CELEBRATING A REMARKABLE GIFT

THE LANDMARK GIFT commitment of $20 million to Dartmouth-Hitchcock Medical School from Peter and Susan Williamson of Lyme, NH, announced earlier this fall will support facilities projects that are high priorities within the Transforming Medicine Campaign. The gift is the largest ever to the Medical School or the Medical Center.

In recognition of their extraordinary commitment, the Dartmouth College Trustees, the boards of Mary Lyon and the C. Everett Koop Medical Science Complex on DHMC’s Lebanon campus, and will house research scientists, clinicians, medical students, and other investigators engaged in innovative collaborative research.

In recognition of their extraordinary commitment, the Dartmouth College Trustees, the boards of Mary Lyon, and the C. Everett Koop Medical Science Complex on DHMC’s Lebanon campus, and will house research scientists, clinicians, medical students, and other investigators engaged in innovative collaborative research.

FINDING THE RIGHT BALANCE

THE SUMMER OF 2005 was a particularly stressful time for Margaret “Maggie” Devine-Sullivan. “My husband and I were in the process of moving into our house, and I had flown out to see my dad who had suffered a stroke,” she recalls. “Coming back on the plane, I began feeling sick and kept having to go to the bathroom. I thought, ‘I must be getting the flu or some kind of virus.’”

But her symptoms continued to grow worse. “I had a temperature of 103, on and off, for probably 10 days,” says Devine-Sullivan. “I didn’t want to eat after a while because it hurt, and I had no energy; I remember at one point sitting on the couch when the remote control was out of reach, thinking ‘I’d love to change the channel.’ And then, 15 minutes later getting up to get the remote—it took that kind of effort.”

Devine-Sullivan’s husband hadn’t waited to seek medical attention for her. “He took me directly to the bathroom. I thought, ‘I must be getting the flu or some kind of virus.’”

With strong support from her family and the expertise and caring of the IBD Center at DHMC, Margaret Devine-Sullivan is successfully managing her Crohn’s disease.

PINPOINTING THE PROBLEM

Then Devine-Sullivan’s primary care physician referred her to a group of specially trained physicians with expertise in digestive disorders—the Section of Gastroenterology and Hepatology at DHMC.

Under the leadership of Richard Rothstein, MD, the Section has developed four specialty service areas or “Centers of Excellence” to evaluate and treat all digestive issues: the Gastrointestinal Motility, Esophageal, and Swallowing Disorders; the Inflammatory Bowel Disease Center; the Endoscopy Center; and the Hepatopancreatobiliary Disease Center. The group is so highly-regarded, U.S. News & World Report recently ranked DHMC among the top 50 hospitals in the United States.

The Williamsons are part of the C. Everett Koop Medical Science Complex in honor of the Williamsons. The Peter and Susan Williamson Translational Research Building on DHMC’s Lebanon campus will house research scientists, clinicians, and students engaged in innovative collaborative research.

I believe in the excellence of Dartmouth medicine and its ability to truly transform medicine.”

Peter Williamson, MD
Director, DHMC Epilepsy Program
medical students, and others engaged in innovative collaborative research in cardiology, the neurosciences, and immunology.

“Susan and I are deeply moved to have this important new facility named in our honor,” Dr. Williamson said. “We believe this very public recognition of our commitment will help convey how critically important we feel the academic and research missions of DMS are to the quality of patient care we are able to provide here.”

A DHMC physician and Director of the Epilepsy Center which he founded in 1991, Dr. Williamson knows first-hand the challenges academic medical centers face in today’s complex medical and healthcare environments. He explains that an investment now in academic medicine and translational research is critical to the future of the Medical School and DHMC. “We must make this investment in our future so we can continue to meet the challenges and expand our knowledge and our ability to care for patients. The academic medical mission is every bit as important as the clinical mission. The research and teaching allows us to provide the very best care we are able to deliver to patients. This is a pivotal moment for Dartmouth medicine and we are thrilled to be part of its future.”

In recent years the Medical School has accelerated its efforts to capitalize on its considerable strengths in the areas of basic science, translational research, and patient outcomes. Dr. Stephen P. Spielberg, Dean of Dartmouth Medical School, said, “Peter and Susan’s remarkable gift is a powerful expression of confidence in our ability to transform medicine by moving new discoveries from the lab into clinical practice. Peter’s own medical career has exemplified the potential of academic medicine to bring better treatments and improved outcomes to patients. Peter and Susan share our vision for the future of Dartmouth medicine and their gift will have enormous impact.”

Dr. Williamson, who chairs the Transforming Medicine Campaign, sees the timing of their decision as critically important to the Medical School’s future. “I believe in the excellence of Dartmouth medicine and its ability to truly transform medicine,” he said. “Susan and I feel this is exactly the right time to make a contribution of this magnitude to support the academic mission of DMS and hope this will inspire others to contribute as well.”

THE EXTRAORDINARY GENEROSITY of campaign chair Peter D. Williamson M.D., and his wife, Susan, has propelled the Transforming Medicine Campaign to within $60 million of its $250 million goal. The Williamsons’ $20 million gift commitment is the largest ever to DMS or DHMC and will strengthen translational research and the academic mission of DMS and the Medical Center. Meanwhile, DHMC employees demonstrated their commitment to the campaign through their support of the first annual Employee Giving Campaign, a three-month effort that concluded on August 31st. Since the launch of the Transforming Medicine Campaign in 2002 through August 31, 2007, more than 1,600 employees had made gifts totaling more than $9.9 million.

Supporters of the Transforming Medicine Campaign celebrated its progress at the annual Benefactors Appreciation Reception in September. Attendees were the first to hear of the Williamsons’ gift commitment, announced by Dartmouth College President James Wright. Other highlights of the evening included a key-note address by Dr. James Weinstein, director of The Dartmouth Institute for Health Policy and Clinical Practice, and the honoring of Hanover resident Joan “Posey” Fowler as the 2007 Outstanding Community Ambassador. Nancy Formella, President of Mary Hitchcock Memorial Hospital and the Dartmouth-Hitchcock Comprehensive Epilepsy Center, building it into a nationally and internationally recognized program. Under his leadership, the National Institutes of Health (NIH) has designated the Center one of the nation’s top epilepsy referral centers.

A PIONEER IN EPILEPSY Dr. Williamson is a world-renowned neurologist and epilepsy expert and a professor of medicine in neurology at DMS. “Peter has been a distinguished pioneer in the evaluation of patients for epilepsy surgery who do not respond to drug therapy,” says DHMC neurologist and long-time collaborator Dr. Vijay Thadani, who was one of Williamson’s fellows at Yale. “By using EEG to record deep inside the brain, he was able to localize where seizures begin, and advise neurosurgeons to remove the specific place of origin. This has transformed the lives of many patients who earlier had uncontrolled seizures.”

The 1958 graduate of Dartmouth College, Williamson returned to Hanover in 1991 to establish and lead the Dartmouth-Hitchcock Comprehensive Epilepsy Center, building it into a nationally and internationally recognized program. Under his leadership, the National Institutes of Health (NIH) has designated the Center one of the nation’s top epilepsy referral centers.

“Peter is a great leader and he built a strong group here—I feel lucky to be part of it,” says Barbara Jobst, MD, Director of Neurophysiology and EEG and Director of DHMC’s Women’s Seizure Clinic. “There are not many comparable epilepsy centers in the US. He has always been very committed to the Medical Center’s academic mission. He wanted Dartmouth to be a leader in this.”

Of all of the accolades given and gratitude expressed by those who have worked with and been mentored by Williamson, perhaps the most fitting description of his many significant contributions to medicine was given by Richard Matson, MD, his old colleague and friend from Yale. “I still have people that took care of 15 years ago ask me about him and to send him their best,” says Matson. “I think that’s a true measure of what Peter has contributed.”
Prouty Sets All-Time Record

The 2007 Prouty Century Bike Ride & Challenge Walk reached a new fundraising milestone with its 26th annual event, raising a total of $1.73 million for research and patient services at Dartmouth-Hitchcock Medical Center’s Norris Cotton Cancer Center.

“We are thrilled by the overwhelming show of support by our community,” says Mark Israel, MD, Director of Norris Cotton Cancer Center. “The Prouty provides vital support for two important areas of focus for us, including research funding for bright, young scientists who are developing innovative approaches in cancer, and supportive services for cancer patients that truly can make a difference in their well-being and healing.”

This year, more than 3,500 people participated in the Prouty, including Governor John Lynch and First Lady Dr. Susan Lynch. The final total includes 19,000 individual contributions as well as $180,000 from 81 businesses. Many bikers and walkers were on one of the 283 teams that formed to honor a family member or friend who is battling cancer or has recently died from the disease.

“People come together for the Prouty because they’ve been touched by cancer in some way and want to do something about it,” says Jean Brown, Executive Director of the Friends of Norris Cotton Cancer Center, which is dedicated to furthering the Center’s efforts to prevent, treat, and one day find a cure for cancer. “We are incredibly gratified by the support we have received for the Prouty and for the remarkable growth it has experienced in the last few years.”
Cutting Edge Capabilities with a Personal Touch

WHEN U.S. NEWS & WORLD REPORT ranked DHMC among the top 50 nationally for gynecology (see sidebar) in its most recent “America’s Best Hospitals” issue, it came as no surprise to Richard Reindollar, MD, Department Chair of Obstetrics and Gynecology (OB/GYN). “One of the reasons I came to DHMC was because of the tremendous breadth of talent we have here,” says Reindollar. “When you consider the amazing skills of our practitioners, the excellent clinical care we give to our patients, and the fact that we have national leaders in all of our divisions, it’s easy to see why we clearly have one of the strongest academic OB/GYN departments you’ll find anywhere.”

BROAD EXPERTISE

The Department provides a comprehensive range of general OB/GYN services for women. These include: care for patients with chronic pelvic pain, abnormal Pap smears, and other diseases; as well as several different teams that are dedicated to providing prenatal care and childbirth. “As good as our general services are—and they are great—we continue to see growth in our subspecialty areas, and those areas no doubt played a key role in us being recognized in the rankings,” says Karen Lancaster, Administrative Director for Obstetric and Gynecologic Services. These include: in-vitro fertilization and other fertility treatments through the Reproductive Medicine and Infertility Division; diagnosis and treatment of gynecologic cancers through the Gynecologic Oncology Division; and treatments for incontinence, voiding difficulties, and pelvic relaxation conditions through the Division of Urogynecology. One area of particular strength across the subspecialty divisions, as well as within other areas of the Department, is laparoscopic surgery. “With physician leaders like Drs. Leslie DeMars (Gynecologic Oncology), Kris Strohbehn (Urogynecology and Reconstructive Pelvic Surgery), Paul Manganiello (Reproductive Endocrinology and Infertility), and Misty Blanchette Porter (Assisted Reproductive Technologies) and their faculty, we have some of the finest laparoscopic surgeons in the country (if not the world),” Reindollar says. “Minimally invasive surgery, when it is an option along with open surgery for particular procedures, is very much an attractant for patients,” says Lancaster. “With laparoscopy, there is less pain, fewer days in the hospital, and smaller incisions which means less likelihood of wound infection and less scarring.”

ENHANCING RESEARCH

With Reindollar’s arrival two years ago from the Beth Israel Hospital in Boston, the Department has also begun to place greater emphasis on developing its research activities. He and Marlene Goldman, a Senior Epidemiologist, are concluding the largest infertility trial ever funded by the National Institutes of Health (NIH). “We’ll be presenting the results at next month’s American Society of Reproductive Medicine annual meeting in Washington, DC,” says Reindollar. “It’s very likely that the outcome of our first trial will change treatments paradigms for infertile couples.”

“In addition, Urogynecology is involved in a project where patients fill out health questionnaires before every visit in an effort to track their satisfaction with clinical outcomes,” he adds. “And Drs. DeMars and Kennedy are doing a number of clinical trials in Gynecologic Oncology to test the effectiveness of different medications on tumors.”

FINDING THE RIGHT BALANCE

About choosing treatment for her Crohn’s disease, Devine-Sullivan says, “We made the decision together—I brought the knowledge of me, and Dr. Siegel brought his expertise and his caring.”

DHMC Ranking AMONG THE BEST

What do the nation’s top hospitals have in common? For starters, they excel at treating a variety of demanding illnesses. They also offer a comprehensive range of procedures within a specialty. And many are referral centers that are “accustomed to seeing the toughest patients and conducting bench-to-bedside research” that advances medicine. These were some of the key criteria U.S. News & World Report used in evaluating 5,462 hospitals nationwide in its most recent “America’s Best Hospitals” issue. Only 173 hospitals (about 3 percent) made the “Top 50” rankings in 16 different specialty areas. The report ranked Dartmouth-Hitchcock Medical Center (DHMC) among the Top 50 nationally for digestive disorders, gynecology, and cancer care (see related stories). “We’re very proud of the doctors, nurses and other caregivers and staff in those sections that were recognized, as well as those throughout the hospital whose skill, compassion, and dedication continue to make DHMC among the very best in the country,” says Thomas Colacchio, MD, President of the Dartmouth-Hitchcock Clinic. “It’s always gratifying to be recognized at a national level for the excellence of the care you provide to your patients,” says Nancy Formella, MSN, RN, President of Mary Hitchcock Memorial Hospital. “The rankings are just another indication that by focusing on our commitment to our clinical and academic missions we are advancing health and producing good outcomes for the people in our communities that we are caring for every day.”

About visiting and using DHMC: DHMC defines “hospital” as a unique environment that offers comprehensive care for patients of all ages. It is designed to accommodate all needs of patients and their families. DHMC provides medical, surgical, and critical care in a variety of specialty areas. It is a teaching hospital that attracts and trains the best new medical professionals. DHMC is known for its clinical and academic missions that advance health and produce good outcomes for people in the communities that DHMC serves. DHMC strives to advance health and provide comprehensive care in an environment that is welcoming and supportive to patients and their families.

DHMC is a teaching hospital that attracts and trains the best new medical professionals. DHMC is known for its clinical and academic missions that advance health and produce good outcomes for people in the communities that DHMC serves. DHMC strives to advance health and provide comprehensive care in an environment that is welcoming and supportive to patients and their families.
suppress the immune system. As a result, there is a small cations we use effective is they work to 'quiet down' or severe cases,” explains Siegel. “But what makes the medi-
can often be kept under control with the use of medica-
researchers, and physician colleagues—is dedicated to improving cancer care. From the outset, we’ve known where we wanted to be, and it’s the team that has got us there.”

Expanding Treatment Options
With the arrival of John Hill, MD, in 2002, the continued expansion of the program occurred. In addition to offering autologous transplants—where the patient’s own stem cells are removed and then returned after chemotherapy or radiation to encourage the growth of healthy bone marrow—the BMT pro-
gained an increasingly transplants, a complex procedure in which transplanted cells are donated by a sib-
bf that they may be mixed in with cancer cells that could trigger a recurrence.

Once the systems and people were in place, this allowed for another innovative clinical service—outpatient transplants. “Not all patients meet the criteria for it, but those that have been able to do it absolutely love it,” he says. “We see them 7 days a week, and they stay at a nearby hotel or go home (if they live locally) each night. It’s nice because they’re able to escape the hospital environment and maintain some

transplant center and are the only center in northern New England that currently performs what’s called ‘unrelated’ transplants, where patients can receive stem cells from any bone marrow donor in the world,” says Meehan. “It’s important to have these options because, when transplant-
ing a patient’s own stem cells, there is always some risk that they may be mixed in with cancer cells that could trigger a recurrence.

In addition, we’ve just become a National Marrow Donor Program

(From Page 1) like whatever my illness turned out to be, they could help me."

Still, when Devine-Sullivan learned she had Crohn’s disease—a chronic, recurring disorder that causes inflammation in the digestive (GI) tract—her heart sank. “My husband and I had been doing a little research on our own and I thought, ‘I hope it’s not that,’” she says. “It’s a depressing feeling when you realize that you’ve got an illness that isn’t going to go away and is going to change your life. I didn’t want my life changed; I had too much I wanted to do.

Choosing Treatment
When it came time for Devine-Sullivan to make a decision about her treatment, she felt fully informed and supported. “I didn’t do very well in biology in school, so there was a lot of education involved,” she laughs. “But we ended up making the decision together—I brought the knowledge of me, and Dr. Siegel brought his expertise, his experience, his research, and his caring”

“As this was Maggie’s first ‘flare up’ with Crohn’s, we decided to take an aggressive approach with treatment—which included using antibiotics, a corticosteroid called ‘Prednisone’ for a short period of time, and then an immunosuppressant called ‘Lumbrum’—that we felt would work well for her and get her disease under control relatively quickly,” explains Siegel.

“Having been so sick, I lost 15 to 20 pounds in a mat-

ter of weeks,” recalls Devine-Sullivan. “But with my husband’s support and his pushing for a referral, things moved along quickly and we got to the right place. My treatments were very well choreographed and it wasn’t long before my regular blood tests were showing less inflammation and I was feeling better. From the very beginning, Dr. Siegel and my entire care team have been so accessible and responsive that I have felt like I’m getting privileged, personalized care.”

Back on Track
Today, Devine-Sullivan, who is Department Administra-
tor for Dartmouth College’s Theater Depart-
ment, is leading an active, busy lifestyle and is symptom free. “I haven’t had a single flare up since my initial one and I’ve been in remission for almost two years,” she says. She has had, however, to make some adjustments with being on an immunosuppressant for the long term. “I do get run down more easily, so I have to make sure I get plenty of rest and that I get a flu shot and wash my hands a lot so I don’t pick up germs from the students,” she says. “It’s funny; I’ve worked in higher education for over 20 years and I’ve always encouraged students to ‘honor their wiring,’ meaning that they should accept and take care of whatever limitation they have in order to get where they want to go. I’ve had to say, ‘Okay—it’s time for me to prac-
tice what I preach!’"

“I feel very lucky to have found Dr. Siegel and the IBD Center at DHMC,” adds Devine Sullivan. “I basically have the life I want, and I’m able to enjoy my hobbies, my full-time work, and my family. I just have to pace myself a little more.”

I'm getting privileged, personalized care.”

Our area of research is translational, in that we look to take what we do in the laboratory, bring it into clinical trials, and then take what we’ve learned while treating patients back to the lab—all in an effort to advance patient care. As a result, we’re able to conduct some really unique clinical trials.”

Kenneth Meehan, MD
control over their life. At the same time, they know we’re only a few min-
utes away if they need us.”

An Expert Resource
With the addition of Crohn’s, Devine-Sullivan went under the care of Corey Siegel, MD, a gastroenter-
ologist and Director of the Inflammatory Bowel Disease (IBD) Center at DHMC. The Center’s team—which in addition to Siegel includes a nurse, nurse practitioner, assistants, researchers, and physician colleagues—is dedicated to the comprehensive care of patients with Crohn’s disease and ulcerative colitis, and currently provides services to more than 1,000 patients.

“Though there is no cure for Crohn’s, the condition can often be kept under control with the use of medica-
tions, and sometimes surgery is required to treat more severe cases,” explains Siegel. “But what makes the medi-
cations we use effective is they work to ‘quiet down’ or suppress the immune system. As a result, there is a small risk of rare but serious side effects such as severe infec-
tions and cancer.”

This dilemma has prompted Siegel to focus on the concept of shared decision making when reviewing treatment options with patients and their families. In fact, he is developing new decision aid tools—as part of a research project funded by the Crohn’s and Colitis Foundation of America—to make available to patients and their families at DHMC’s Center for Shared Deci-
sion Making and elsewhere.

“Shared decision making really means that both patient and physician understand what the deci-
sions are around the treatment options and what the

Our area of research is translational, in that we look to take what we do in the laboratory, bring it into clinical trials, and then take what we’ve learned while treating patients back to the lab—all in an effort to advance patient care. As a result, we’re able to conduct some really unique clinical trials.”

Kenneth Meehan, MD
control over their life. At the same time, they know we’re only a few min-
utes away if they need us.”

IN 2001, KENNETH MEEKAN, MD, arrived from Georgetown University with the goal of revitalizing the bone marrow transplant (BMT) program at Norris Cotton Cancer Center. In just six years, the program has grown to become one that can match the services of any other BMT program in the country. In fact, it’s one reason why DHMC was again ranked among the nation’s top 50 hospitals for cancer care in U.S. News & World Report’s most recent “America’s Best Hospitals” issue (see sidebar).

But Meehan, a leading oncologists and cancer researcher, is quick to credit his team for the program’s transformation. “We have weekly team meetings that now include 35 to 40 people from many disciplines across the institution,” he says. “These individuals take a lot of pride in what they do—their collective work ethic and dedication to improving cancer care is phenomenal. From the outset, we’ve known where we wanted to be, and it’s the team that has got us there.”

AMONG THE BEST

Innovative, Compassionate Care

Bench to Bedside and Back
Meehan credits the Cancer Center’s supportive, collaborative research envi-
ronment as another key factor in the program’s success.

“Our area of research is translational, in that we look to take what we do in the laboratory, bring it into clinical trials, and then take what we’ve learned while treating patients back to the lab—all in an effort to advance patient care,” he explains. “As a result, we’re able to conduct some really unique clinical trials. For example, in one current trial we’re giving patients back their own beneficial ‘tumor-killing’ cells called ‘cytotoxic’ cells in an effort to stimulate their immune system after transplant. These things wouldn’t be possible without the fertile research envi-
ronment of the Cancer Center.”

Teamwork has been one of the keys to revitalizing the BMT Program, says Kenneth Meehan, MD.
When Cambodian opera singer Sithul Ieng was suffering from a disabling heart condition while visiting New England recently to perform, Brattleboro, Vermont cardiologist Dr. Burton Tepfer reached out to DHMC for help. Tepfer is part of “Cambodia Living Arts,” a group that is supporting the arts in Cambodia as the country struggles to recover from a brutal dictatorship and holocaust.

“Sithul had atrial flutter which causes the heart to race intermittently,” explains Mark Greenberg, MD, a cardiologist specializing in cardiac electrophysiology who assessed Ieng’s condition. “It’s something we can treat effectively with catheter ablation which destroys a little bit of heart tissue that is causing the arrhythmia.”

Ieng, considered a national treasure in his homeland, is of modest means, and the procedure is not available in Cambodia. “Mark approached me to see if there was anything the institution could do,” says DHMC Executive Medical Director Dr. John Butterly. “I was able to work out an arrangement between Cardiology, Financial Services, and the company that made the catheters needed to treat Ieng—everybody pitched in and we were able to take care of him.”

After returning to Cambodia, Ieng reported that he was feeling much better and resuming his career activities, says Greenberg. “I join him in being grateful for everyone’s support, I’m also pleased that we were able to help a colleague in Burt who has been our partner in the care of patients for 25 years.”

DHMC’s GLOBAL REACH

Rediscovering all That is Good About Medicine

“We were able to work out an arrangement between Cardiology, Financial Services, and the company that made the catheters needed to treat Ieng—everybody pitched in and we were able to take care of him.”

SOME MIGHT CONSIDER spending two weeks of their personal vacation time to travel to some of the poorest and most remote places in the world—where mosquito netting and paraffin earplugs to block out the crowing of roosters each night are a must—to provide volunteer medical services to the needy a hardship. Not obstetrician/gynecologist (OB/GYN) Oglesby “Oge” Young, MD.

“To me, it’s a very positive experience,” says Young, who as President of the Dartmouth Medical School (DMS) Alumni Council is following a strong tradition at DMS to help address global health inequities. “There’s really no hardship involved for me because of the beautiful surroundings, the devoted people with whom I’m working, and the patients who are so grateful.

If I were able, I would do it many more weeks out of the year.”

Through Medical Ministry International, an organization that provides spiritual and medical care to needy countries, Young and his wife, Pam (a nurse), visited the tiny village of Dajabon in the Dominican Republic in both 2003 and 2005.

“On those trips, I did many GYN surgeries,” he explains. “We set up our own operating room in a small hospital. We started at sunrise and finished at sunset. Our only regret was that we couldn’t do more in a day. I primarily performed hysterectomies and tubal ligations. It’s not uncommon to see very young women with 4 or 5 children. In those cases, a tubal ligation is a real gift. I was moved by how trusting and grateful these patients were.”

Earlier this year, Young traveled to the small village of Bilwaskarma in Nicaragua with Partners in Health of Maine which has rebuilt a hospital that was burned during the Sandinista-Contra War. “This trip was very enjoyable because I did some obstetrics,” he says. “I was able to teach the lay midwives there and it was gratifying to leave some knowledge and skills behind.”

Dr. Young describes these experiences as “everything that’s good about medicine.” It’s a reminder that our profession is really a calling, and that being a physician is a great privilege—an opportunity to deeply connect with other human beings from another walk of life,” he says.

“Tepfer had heard from a colleague in Cambodia that he was suffering from atrial flutter, which causes the heart to race intermittently,” explains Mark Greenberg, MD, a cardiologist specializing in cardiac electrophysiology who assessed Ieng’s condition. “I join him in being grateful for everyone’s support and I am also pleased that we were able to help a colleague in Burt who has been our partner in the care of patients for 25 years.”

Some Might Consider spending two weeks of their personal vacation time to travel to some of the poorest and most remote places in the world—where mosquito netting and paraffin earplugs to block out the crowing of roosters each night are a must—to provide volunteer medical services to the needy a hardship. Not obstetrician/gynecologist (OB/GYN) Oglesby “Oge” Young, MD.

“To me, it’s a very positive experience,” says Young, who as President of the Dartmouth Medical School (DMS) Alumni Council is following a strong tradition at DMS to help address global health inequities. “There’s really no hardship involved for me because of the beautiful surroundings, the devoted people with whom I’m working, and the patients who are so grateful.

If I were able, I would do it many more weeks out of the year.”

Through Medical Ministry International, an organization that provides spiritual and medical care to needy countries, Young and his wife, Pam (a nurse), visited the tiny village of Dajabon in the Dominican Republic in both 2003 and 2005.

“On those trips, I did many GYN surgeries,” he explains. “We set up our own operating room in a small hospital. We started at sunrise and finished at sunset. Our only regret was that we couldn’t do more in a day. I primarily performed hysterectomies and tubal ligations. It’s not uncommon to see very young women with 4 or 5 children. In those cases, a tubal ligation is a real gift. I was moved by how trusting and grateful these patients were.”

Earlier this year, Young traveled to the small village of Bilwaskarma in Nicaragua with Partners in Health of Maine which has rebuilt a hospital that was burned during the Sandinista-Contra War. “This trip was very enjoyable because I did some obstetrics,” he says. “I was able to teach the lay midwives there and it was gratifying to leave some knowledge and skills behind.”

Dr. Young describes these experiences as “everything that’s good about medicine.” It’s a reminder that our profession is really a calling, and that being a physician is a great privilege—an opportunity to deeply connect with other human beings from another walk of life,” he says.

Helping a Friend in Need

Nurses from Rwanda Visit CHaD

THE CHILDREN’S HOSPITAL AT DARTMOUTH (CHaD) was recently visited by two pediatric nurses, Modeste Harerimana, RN, and Peter Niyiigena, RN, from Rwanda, a small war-ravaged country located in central Africa. Both work for Partners in Health—a Boston-based nonprofit that coordinates programs to combat AIDS in poor communities around the world.

During their visit, the nurses observed care provided in a number of CHaD clinics. “They have great hope for their hospital and health center in Rwinkwavu and were eager to learn new things to improve the work they do,” says Sharon Markowitz, RN, a nurse manager in Pediatrics who helped organize the visit. “The work that Peter and Modeste are involved in is truly remarkable. They were an inspiration to all of us who met them.”

Plans are now underway to develop an exchange program for CHaD nurses. “We have so much to learn from each other,” Markowitz says.
WHEN WORLD AIDS DAY is observed on December 1, governments, policy makers, health organizations, and communities everywhere will be challenged to renew their efforts to fight the global HIV/AIDS epidemic.

But HIV/AIDS isn’t just a third-world problem. To understand some of the challenges of addressing the epidemic domestically and regionally, Skylight recently sat down with infectious disease specialists Bryan Marsh, MD, and Mary-Margaret Andrews, MD, from Dartmouth-Hitchcock’s HIV Program. The program has over 20 HIV specialty providers in Lebanon, Manchester, Nashua, and Brattleboro, VT, and cares for 550 active patients.

SL: How prevalent is HIV/AIDS now nationally, and in our region?

Marsh: It’s estimated that more than a million people are living with the disease in the US. About 40,000 new HIV infections are reported each year; that number has not declined for more than a decade. In our region, about 1,200 people in New Hampshire and 600 people in Vermont are estimated to be living with HIV/AIDS.

SL: How do patient populations in our region compare to other areas?

Andrews: New Hampshire has a higher number of refugee relocations than some states, and that has increased the diversity of our southern clinics. But overall, the trends in New Hampshire and Vermont mirror the national trends—we’re seeing increasing numbers of minorities, women, and young people with HIV.

SL: What are some of the major difficulties in treating HIV/AIDS effectively?

Marsh: About half of the people living with HIV are not being treated, either because they haven’t been diagnosed or they’re not actively engaged in care. And with issues like poverty and lack of access to care, people with HIV are steadily and disproportionately getting more marginalized from society. Meanwhile, funding (mostly federal) per patient has been steadily going down.

Andrews: Many patients also have co-morbidities like substance use and/or depression. One of the great things about the federal grants we’ve received is they’ve helped to support a team approach to care—including nurses, doctors, mental health providers, social workers, nutritionists, and others—that can provide the comprehensive services, outreach, and support that people really need to do well. But these grants aren’t going to be able to continue to pay for these services long-term.

SL: What “take home” message would you like to leave with our readers?

Andrews: One key message for people to be aware of is there are new testing recommendations from the Centers for Disease Control that recommend that anybody coming in for routine medical care and all pregnant women should be tested (with consent) at least once. Testing recommendations for high-risk individuals include more frequent testing.

Happily, prior concerns about stigma and potential loss of insurance should no longer be an obstacle to testing.

Marsh: With the advent of better medications in the mid-90s, we’ve converted HIV from a uniformly fatal disease to a potentially lifelong chronic illness, and have seen what’s possible at this point. But we’ve yet to put together a system that allows us to deliver treatment to the majority of people who need it. Throughout the US, there are a lot of excellent groups—I think we’re among them—who are providing care and are really in place to expand their services if they have the funding to do so.

The distinguished list of speakers included: Donald Berwick, MD, MPP (Institute of Healthcare Improvement), Gerald O’Connor, PhD, ScD (Dartmouth), Laura Landro (Wall Street Journal), Dale Collins, MD and Karen Clay, MA, RN (DHMC), Mastanduno, BSN, MPH, and Elissa Malcolm, MS (DHMC), Brent James, MD, MStat (Intermountain Health Care), and Paul Batalden, MD (Dartmouth), who facilitated a discussion among a panel of experts in Graduate Medical Education and the audience.

Conference organizers are very pleased with the results from the event and plan to hold a second annual transparency symposium next fall. “It was a great opportunity to share our knowledge and vision about transparency and to learn from other national experts,” says William Abdu, MD, MS, Medical Director of the Spine Center at DHMC and co-Director of the conference along with Mastanduno. “We hope that all of the participants gained some insight into the concept of transparency, the critical role it has to play in patient-centered care and quality improvement, and that more organizations will be encouraged to share their results with the public.”

The conference was co-sponsored by the Center for Continuing Education in the Health Sciences. To visit the DHMC Quality Reports website, go to www.dhmc.org/qualityreports.
New Health Education Center

Dhmc’s new health education center is open! Located on level 4 of the east mall, the health education center (hec) is open to patients and their family members, Dhmc and Dartmouth community members, and the community at large. The purpose of the hec is to inform, educate, and share knowledge by offering educational support and on-site counseling for medical decision-making. The hec provides community members with Internet access for searching health and wellness information and accessing Patient Online to complete the health status questionnaire. Friendly staff are available to help. The hec is open Monday-Friday from 8am-5pm. For more information, call 603-871-9000.

Granite State Baseball Dinner

January 11: Sponsored by the Nh Fisher Cats Charitable Foundation, the Granite State Baseball Dinner to benefit CHaD and the Foundation Scholarship Fund will be Friday, January 11 at the national guard armory at 1059 canal Street in Manchester. With baseball greats Chris Carpenter, Rico Petrocelli, Pat Hentgen, David Smith and Ryan Patterson, enjoy dinner, autographs, a great silent auction and participate in the question and answer session with our all-star panel of celebrities. to order tickets, contact the Nh Fisher Cat Box Office at 603-641-2005, ext 109 or visit www.nhfishercats.com.

9th Annual Chs Ski and Ride Festival

March 22: Families, individuals, teams, and ski clubs are all invited to the end of the winter celebration at Dartmouth skiway in lynne, Nh, to help raise money for CHaD. Enjoy delicious food, music, costumes, and fun on-hill activities. Great for all ages and abilities. See you at the Dartmouth skiway, 9am-2pm. Contact Kristin Shaw at 603-650-3435 or kristin.shaw@hitchcock.org for more information or go to www.chsdchallenge.org to register.

Cannon Mountain Ski Day for Kristin’s Gift

March 22: This year’s Cannon Mountain ski day to benefit Kristin’s Gift will be held Saturday, march 22nd. Join us for a day of great family fun on the slopes, exciting auctions and raffles, plus a few surprises with all proceeds going to benefit pediatric oncology at CHaD! For more information, contact Toby Trudel in CHaD Community Relations at 603-629-1862 or e-mail toby.trudel@hitchcock.org.

Chad Hockey Day at the Verizon

March 30: Manchester’s beautiful Verizon Wireless Arena will be the site of CHaD’s first all day hockey fundraiser. Contact Toby Trudel in CHaD Community Relations at 603-629-1862 or e-mail toby.trudel@hitchcock.org.

Two Dartmouth Medical School (DMS) researchers have been selected for Merit Awards from the National Institutes of Health (Nih), a recognition reserved for accomplished and successful researchers. Dr. Charles Bartleson, professor of biochemistry and dean of graduate Studies, and Dr. Ron Taylor, professor of microbiology and immunology, each received the prestigious awards based on “superior competence and creative productivity,” says DHMC, which has helped shed light on how hormones and many other important molecules safely travel through cells for secretion into the bloodstream. Taylor’s work on cholera aims to open new strategies for improved vaccines and therapies against a disease that is life-threatening and epidemic in countries around the world. the Merit (method to Extend Research in Time) awards are made to top nih grant recipients and are designed to spur creativity with long-term stable support for up to 15 years.

Congressman Paul W. Hodes (D-NH) has secured a $270,000 grant to help expand the capabilities of the Dartmouth Patient Safety and Medical Simulation Center. the funding was placed in the house FY2008 Labor, health and Human Services, and Education Appropriations Bill which passed the house on july 19. the health Resources and Services Administration will be the awarding agency. Dhmc currently has five patient simulators (four adult and one pediatric) which are used to provide hands-on education to augment the nursing residency program as well as for experienced nurse orientation, licensed nurse assistant training, training in emergency situations, and skill development of current nurse employees.

The Howard Hughes Medical Institute (HHMI) has announced the award of a five-year, $270,000 grant to Dartmouth Medical School to enhance high school health and science education in new Hampshire communities. the grant will fund a collaboration among groups at Dartmouth, the New Hampshire Department of Education, the New Hampshire Science Teachers Association, the New Hampshire area Health Education Center (AHEC), and six New Hampshire high school districts. This program builds on the success of AHEC’s summer Health Careers Camp at Dartmouth for high school students, and on the ongoing efforts of the New Hampshire Department of Education to substantially rev up its high school science curriculum, with special emphasis on “real world learning” opportunities. Program activities will include summer academies for science and health teachers and students. DHMC was one of only 35 institutions to receive a HHMI grant out of 297 eligible research schools and hospitals; $75,000 is the maximum award given.

Dhmc has again been named a “Most Wired—small and Rural” hospital by hospitals & Health networks magazine which annually recognizes a select group of only 25 hospitals nationwide that have used information technologies to improve the care they offer. Also making the list was the VA Medical Center in White River Junction, vt. the Annual Most Wired Survey and Benchmarking Report looks at how hospitals respond to how they use information technology to address five key areas: safety and quality, customer service, business processes, workforce, and public health and safety. It also looks closely at the relationship between the integration of technology and improved patient outcomes in key areas such as mortality rates, patient safety measures, and average length of stay.

Lori Alvard, MD, Assistant Professor of Surgery and Associate Dean of Student and Multicultural affairs, was appointed to the National Advisory Council of the National Center for Complementary and Alternative Medicine, a component of the National Institutes of health.

Dale Collins, MD, Associate Professor of Surgery, was named a fellow of the Executive Leadership in Academic Medicine program.

Robert Gougelet, MD, Assistant Professor of Medicine, was appointed to the Federal Emergency Management Agency’s National Advisory Council.

Karen Luby, PhD, a research fellow in pharmacology, was presented with the Wilson S. Stone Memorial award by M.D. Anderson Cancer Center in Texas.

Yolanda Sanchez, PhD, Associate Professor of Pharmacology and Toxicology, was appointed a member of the Molecular Genetics Study Section of the National Institutes of Health’s Center for Scientific Review.

Grant to Fund Geriatric Education Center

Dartmouth-Hitchcock Medical Center (dhmc) and Dartmouth Medical School (dms) will receive $1.24 million over the next three years from the health Resources and Services Administration (hsra) to develop the Dartmouth-Northern New England geriatric Education Center (gec). the new education center will address the severe shortage of healthcare and social service providers in the region who are trained in geriatrics. this shortfall will be even more keenly felt as the overall population base throughout northern New England continues to age in the coming decades.

“This grant will place Dartmouth on the regional and national map as a leader in the area of excellence in geriatrics, with a commitment to lead the region in developing and evaluating expertise and capacity in geriatric physical and mental health care,” says Dr. Stephen Bartels, MD, MS, Co-Director of Dartmouth’s Center for Aging and Professor of Psychiatry and Community & Family Medicine at DMS. the innovation of the program comes from its focus on providing interdisciplinary, experiential education in a variety of locations and formats to prepare a workforce, with a specific emphasis on rural and underserved populations. Bartels will direct the new Geriatric Education Center which will focus on the development of integrated physical, mental health, and social services for older adults. “People change as they age, both physically and mentally, and we need to ensure that the care we provide is appropriate and meets their individual needs,” says Dr. Suzanne Beyer, RN, PhD, FAAN, who will co-direct the new center, and who worked with Bartels to secure the funding for the Dartmouth-Northern New England geriatric Education Center.

The need for geriatric healthcare providers—including physicians, nurse practitioners, physician assistants, nurses, and administrative personnel—is particularly acute in rural areas. Beyer says that most advanced practice nurses with a specialization in geriatrics practice in urban areas, leaving few advanced practice professionals in rural care. “In New Hampshire and Vermont, only a little more than 200 nurses have specialized geriatric certifications.” in this region, Vermont ranks first as the fastest aging state and is second in median age. New Hampshire is the fourth fastest aging state and is seventh in median age. Currently, approximately 12 percent of the New Hampshire population’s age 65 or older. That figure is expected to grow to 26 percent by 2025.

Dartmouth-Hitchcock Medical Center includes Mary Hitchcock Memorial Hospital, a member of the Dartmouth-Hitchcock Alliance; Dartmouth Medical School, the state’s only medical school; Dartmouth-Hitchcock Clinic, a multi-specialty academic group practice; and Veterans Affairs Medical Center in Vermont, which provides a rich educational environment for doctors in training.