department of Speech, Language and Hearing Sciences and several other health professions programs.

Today, both Purdue and IU are proud of the partnership, which includes a scholarly concentration that allows IU medical students to tap into Purdue’s expertise in biomedical engineering. “That’s quite unique,” said Matthew Tews, MS, DO, associate dean of the West Lafayette campus. “It’s continuing to grow, and we’re looking to offer students great opportunities and for ways to expand what they do. These are the hallmarks for us.”

In other ways, the IU-Purdue rivalry never entirely fades. “There’s a little bit of red and white inside a Purdue building,” Tews said. “There are collaborations and publications that come out of our relationship, but that goes away on an intramural field.”

Generosity in action
Philanthropy has been crucial to IU School of Medicine in the last decade—creating new spaces for teaching and research. Here are four ways that generosity made a difference.

BY: BOBBY KING

A Match Made in Evansville
Evansville natives Bill and Mary O’Daniel Stone are making an indelible impact on their hometown—and health care in southwestern Indiana—with a pair of gifts that have transformed IU School of Medicine—Evansville.

In 2018, the Stones gave $15 million toward the construction of the Stone Family Center for Health Sciences—a dynamic home for the School of Medicine and health science programs for the University of Evansville and the University of Southern Indiana.

For medical students, it meant new classrooms, labs, simulation centers, and collaborative spaces to learn alongside future nurses, physical therapists, and physician’s assistants.

In 2022, the Stones followed that with a $34.2 million commitment to establish the Mary O’Daniel Stone and Bill Stone Center for Child and Adolescent Psychiatry at IU School of Medicine—Evansville.

It seeks to fundamentally alter and improve the standard of care for people with bipolar disorder while dramatically increasing access to psychiatric care for children and adolescents in the region.

The gift includes funding for three new endowed chairs and six child and adolescent psychiatrists/fellowships. It also supports creating an innovative data platform that will aid researchers by compiling millions of patient records across the United States.

Combined, the gifts are making Evansville a new health sciences destination in the Midwest—a concept Bill Stone relishes. “I always look at it by asking, ‘Why not Evansville?’” Stone said. “There are people here just as smart as anywhere. So, let’s get on with it.”

Learn more about the Stone Family Center for Health Sciences at go.iu.edu/stone-family-center.

Bill and Mary O’Daniel Stone have invested generously in IU School of Medicine—Evansville, boosting their hometown at the same time.
A New Push in Immunotherapy

Don Brown’s curiosity usually pans out. During his first year at IU School of Medicine, the Indianapolis native flipped through an IUPUI course catalog and came across a new class in computer science. Three years later, he returned to medical school with a master’s degree in the field.

And while Brown earned an MD in 1985, his path lay in programming, paving the way to founding three tech companies and starting LifeOne, which weaves in biomedicine. The proceeds from the sale of Interactive Monoclonal and the Vera Bradley Foundation for Breast Cancer have taken its support to stop this deadly disease to new levels.

But Brown’s instincts remain prophetic. As impressive as the sum of their giving is the fruit of those gifts—more than 1,300 discoveries published in peer-reviewed journals. The center’s work has included initiatives in precision genomics—which treats each patient’s cancer individually, based on the specific characteristics of the patient and their disease. Two clinical trials with dramatic results were developed for triple negative breast cancer patients.

In 2022, the foundation pledged $12.5 million for research with the potential to shift the landscape in breast cancer treatment—immunotherapy. Already, five new clinical trials are in development. In between, the foundation established two new chairs in breast cancer research.

And they support Vera Bradley Scholars, the next generation of breast cancer scientists.

All told, Vera Bradley’s contributions over more than 30 years—built from a portion of retail sales, proceeds from annual golf and pickleball tournaments, and other events—have put $50 million toward IU breast cancer research. Their support has been the critical link necessary to discover, develop, and deliver treatments to patients.

In gratitude for the generosity of the Fort Wayne-based foundation, the School of Medicine created the Vera Bradley Foundation Center for Breast Cancer Research at the IU Simon Comprehensive Cancer Center, where more than 25 investigators collaborate daily on breast cancer discoveries.

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The Vera Bradley Foundation’s two-decade commitment has helped researchers like Hari Nakahatori, PhD, (left) and Kathy Miller, MD, (below) make progress against aggressive forms of breast cancer.

A Campaign of Thousands

IU School of Medicine’s mission sounds straightforward: prepare healers and transform health. But an essential ingredient to fulfilling it is philanthropy. And in the last decade, generous donors stepped up in big ways and small ones.

Consider that more than 35,000 donors made more than 104,000 gifts to IU School of Medicine. During For All: The Indiana University Bicentennial Campaign, donors called to help the medical school with $1.7 billion—almost 32 percent above goal.

That generosity does many things. It makes a medical education attainable for deserving students. It helps recruit talented faculty. It underwrites research at every stage—from explorations in the lab to clinical trials serving patients around the state. It helps build new facilities and outfit them with the latest technology. It empowers students to run outreach clinics to serve Hoosiers without access to care. And it has made it feasible for AMPATH to help Kenyans fashion a health system that meets their needs.

Philanthropic gifts create a pool of stable resources that enable the school to pursue long-term objectives and exciting opportunities that inevitably arise. Last year, endowments with the potential to shift the landscape in breast cancer treatment—immunotherapy. Already, five new clinical trials are in development. In between, the foundation established two new chairs in breast cancer research.

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NEW TAX LAW BENEFITS IRA OWNERS

Like many legal, tax, and financial professionals, I pay close attention to what happens in Congress at the end of the year. Sometimes, they squeeze a tiny new tax provision into larger bills. At the end of 2022, that’s precisely what happened. And the new tax law is good news for IRA owners.

For the first time, IRA owners aged 70½ can now make a tax-free distribution (up to $50,000) direct from an IRA into a charitable gift annuity (CGA).

A CGA is a simple contract between you and a public charity, such as Indiana University. It is funded with an irrevocable gift and, in return, the charity pays you a stream of fixed income for life. When the CGA terminates, the charity uses the assets remaining in the CGA to continue its charitable mission.

BEFORE 2023, any IRA distribution into a CGA was taxable—sometimes at a tax rate as high as 37 percent. Ouch! For older retirees, unfortunately, that IRA distribution wouldn’t help satisfy the IRS’s required minimum distribution (RMD).

However, this new tax law changes all that. Now, someone who is 70½ can fund a CGA by making a tax-free distribution (up to $50,000) direct from an IRA. Fortunately, this distribution is not taxable income and counts toward satisfying your annual RMD. In addition, if an IRA owner’s spouse owns a separate IRA, the spouse can also make a tax-free distribution into the same CGA—doubling its size.

That makes funding a CGA in 2023 a good idea.

CGA PAYOUT RATES INCREASED at the start of the year and are now at the highest level in over a decade. An example: If you are age 75, your payout rate is now 6.6 percent, up from 6 percent last year. For a $50,000 gift direct from your IRA, you would now receive $3,300 annually for life instead of $3,000. Over 15 years, this higher payout rate will provide you with an extra $4,500.

NEW TAX LAW BENEFITS IRA OWNERS

It would take another couple pages to fully expound on the finer details of IRA distributions and the mechanics of a CGA. But this is the big picture of how IRA owners can benefit from this new law. If you wish to explore a gift annuity, whether it’s funded direct from your IRA or with non-IRA assets, please contact me. I’d be happy to talk with you and your legal and tax advisors.

LEARN MORE

If you have any questions about a charitable gift annuity, please contact Tim W. Ueber, IU School of Medicine’s director of planned giving, 317-274-0187 or twueber@iu.edu.

A year from now, construction of IU School of Medicine’s new Medical Education and Research Building in Indianapolis will hit a key milestone—the topping out. It’s when work on the 11-story building reaches its highest point.

There’s still much work left for us to get there. You can help us reach new heights.

DONATE AND MAKE A DIFFERENCE

medicine.iu.edu/building-the-future
From AIDS to Population Health explores a unique collaboration between the medical schools at Indiana University and Moi University in Kenya, as it progressed from combating the HIV/AIDS epidemic in East Africa to the building of a national plan to provide universal healthcare to all. The Academic Model Providing Access to Healthcare (AMPATH) program focuses on the medical education of healthcare professionals who are building communities that can take care of themselves.

Over its thirty-year history, AMPATH has served more than a million clients and trained 2,600 medical professionals and community health workers, always guided by its motto “Leading with Care.” From AIDS to Population Health presents their compelling stories and explores the program’s continuing legacy.