THE PRICE TAG FOR EXCELLENCE
CAMPAIGN ANNOUNCED
BY ROBERT MENDELSON

On paper, there were many reasons why Matthew Hayn was an outstanding medical school applicant for the Class of 2003. He would graduate magna cum laude from Muhlenberg College, in Pennsylvania. His MCAT score surpassed the 10.5 average of Pitt’s incoming medical students. He had always been an active community volunteer. In addition, Hayn sang in Muhlenberg’s choir, cocaptained its cross-country team, and helped secure a national charter for his fraternity.

Well-rounded credentials. But for an 8-year-old named José, credentials meant nothing. After enduring a five-hour bus ride from his home in Connecticut to a summer camp in the middle of New Hampshire, little José didn’t need an ambitious premed as his counselor. He needed a shoulder to cry on.

“He was really homesick,” recalls Hayn, who was the boy’s counselor in 1996. “During the day, he was fine. When kids are running around playing, they don’t think about how much they miss Mom.”

Nighttime was a different story. “I would take him outside and try to cheer him up and remind him how much fun he was having.”

After awhile, José wouldn’t feel so bad. “I’d give him a hug and send him back in the cabin,” says Hayn.

By the end of José’s stay, Hayn noticed his new friend had become more outgoing. The next summer, Hayn was back at camp. So was José.

This time, he came back for two weeks instead of one. And he wasn’t homesick. Near the end of that second summer of camp, José sought out Hayn. “He just wanted to thank me for being his friend the year before and for giving him the hugs.”

Not only did Hayn excel academically, but he clearly excelled in helping people. When it came time to apply for medical school, the real question was what school wouldn’t want him. Pitt certainly did. So did others. “Pitt and Columbia were sort of neck and neck as my number one choice,” he says. As they neared the homestretch, Pitt made its move. “I was just about to arrange a second meeting with Columbia . . .” says Hayn, “when I got a telephone call from Pitt.” It was from the Medical Alumni Association: He had been awarded a merit-based scholarship that would pay nearly half his tuition.

That was good news. The son of a Lutheran minister, Hayn describes his financial situation as “typical middle class,” which made the expense of a medical education daunting.

After telling Hayn the news, the caller said, “So, I assume you will be going to Pitt?”

“At that point,” says Hayn, “I was still waiting on Columbia, but I really did like Pitt.” He said yes, then and there.

In order to have more Matthew Hayns choose Pitt, the medical school plans to create more scholarships. In fact, it’s one of three top priorities the school has outlined as part of the $500 million Campaign for the University of Pittsburgh, announced last fall during Pitt’s Discovery Weekend (see page 38). Lawrence D. Ellis, MD ’58, professor of medicine, and Freddie H. Fu, MD ’77, chair of the Department of Orthopaedic Surgery, are cochairing the school’s effort to raise funds.

The school’s two other campaign priorities address equally critical issues for Pitt, as well as the nation’s health. Commentators throughout the country are wondering who will serve as the next generation of physician-scientists—men and women who not only teach but bring a vital perspective to biomedical research. It has been difficult to attract bright med students like Hayn to careers as scientific investigators. Postgraduate training, especially when it means delaying income as a physician, is an expensive proposition. To combat this, Pitt hopes to identify, nurture, and help fund a new generation of Jonas Salks and Thomas Starzl.

The remaining priority—to establish the Center for Human Genetics and Integrative Biology—will position Pitt well to reap the fruits of the Human Genome Project. The school will recruit top scientists to staff the center. And faculty throughout the school will be able to turn to the center for support as they investigate the many roles genetics plays in our well-being and uniqueness.

Say an investigator doesn’t have the equipment, or perhaps the expertise, to run tests that will help expand the parameters of her research. She will be able to tap into the center’s staff and core labs. “Without those core labs,” says Michael Gorin, the center’s interim director, “it’s sort of everyone for themselves.”

The center also will serve as a resource for physicians and patients. Its Internet site will post course modules on genetic diseases for patients and their families and help physicians track patient tests and other important records.

As Fu and Ellis spread the word of the campaign’s three priorities, they should expect to find sympathetic ears. “When we tell people what this money will be used for,” notes one advancement official, “it makes it hard for them to say no.”