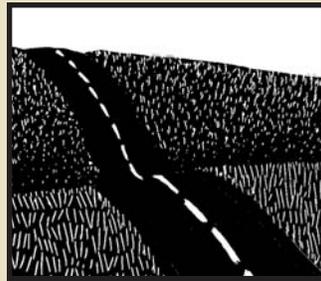


A creative detour

By Daniel J. Kaser



SUZANNE DEJOHN

It used to take me about seven minutes, maybe a few more in the morning, to get to DHMC from my apartment in Lebanon, N.H. Last year, though, I was annoyed to find construction barrels along Route 120. I had just returned from a summer in Africa, and I was wearied by what I had seen. I hadn't read about the

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roadwork, so I was unexpectedly late for my first day back at school.

In Africa, I'd become accustomed to the unexpected. I had worked for six weeks in Dar es Salaam, Tanzania, filming a documentary and a patient-education video about the DarDar Health Study, a collaboration between Dartmouth and a Tanzanian medical school. [See page 32 for more on this collaboration.] My project, funded by the Dartmouth International Health Group, combined two of my passions—art and storytelling. I went to Dar armed with a video camera and a microphone. What I left with, though, was doubt about medicine in general and about my place in medicine in particular.

Path: I was startled by what I had seen in Africa. While the care at the DarDar Clinic was exceptional and much praised by study participants, other hospitals there were desperately understaffed and overburdened. People would sometimes wait in line for days to see a clinician. Medicines were in short supply, if stocked at all, and wholly preventable diseases were in fact widespread. I left Tanzania frustrated and then found myself in bumper-to-bumper traffic on Route 120. I felt as if I should head down a different path.

That initial day back in class was long. For the first time in my life, school seemed tedious. I needed time away from the lecture hall to come to terms with my experiences abroad. So I applied for a one-year leave of absence, not knowing exactly where it would lead me. Maybe I would take an art class in New York, or stay with my family in Ohio, I explained. One DMS administrator's words still resonate with me. "My job, Daniel, is to facilitate your decisions, not stand in the way." A good friend, aware of my interest in the use of art in medicine, wisely told me to "go paint like mad." Everyone at DMS was extremely supportive of my taking some time for myself, and I walked away from Dartmouth with everyone's blessings.

Train: Later that week I took a train to Manhattan. I remember feeling very short and very lost as I emerged from the terminal. But I knew I would find my way here, too, just as I had in Tanzania. Soon I was on an uptown, number-six train headed to the National Academy of Design to sign up for a printmaking class. I enrolled in etching and was pleased to learn that the studio offered first-rate instruction and great opportunities for students to show their work. One of my earliest zinc plates, an intaglio of a baby with a swollen belly, was juried into an

The "Student Notebook" essay offers insight into the activities or opinions of students and trainees. Kaser, a second-year Dartmouth medical student, is the head of DMS's Arts and Humanities Council and a member of the DARTMOUTH MEDICINE Editorial Board.

exhibit at Lincoln Center. The piece was inspired by Austrian artist Egon Schiele and is a haunting reminder of the acutely malnourished kids I had seen in the villages around Dar. I named it *Child with Kwashiorkor*—a severe form of malnutrition. The process of rendering the image was at once meditative and cathartic and re-

inforced my belief about the importance of art in healing.

At the exhibit, I met a recruiter for Doctors Without Borders/Médecins Sans Frontières (MSF), an international disaster relief organization. She was interested in my etching and my work in Tanzania. The next day I interviewed for an internship at MSF headquarters in New York, and later that week I was introducing myself to others in the communications department. I would soon understand that my time in Africa, though new to me, was not unique.

For the next three months, I worked at MSF, posting content updates to their website. I was confronted day to day with stark images of disease and war. A displaced refugee, the fine print of drug patent laws, a famine—stories that somehow don't make the evening news became important to me. Volunteers returning from the field provided context not only for these issues, but also for my own experiences. In Tanzania, I had felt overwhelmed by the burden of preventable disease. What could one first-year medical student possibly do to effect change in a meaningful way? MSF proved to me that my question was exactly to the point, just asked in a different tone. One person is enough. And one student *can* change things.

Witness: I learned about the principle of *témoignage*, or bearing witness to suffering, and about the need to speak out about disparities in health care. I realized that at this point in my career, raising awareness about the obstacles to practicing medicine in a resource-poor setting is a perfectly suitable way to become involved in humanitarian work and can motivate change, however small.

I feel fortunate that the DMS administration allows students to build flexibility into their medical education. This genuine compassion for student welfare is what makes Dartmouth such a rare school. My time away from the lecture hall, like my time in Africa, was invaluable and surely will affect the medicine I practice in the future. These experiences have reaffirmed my interest in serving the underserved and have redefined for me what it means to do good work.

When I returned to the Upper Valley this August for the beginning of classes, the construction on Route 120 was still under way. This year, like many other commuters, I have been using a parallel route, Mount Support Road, to get to DHMC. I created my own detour along back roads to Hitchcock. The pavement is not as smooth, and the speed limit is only 25, but for me it has made all the difference. [See <http://dartmed.dartmouth.edu/fall06/html/we.php> for two related **WEB EXTRAS** — "Child with Kwashiorkor" and "The DarDar Project."] ■