



Lafayette Noda grew up on a grape farm in California, was sent to a Japanese American internment camp during World War II, taught biochemistry for 25 years at Dartmouth Medical School, and retired in 1982. Now, at age 93, he still actively farms acres and acres of blueberry bushes and Christmas trees.

Story by Jennifer Durgin

Hardy Stock

Photographs by Jon Gilbert Fox

A resilient spirit

It's a matter of what one sees," explains Lafayette Noda as he prunes his blueberry bushes. "[I] just try to take advantage of the . . . growth of the plant, try to anticipate what the plant may do in the future, try to help that along."

Working with 93-year-old Noda are his daughter, Kesaya (pronounced "KES-sa"); her husband, Christopher; and Lafayette's 86-year-old brother, Grant, who is visiting from California. Pruning the 1,600 blueberry bushes adjacent to the Noda farmhouse takes many hands and several weekends of work every spring.

"Blueberries, with care, will produce indefinitely," Lafayette says. Two blueberry bushes near the house were full-grown when he and his wife moved there in 1957, and they're still producing. Kesaya claims those berries are the tastiest. "They're old, native [bushes]," Lafayette explains. "They're still vigorous. One might guess that they are approaching 100 years."

The parallels between the aging of his blueberry bushes and his own aging are not lost on Noda, a professor emeritus of biochemistry at DMS. "There is something about pruning and aging, huh?" he says with a smile. "Kind of a philosophical aspect, huh?"

But when one tries to probe deeper into what Noda thinks about aging, or about being 93, he doesn't get a lot more profound, at least in words. "I don't think 93, a 93rd birthday, means anything," he says. "It's just another day, another month, an-

other year. . . . I just don't think of it as being so different and exceptional. It comes along one day at a time." He pauses and chuckles.

But statistically speaking, being 93 is exceptional. Life expectancy for males born today in the U.S. is about 75 years. When Noda was born in 1916, life expectancy for U.S. males was about 50. But it's not simply the number of years that makes Lafayette Noda's life exceptional—it's all that he has experienced in his 93 years and the inner fortitude with which he has faced those experiences.

The fourth of nine children born to Japanese immigrants, Noda grew up on his family's grape farm in rural California. "He was really the golden guy in that community," says Kesaya of her dad, "because he had so much drive. Oh, my god, my dad had drive!" For example, Noda was a Boy Scout; became an Eagle Scout, the highest rank; then achieved Bronze Palm status, which required an additional five merit badges. "It was a huge deal," Kesaya explains. "HU-UGE!" Lafayette was also valedictorian of his high school class.

"I have to admit that I did try to work hard . . . please the parents," says Lafayette. His parents expressed their high hopes for their four sons by naming them after important figures in American history: Andrew, the oldest, for Andrew Jackson; Lafayette for Marquis de Lafayette; Patrick for Patrick Henry; and Grant for Ulysses Grant. (Only one of their five daughters received a historical name, however; Harriet, the youngest, was named for Harriet Beecher Stowe.)

Lafayette did go on to please his parents and to become a kind of hometown hero. He earned an

Aging well is often cast in physical terms—as an absence of disease or disability. But the psychological aspects of aging can be just as important. These two profiles reveal that even a tough row can be well hoed. That's a message that Dartmouth's one-year-old Centers for Health and Aging is helping to spread.

Sowing support and guidance

Dartmouth-Hitchcock—like most medical centers nationwide—is preparing for an onslaught of older patients as a result of the aging of the Baby Boomer population bulge. In 1930, only 6% of the U.S. population was 65 or older. A half-century later, in 1980, 15% of Americans were 65 or older and 2% were 80 or older (that was the first year the Census Bureau reported on this latter group, often called “the oldest old”). By 2030, those percentages are projected to rise to 23% and 6%.

At Dartmouth, the preparations for meeting the health-care needs of this growing group include more than just logistical considerations, such as the number of hospital beds and geriatricians. That’s thanks in large part to the Dartmouth Centers for Health and Aging, established in April 2008. It’s since reached out to thousands of elders—as well as family members, caregivers, and social workers—with the aim of improving the health and quality of life for older residents throughout Northern New England.

“My hope and wish is . . . that there be a similar sense of possibility and focus on the aging population” as there tends to be on the special needs of children, says Dr. Stephen Bartels, director of the Centers.

Here is a sampling of the numerous events and programs offered by the Centers:

Outreach

The Dartmouth-Hitchcock Healthy Aging Center:

- Hosts free lectures and posts them online (go to www.dhmc.org/goto/HealthyAging and click on “Watch videos of our past educational events”). Past speakers have included Dr. Dennis McCullough, the author of *My Mother, Your Mother*, a widely acclaimed book for families of the elderly; and Dr. Robert Santulli, a geriatric psychiatrist at Dartmouth and the director of the Upper Valley Memory Center.
- Sponsors monthly lunch presentations by Dartmouth-Hitchcock providers at senior centers in the region.
- Organizes special events, such as a weeklong, intergenerational music and movement workshop held in July 2008 and again in May 2009.
- Supports those caring for the elderly. “Powerful Tools for Caregivers,” for example, is a six-week educational program offered free of charge to family caregivers.
- Hosts free elder-care discussion groups.
- Helps to advance the Bridge Program, which assists older patients and their families during transitions from hospital to home; the Restorative Care Program, which helps inpatients increase their mobility and independence in order to prepare them for a successful and timely return to their own homes; and the Frail Elders Program, which helps the elderly maximize their independence and avoid unnecessary hospitalizations.

Education

The Northern New England Geriatric Education Center (NNEGEC):

- Offers education and training courses for health-care professionals. Some 1,300 providers attended 30 courses during NNEGEC’s first year.
- Partners with the New Hampshire Bureau of Elderly and Adult Services to offer training, such as a daylong workshop for adult protective service workers.
- Trains elderly volunteers as standardized patients (see dartmed.dartmouth.edu/sp09/v01).

Research

The Center for Aging Research:

- Has submitted grant applications and obtained funding for several research projects. High-priority research areas include prevention and health promotion, self-management of chronic diseases, mental health and aging, and improved health-care decision-making.
- Established a team of 10 young investigators who collaborate with each other, advancing both their knowledge in geriatrics and their specific research goals.

undergraduate degree from the University of California at Berkeley and planned to enter the fruit business. But as a Japanese-American, he found it very difficult to find work. He was pursuing a graduate degree at the University of California at Los Angeles when the U.S. entered World War II, after Japan bombed Pearl Harbor. Like most Americans of Japanese descent, Lafayette was forced to enter an internment camp.

Once again, he demonstrated resiliency under difficult circumstances. For example, he was at first held, with several other bachelors, in a former horse stall at a racetrack. “These were hardships,” Lafayette said in an interview on New Hampshire Public Radio in 2002. “But at the same time, I was aware that this was wartime and other people were having to go off to war. . . . I think the predominant spirit or idea of the Japanese here in America during that wartime was the word *shikata ga nai*, which in Japanese means ‘Well, you can’t do anything about it. You’ve got to accept it.’”

After the war, thanks to a religious coalition that included Quakers, Lafayette (who later became a Quaker) and many other young Japanese-Americans gained entrée to good jobs or top universities. Lafayette landed at Stanford, where he earned his Ph.D. in biochemistry in 1950. He eventually made his way to the National Institutes of Health, where he worked with Dr. Manuel Morales, who was later recruited to DMS to chair the biochemistry department. Morales convinced Noda to join him at Dartmouth in 1957. In 1982, Noda retired from DMS and academia and began farming blueberries and Christmas trees full-time.

Now, 27 years into retirement, Noda still does much of the work on the farm himself. But he is not entirely free of the burdens of aging. The past few years have been particularly difficult. In 2007, his wife of 60 years, Mayme (pronounced “MAY-mee”) died unexpectedly of pneumonia. Noda now speaks freely about her death, but Kesaya says that “it was a horrible blow” for her father. Mayme Noda was the communicator for the couple.

“He was in his lab all the time,” Kesaya says of her father. “He figured my mom would do the relating. So the guy’s all withdrawn, and the mom does all the talking. And that’s how he had family and people in his life, through my mom—mainly because he was very shy. . . . They had a wonderful life, with lots of people, because of my mom.”

Kesaya has seen big changes in her father since her mother died—physical, mental, and emotional. His hearing has deteriorated so much, for example, that even with hearing aids he struggles to keep up with conversations and can barely use the phone.

“With my impaired hearing,” says Lafayette, “I really appreciate how important hearing is in terms of being able to communicate and getting ideas from other people.” His frustration can be heard in his voice and seen in his face. “It’s such a handicap,” he continues. “So often people call and then I have to say, ‘Can you call later?’ or else we struggle along. It really just doesn’t work.”

He is also coping with memory loss. If he meets with someone new for an hour one week, for example, he might not remember that person the next week. One morning recently, he awoke and was unable to remember the night before.

“Oh, it was awful,” says Kesaya, who lives with her husband in a house adjacent to her father’s. “It really made me understand how we orient ourselves. If you can’t remember the night before, you don’t know if it’s morning or day, and you don’t know what day it is. . . . He was so afraid because he didn’t know if it was morning or night.”

Kesaya worries about what the future holds. Since her mother passed away, she and her brother have been able to check in on her father throughout the day. Her brother, who lives in New York, calls at 6:45 a.m. every morning. Kesaya goes to her father’s house for tea at about 8:00 a.m. before she leaves for work. Around noon, she calls to check in on him, and he has dinner with her and her husband every evening.

But that’s not enough any more. “We’re trying to figure out what to do,” she says. By “we,” she means she, her brother, and her father. Lafayette may be burdened by failing memory and hearing loss, but “he knows what’s going on,” she says.

“It’s very hard,” Kesaya admits, referring to the last few years. “But at the same time, he has more joy in his life. It’s really extraordinary the changes in him. He’s really working hard inside himself.” He’s even going to a therapist now, she divulges. Kesaya believes that her father would be comfortable with people knowing that fact because he’s very open by nature. He may not have been the communicator in the family, but “he’ll talk about anything,” she says.

Once, when the family was having dinner with a guest, Kesaya, feeling mischievous, asked her father, “So, what kind of contraception do you like, Dad?” She knew he would answer the question. “He said, ‘Well, I never really liked condoms too much. It seemed to cut down on the sensation.’” Kesaya can barely finish telling the story without becoming breathless from laughter. “He’s sooo honest,” she says. “I love that about him. He’s emotionally amazingly honest.”

And yet, Kesaya adds, “sometimes he’s so out of



Above, after a morning of pruning the blueberry bushes, the Nodas sit down to lunch. From the left are Lafayette’s daughter, Kesaya; Lafayette; Kesaya’s husband, Chris; and Lafayette’s younger brother, Grant, visiting from California. Below is a photo taken in the early 1950s of Lafayette (holding Kesaya on his shoulders) and his wife, Mayme, who died of pneumonia in 2007.



touch with himself. It is just beyond belief. . . . He does things that are stark-raving bonkers,” such as using a chainsaw while standing on a ladder that is not solidly anchored.

“His idea is that he has assessed the likelihood of various things happening or not happening,” Kesaya explains. “Since he has assessed them as unlikely to happen, it’s okay to do what he is doing.”

Although Lafayette claims that he’s “not very intellectual” and would now rather work on the farm than ponder scientific or philosophical matters, Kesaya argues that he is still a scientist through and through. She thinks his willingness to answer any question that’s posed to him comes from his scientific bent. “He has the most amazing curiosity,” she says. “He’s committed to the truth.”

Whether it be the truth about blueberries, about contraception, or about his own aging.

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Sheila Tanzer has faced her share of difficulties, including a daughter's diagnosis with schizophrenia, her first husband's death from Alzheimer's, and her second husband's death in 2003. Yet, at age 81, she maintains a positive attitude—a trait experts consider key to aging well. For a list of such traits, see page 61.

Tanzer found that by focusing on her inner freedom to choose her attitude, she was able to continue caring for her husband for the next seven years and accept his decline and death.

A positive attitude

Sheila Tanzer is not only willing but eager to talk about the aging process. At age 81, she reflects deeply on the hard inner work of aging well.

"I have worked at this," says Tanzer of the positive attitude she's managed to maintain in the face of life's hardships. For her, she says, that work is "daily prayer. And it's reading. And it's an effort to stay off that slippery slope of saying, 'Oh, I just feel so sorry for myself.' To me that's just a trap."

It would be understandable if Tanzer fell into that "trap," as she calls it. Throughout her life, she has had to face adversities: the diagnosis and ongoing complications of a daughter's schizophrenia, the premature and tragic death of her first husband from Alzheimer's, the death of her second husband, and other heartaches besides.

Tanzer's first husband, Lawrence Harvey, was an accomplished professor of French and Italian at Dartmouth. She and "Larry," as she refers to him, moved to Hanover in 1955 and had "such a happy 26 years here," she recalls. The couple and their four children lived abroad for three of those 26 years, when Larry Harvey won a Guggenheim Fellowship, a Fulbright Fellowship, and a Dartmouth

faculty fellowship. Before Tanzer married Harvey, she had been accepted to and planned to enter a graduate program at Radcliffe. (She already had an undergraduate degree in English from the University of Wisconsin.) But after getting married, she abandoned her career aspirations and decided to be a stay-at-home mother. "I loved it," she recalls. "That's what I felt called to do."

In fact, Tanzer has always tried to stay in touch with what she feels called to do. "What am I meant to do?" is a question she has found "so useful" throughout her life, she says. Three decades ago, that calling was taking care of Larry.

He was diagnosed with Alzheimer's in 1980, at the age of 55. Seven years earlier, one of their daughters had been diagnosed with schizophrenia after having a mental breakdown during her freshman year in college. Her twin sister then dropped out of college for three years, to work through her own depression, brought on by her sister's diagnosis. So when Tanzer's husband was diagnosed with Alzheimer's, she "felt doubly—even triply—defensive . . . determined to keep yet another trauma from invading" her family, she wrote in a feature published in *DARTMOUTH MEDICINE* in 1995.

"In the early stages of Alzheimer's," Tanzer

wrote, "his exuberant self—sitting across the breakfast table each morning—looked reassuringly the same. Yet he who had always been meticulously organized began to lose his keys or forget appointments or misplace important files." Once he walked home from work because he forgot where he had parked his car. "He joked about it, saying that only an absent-minded professor could possibly misplace something that big.

"But it was far from a laughing matter when in the following year he got lost in an Italian town . . . [after] he went around the side [of a church] to take some photographs. I stood in the open piazza and waited. And waited. . . . An hour later, he pulled up in a van, looking pale and bewildered, accompanied by two Italian policemen. He had lost his way back to the piazza, he explained."

Tanzer wrote of feeling trapped as her husband's illness grew worse. "Paradoxically, it was then—when I felt most severely confined—that I recalled a passage about freedom in a book my husband and I had read aloud to each other in 1973, during an automobile trip to visit our daughter in a Connecticut psychiatric hospital."

The passage was from a book called *Man's Search for Meaning* by Viktor Frankl, a Viennese psychotherapist who had been imprisoned at Auschwitz. Frankl wrote that "the last of human freedoms," the freedom that cannot be taken away, is the ability "to choose one's attitude in any given set of circumstances." Tanzer found that by focusing on her inner freedom to choose her attitude—her outlook each day—she was able to continue caring for her husband for the next seven years and accept his decline and eventual death.

The freedom to choose one's attitude. Acceptance. Asking "what am I meant to do?" These are the guideposts that Tanzer uses to keep her inner self on track and away from that slippery slope of depression and self-pity. "It's the inner stuff that gets me through," she says.

Tanzer also "gets through" by keeping busy. She volunteers regularly at Dartmouth's Norris Cotton Cancer Center in the chemotherapy infusion suite. She's one of several volunteers who underwent training in Reiki, an ancient and gentle healing technique that originated in Tibet. Tanzer and her fellow volunteers offer Reiki to patients who are receiving chemotherapy and to caregivers who accompany the patients. A handout about the service describes a Reiki treatment as follows: "While the client is seated or lying down and fully clothed, the practitioner's hands are placed along energy centers and pathways on the head, shoulders, upper chest, abdomen, legs, and feet. . . . As energy is



Gardening is one of the activities Tanzer enjoys; she also volunteers regularly at DHMC. Below are photos of her parents; she is currently writing a memoir based on their letters to each other.

transferred, you may feel warmth, coolness, gentle tingling or deep relaxation."

"It just seems to provide this sense of inner peace and harmony," Tanzer says of Reiki. "Some people think it's totally off-the-wall. So we're always treading a fine line. . . . But usually if they have an experience with it, they'll say, 'Ahh, I just feel so much better.' . . . Coming into the infusion room must be scary," she observes. So to have someone say to patients, "I just want to lay my hands on you, maybe help you relax and feel better." . . . I'm grateful that the Cancer Center is open to this."

Some people may think that it's surprising that Tanzer, a lifelong Catholic, is herself open to Reiki. The Catholic Church is generally not receptive to healing that isn't rooted in Christian scripture or Western science. In fact, the U.S. Conference of Catholic Bishops dismissed the potential benefits of Reiki and equated it with superstition. When Tanzer heard about the statement, she was furious and considered writing a response to the bishops.

But for now, another writing project is consuming much of her attention. She is composing a memoir about her parents, based on the more than 500 letters they exchanged before getting married. "On the outside, there was nothing that one would think would attract these two," says Tanzer of her parents. Her mother was from a Protestant family in the Deep South. Her father was from a large Irish Catholic family in the North. But nevertheless they fell in love, got married (over protests from both families), and lived a very happy life together.

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Her mother was from a Protestant family in the Deep South. Her father was from a large Irish Catholic family in the North. They married over protests from both families.



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Letters

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list. Out of the flood of magazines that I receive, yours is one of the very best.

DONALD R. HART, JR.
Salisbury, Conn.

Appetite for history

I read with great interest the article by Dr. Lee Witters in the Winter 2008 issue (“Diabetes Detectives”—see dartmed.dartmouth.edu/w08/f02). I wish I’d known while I was a student that there’s so much historical material about medicine in the Dartmouth archives.

I’ve always been fascinated by the history of medicine, and my interest was given a boost after I read Constance Putnam’s history of DMS (*The Science We Have Loved and Taught*, published by University Press of New England). Dr. Witters’s article whetted my appetite even more. Thank you for publishing a very interesting read.

ARIEL VITALI, M.D.
DMS '94
Lubbock, Tex.

DHART on board

I enjoyed the article about the rollover incident on I-91 and the DHART response to it (“Help from on High”—see dartmed.dartmouth.edu/su08/f02). I posted it on the bulletin board at the Killington, Vt., Firehouse because Alf Rylander, who figures prominently in the story, was our first-response instructor for several years; we’re proud to have been associated with him. I also sent a copy of the article to my son, who is a Blackhawk medevac pilot with the Vermont Army National Guard.

Thank you for the great story.

DEBBIE BURKE
Killington, Vt.

Reading matter

My husband and I would like to be placed on the mailing list to receive your magazine. Our granddaughter has been in treatment for cancer at Dartmouth for the last year, and I have read your many informative articles during our long visits. Thank you.

RICHARD AND DONNA MOORE
Chichester, N.H.

We are happy to place on our mailing list anyone who’s interested in the subjects that we cover. See the box on page 23 for details. ■

* Radford Tanzer was incorrectly described as an ear, nose, and throat surgeon in the print edition of this issue.

Hardy Stock

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“Out of all this background comes the gift of their love,” says Tanzer, “which was built on this ideal, that even if their families were going to take this strong stand and not be able to understand, that they knew that this was a very true love. That’s the kind of air that we breathed growing up. They respected [each other’s] differences, especially in religion. . . . We went to church with my father. It was hard for my mother, but she never complained about it. She went alone to her church.”

Tanzer is grateful to have found true love and companionship, like her parents had, not once but twice. Sheila married Radford Tanzer, a legendary plastic surgeon* at Dartmouth, in 1995, only months after meeting him at a friend’s house. He was 89 and she was 67.

“Our decision elicited amazement from most of our friends,” Sheila wrote in another feature for DARTMOUTH MEDICINE, in 2004. “Some of them had reservations because of the difference in our ages. . . . But our joint willingness to take a leap of faith was based on a rapport we discovered soon after our initial meeting—a harmony of souls that quickly deepened into devoted love.”

The couple enjoyed eight happy years together before “Rad,” as he was known, died after a series of infections and illnesses.

The year they met, Sheila asked Rad how old he felt. “I think I feel about 24,” he said. “That sounds a little far-fetched on one level,” Sheila admits, seeing as he was 89 at the time, “but he still had so much of his wit, his intellectual alertness, his attention to detail, and energy—which surpasses mine, and I’m eight years younger now than when he said that! So he’s a model to me.”

Sheila aims to continue approaching her own aging with the perspective that Rad evidenced—to look at the glass as half full and “not worry about the rest,” she says. Yet, like most people her age, she’s acutely aware of her body’s failings. She has a cardiac condition, known as a left branch bundle block, which affects the way her heart contracts. She has thin bones and fragile skin; she recently had to switch her wedding bands to her right hand because the skin on her left ring finger had become irritated.

“I want to take the best care [of my body] as I can,” says Tanzer, while, “at the same time, keeping a realistic attitude.” Death is the very definition of our mortal condition, she muses. “I hope I can face it with gratitude for the gift of life.” ■

Cultivating an optimistic outlook

Advice on healthy aging often focuses on eating well, exercising, and getting good medical care. While those are all important, of course, research shows that less-tangible practices may be just as essential to one’s health and happiness in old age.

“If you are the type of person who sees the glass half full,” says Dr. Stephen Bartels, director of the Dartmouth Centers for Health and Aging, “you’re going to age better than if you’re the kind of person who is always looking on the negative side.”

With Bartels’s help, DARTMOUTH MEDICINE compiled the following tips—strategies that have been shown to add more life to one’s years, not just more years to one’s life:

ANTICIPATE the complications that often come along with growing older.

ACCEPT unchangeable realities and uncertainties.

CONNECT with others—it’s good for your mood and your brain.

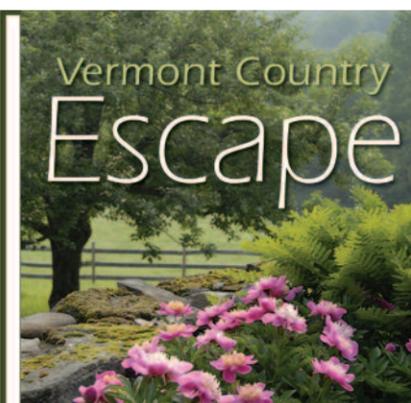
LAUGH. A lot.

LOOK AHEAD rather than dwelling on the past.

FOCUS on activities that you enjoy and are able to do well.

COMPENSATE as needed with reminders or technological aids for losses in memory, mobility, hearing, or vision.

For those interested in reading more about healthy aging, Bartels recommends two books: *Successful Aging* by John W. Rowe, M.D., and Robert L. Kahn, Ph.D., and *Aging Well* by George Vaillant, M.D., a visiting professor of psychiatry at Dartmouth Medical School.



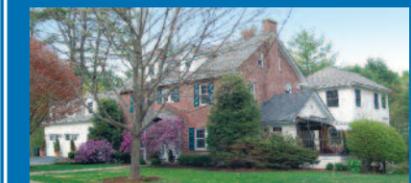
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