Peter Kilmarx, M.D., '90: Working upstream
By Valerie Gregg

Education: Dartmouth College '83 (B.A. in biology); Brown-Dartmouth Program 90 (M.D.)
Training: Johns Hopkins (residency in internal medicine, fellowship in infectious diseases); CDC Epidemic Intelligence Service
Favorite activites: Travel, sailing, yoga, squash, volleyball, mountain biking, snowboarding, church, volunteer work, and fatherhood (he has two sons, age 10 and 14)
Favorite HMS memory: His black lab, Sparky, attended classes with him, so when Kilmarx graduated Associate Dean Joe O'Donnell gave Sparky a certificate and a bone in his honor.

Half a dozen children named Pierre in his honor.

Peter Kilmarx acquired his first and most intimate insight into the occupational hazards of public health work as a young Peace Corps volunteer fresh out of Dartmouth College in 1983.

By day, he helped to build fish ponds in the remote village of Bakwa Tombe in the heart of Zaire (now the Democratic Republic of Congo). By night, he was tending to his patients who were dwelling at bumps on his skin. Soon enough, Kilmarx learned all he wanted to know about the local insect population, including the African botfly. Its eggs are laid on the skin, developing into botflies, wings and all, erupting from the skin with great force and flying away. Kilmarx had made up his mind to become a doctor even before he had切成 own septum, he says. A fish farmer “extracted the three larvae from my back at his pond side-out in the bush by simply squeezing as hard as he could.”

The young Peace Corps worker also put up with malaria, typhoid, filariasis (a blood infection caused by an insect-borne parasitic worm), and several other infectious diseases in an area where “there were no doctors or hospitals for miles around,” Kilmarx says. “They were not only bedridden, but they suffered horribly for themselves.”

Today, Kilmarx is an international public health officer at the Center for Disease Control and Prevention (CDC) in Atlanta. As chief of the Epidemiology Branch of the Division of HIV/AIDS Prevention, he oversees the work of 60 staff members in the United States and more than 100 in Cameroon, Botswana, Thailand, and Kenya. He is also a captain in the Commissioned Corps of the U.S. Public Health Service (USPHS) and proudly dons the uniform associated with that service, a uniform that is only one for miles around, he lived in a mud hut and worked side by side with the villagers. It is a testament to his integration into the community that half a dozen children born there were named Pierre in his honor. “When one of my namesakes died of measles, I was devastated,” Kilmarx says. “I am amazed that kids were dying from something so easily preventable. I wondered how this was possible when we have such a widely available and effective vaccine.”

By the time he entered DMS, he knew he wanted to go into something other than clinical practice. “I felt I could have a greater impact working at a population level rather than treating the sick in front of me by patient,” he says. “Public health is about working upstream, preventing people from falling into the river, rather than downstream trying to rescue people who are drowning.”

In 1987, during the summer between his first and second years of medical school, he returned to Zaire to work in a missionary hospital. “I saw patients, assisted in surgery, and got to deliver some babies,” he says. That visit was relatively early in the AIDS epidemic, and many remote areas of Africa were still untouched by the disease. Kilmarx decided to visit Bakwa Tombe to warn the farmers he’d worked with of the burgeoning threat. “I interviewed them about their knowledge and practices regarding HIV, and I found that, surprisingly, they did know of this deadly new disease,” recalls Kilmarx. “We talked about how it’s transmitted and I reassured them that they can protect themselves. They had some very good ideas about HIV/AIDS education.”

He learned that a popular 1987 song about the new scourge had played a role in the villagers’ understanding of the disease. “The chief said he had extramarital partners before the song came out, but the song taught him about HIV transmission, so he changed his behavior,” says Kilmarx. “He said this is the kind of AIDS education that would work.” Such an approach—using popular music and dramatic performances to spread AIDS-prevention precepts—has proven very effective in many parts of Africa and has been well-documented in the medical literature.

Since then, Kilmarx has spent much of his career on the front lines of the HIV/AIDS epidemic in hot spots around the world, including Thailand and Africa. From 2002 to 2005, he directed the BOTUSA Project, a collaboration between the government of Botswana and the CDC in the U.S. His team provided technical assistance, consultation, and funding to prevent and treat HIV/AIDS in Botswana. In 2005, he returned to the CDC in Atlanta and soon assumed his current role as head of the AIDS units' epidemiology arm. He oversees research conducted in the U.S. and abroad to develop new biomedical interventions—such as vaccines, microbicides, and oral chemoprophylaxis agents—to prevent infection in HIV-negative people.

“Public health is about the big picture,” says Kilmarx. “I was attracted to this role because I enjoy the management aspects. Listening to people and helping them as a public health professional—helping good people do good work—is my focus now, rather than focusing on one particular area and the work doing that myself. I can be more effective,” he adds, “and I have a broader reach.”

The ability to integrate himself into new situations, which stood Kilmarx in such good stead in Bakwa Tombe, still helps him as guides his team to prevent HIV transmission for the world’s health workers. It’s a natural leader, says Dr. Tracy Creek, a member of the BOTUSA Project team. “Peter taught me pretty much everything I know about how to work for surviving two for works.” Creek was stationed with a colleague in a remote Botswana town where 45% of the pregnant women are HIV-positive. “I was responsible for setting up a research station in the northern part of the country, far from the main CDC office, trying to figure out how to effectively prevent preg- nant women from transmitting HIV to their babies.” Advanced technology was available, Creek recalls, “and there were shortages of every possible thing needed to run a lab. As is usual in international public health, we took one step forward and five steps backward most days.”

But Kilmarx telephoned his remote teams on a regular basis. He would listen to Creek and her colleague, as she puts it, “rant and rave and occasionally cry” in frustration over the “hurdles to bringing high-quality tools to the field” while “I was sitting in(field).” Creek adds that, receiving numerous awards for his international public health work. He was even nominated recently for the USPHS Outstanding Service Medal for his “continuous leadership in the prevention of HIV transmission as director of the BOTUSA Project.”

But he hasn’t forgotten the individuals that such work is ultimately about: “After Katrina, everything fell apart, including the public health system,” he says. “Everything was so disorganized.”

Arriving on the scene a month after the hurricane hit, he oversaw 40 CDC staff who were divided into seven teams to deal with various aspects of Katrina’s aftermath—from mental health issues to violence prevention to emerging mold problems.

He much as he enjoys leading others, Kilmarx still gets satisfaction out of putting his own fingerprints on a project. He has helped to develop and distribute effective microbicides to prevent HIV transmission from men to women. He’s a natural leader, says Dr. Tracy Creek, a member of the BOTUSA Project team. “Peter taught me pretty much everything I know about how to work for surviving two for works.” Creek was stationed with a colleague in a remote Botswana town where 45% of the pregnant women are HIV-positive. “I was responsible for setting up a research station in the northern part of the country, far from the main CDC office, trying to figure out how to effectively prevent preg- nant women from transmitting HIV to their babies.” Advanced technology was available, Creek recalls, “and there were shortages of every possible thing needed to run a lab. As is usual in international public health, we took one step forward and five steps backward most days.”

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