



ON THE JOB: Dr. Robert Drake, a DMS psychiatrist, says the U.S. could save \$368 million a year by instituting a program to help mentally ill people who have Social Security disability coverage find and hold down jobs, using a supported-employment model pioneered at Dartmouth.

THEN & NOW

A reminder of the pace of change, and of timeless truths, from *The Journal of William Tully: Medical Student at Dartmouth 1808-1809*:

Tully, who entered DMS 11 years after it was founded by Dr. Nathan Smith, recorded the fact that on September 27, 1808, he and some other medical students “conversed of a visit to Dr. Smith’s laboratory that we had made the last night. This room is only two of the Collegiate rooms, converted into one by removing a partition. . . . [It contains] a large and long table, upon which the Doctor performs all his chemical experiments, and I suppose makes his dissections.”



5,900

Square feet of teaching lab space at DMS in 2009

>268

Number of individual DMS research labs in 2009

To grandmother’s house we go, on film

There is something to be said for being in the right place at the right time. It was serendipity that Dr. Richard Waddell met a woman named Jann Mitchell over breakfast at a hotel in Tanzania. As a result of that meeting, he became the executive producer of an award-winning documentary.

Shown: *Grandmother to Grandmother: New York to Tanzania* premiered at Dartmouth in April and has since been shown all over the U.S., including at the Global Health Council’s annual meeting in Washington, D.C. It also won a CINE Golden Eagle Award and has been accepted to the United Nations Association Film Festival.

Waddell, director of HIV research and a member of the faculty at DMS, was in that hotel in Tanzania because he helps coordinate the DarDar Health Project. Started in 2000 as a study of tuberculosis (TB) in Tanzanians with HIV, the project has snowballed to include free adult and pediatric clinics in Dar es Salaam, the country’s capital; an elective for DMS students; and a prestigious fellowship for Tanzanians underwritten by the National Institutes of Health’s Fogarty International Center. And, thanks to a collaboration with Dartmouth’s Dickey Center for International Understanding, undergraduates can travel to Tanzania for various DarDar-related internships.

Tanzania: Jann Mitchell was in Tanzania because her husband, a Swedish physician, was running

clinical trials there and she was visiting a school she had helped to found.

The Bibi Jann School—*bibi* means “grandmother” in Swahili—was built for children who’d lost their parents to HIV/AIDS and so were being raised by their grandmothers. When Mitchell took Waddell to visit the school, he was “just completely blown away,” he remembers. Having recently met Anne Macksoud and John Ankele of Old Dog Documentaries, Waddell immediately thought “Oh! This is a perfect film!” Mitchell agreed.

Care: In the six months that it took to raise the funds to make the documentary, DMS opened a pediatric clinic in Dar es Salaam for children infected with HIV. As a part of DarDar’s outreach program, Waddell and his team decided to offer free care to children infected with HIV at the Bibi Jann School and its affiliated orphanage.

The documentary, which exposes the difficulties grandmothers face raising their grandchildren—not just in Tanzania but also in the U.S.—is divid-

ed into three parts. The first part profiles 25 grandmothers and their grandchildren connected with the Bibi Jann School. The second part focuses on an apartment building in the Bronx designed specifically for grandparents who are also raising their grandchildren. Some of these children have lost their parents to AIDS, but most to drugs, al-

BEN ROBBINS



This Tanzanian grandmother and grandson are among those in a documentary produced by a DMS faculty member.

cohol, gang violence, or prison. In the film’s final part, two sets of grandparents and grandchildren from the Bronx travel to Bibi Jann to meet their counterparts and exchange stories of hardship and success.

The Tanzanian program includes support for the grandmothers. They are given help with food and housing and are taught how to create and market African wares, such as mats and batiks, with the goal of becoming financially self-sufficient. Meanwhile, the children receive free education and child care at the Bibi Jann School.

Pupils: The school has about 90 pupils, 30 of whom are orphans. One grandmother says she now “can walk like a grandmother,” with pride and dignity,

For a **WEB EXTRA** with a trailer about the *Grandmother* documentary, see dartmed.dartmouth.edu/f09/we05.



thanks to the food and education she and her grandchildren receive from the program.

In the Bronx, residents of the grandparent apartment building are able to escape the rats, drugs, and violence they'd otherwise have to face in low-income Bronx housing. The affordable apartment complex offers after-school homework programs and exercise classes, grandmother discussion groups, good security, and—something that none of the occupants seem to take for granted—a functional, clean elevator. Above all, the complex allows grandmothers to avoid putting their grandchildren in “the system,” their phrase for foster care.

Footage: When the two groups come together in Tanzania, the documentary captures some candid footage: Tanzanian women laughing at the Americans because they can't weave African mats; American and Tanzanian children playing together despite the language barrier; and both groups in their finest clothing at a dinner at the U.S. ambassador's residence in Dar es Salaam.

The filmmakers and Waddell had planned to bring some of the Tanzanian grandmothers and grandchildren to New York, but they decided that “didn't make sense,” that any remaining funds could be put to better use by the Tanzanian program.

In the end, Waddell hopes the film will “raise interest [in] and facilitate replication of these grandmother programs, both throughout this country and in other countries as well.”

REBECCA GLOVER

CLINICAL OBSERVATION

In this section, we highlight the human side of clinical academic medicine, putting a few questions to a physician at DMS-DHMC.

Nancy Cochran, M.D.

Associate Professor of Medicine

Cochran, a primary-care internist and geriatrician, teaches communication skills; does clinical research on shared decision-making; and directs DMS's On Doctoring course. She has been at DMS since 1986.

What made you decide to become a physician?

My father was a neonatologist and a tremendous role model. I also had a great-aunt who was a general practitioner and a fabulous role model. It was something I really wanted to do from a young age. A lot of what interested me was the doctor-patient relationship and the power a clinician has to positively influence patients.

What do you like most about your job?

I love seeing patients, having long-term relationships with them, helping them, motivating them to tackle problem behaviors—whether it's smoking, alcohol, obesity, etc. I also love mentoring and teaching medical students—I interact a lot with first- and second-year students. I also really enjoy the decision-making clinical research that I do. Every day is different. I'm someone who gets bored easily, so I've built a lot of variety into my week.



What's your favorite nonwork activity?

I love to exercise, particularly in the wild—hike, backpack, cross-country ski, telemark ski. I play on a women's ice-hockey team. I love to ice bicycle. And I also enjoy gardening—vegetables more than anything.

What's the hardest lesson that you've ever had to learn?

One of the hardest is that obviously you can't fix other people's problems—all you can do is help

people cope with them. Having the patience, perseverance, and coaching skills to do that with patients was hard to learn.



What advice would you offer someone going into your field?

I would encourage them to think long and hard about how they are going to achieve balance in their life, because that's one of the biggest struggles in medicine. They need to really examine their ability to set limits and not be totally obsessive—to take care of themselves, their family life, their personal needs. The way I achieved that was by working half-time while my kids were small. I still don't quite work full-time. I would also encourage them to think about primary care; it's a very satisfying field.

What is your most memorable accomplishment?

It's hard to point at any one thing. I just came back from teaching communication skills to the Mayo leaders who teach communication skills to their faculty. When I heard who I was going to be presenting to, I was quite nervous; I thought, “Wow, I'm not going to have anything to teach them.” In fact, I had a lot to teach them. It was really exciting.

What was your first paying job?

I was a camp counselor for an integrated camp in high school, in Massachusetts. It was a tough job back then, in the '60s.

What historical event would you most like to have been present at in person?

I think the 1920 suffrage movement's success in achieving women's right to vote. It was about time—75 years of effort.

What famous person, living or dead, would you most like to spend a day with?

I'd love to hang out with Nelson Mandela. I am so impressed that he could spend 27 years in prison and emerge so well respected, still loved by the people, and able to do whatever it took to get over any bitterness—and then to go on to become the country's president and really try hard to bring the races together.