Dean Seibert, M.D.: First aid

By Roger P. Smith, Ph.D.

When Dr. Dean Seibert arrived in Shkodra, Albania, in 1998, there were 28,000 Kosovar refugees in and around the city. The conditions there were appalling, Seibert later commented. A former tobacco warehouse, for example, was the only home for 5,000 refugees who were crammed into the building with nothing more than plastic drapes for privacy.

"Everywhere, there was anxiety and profound depression that we could do little to alleviate," Seibert wrote in an essay for the Spring 2000 issue of Dartmouth Medicine. Many of the medical problems "were mundane, others were not. People with chronic illnesses had had no medications for months. Cancer patients had postponed treatment for disfiguring and potentially lethal skin lesions out of fear of the Serbian Kosovar medical establishment. . . . Many of the men were just out of Serbian prisons, where they had been systematically beaten, forced to beat one another, and psychologically brutalized," Seibert lamented.

Seibert arrived in Liberia three months after the civil war intensified and worked in refugee camps where people were starving. He remembers patients being brought to him in wheelbarrows because they were too weak or too sick to walk.

An associate professor emeritus of medicine at DMS, Seibert was not new to international relief work. In 1998, he'd volunteered extensively in Honduras after Hurricane Mitch. But Mitch was a *natural* disaster. In Albania, *people*, not nature, were doing horrific things to other people. Seibert returned from Albania about as depressed and unhappy with humanity as he had ever felt.

A few months later, he had an opportunity to return to the region on behalf of DMS, which was trying to establish a formal collaboration with the medical school at Kosova's University of Prishtina. The trip was a wonderfully healing experience for Seibert, he says, because by then refugees were flooding back into Kosova. Families and friends were reuniting, and it looked like there might be a future ahead of them, even though the region had been devastated. Looking back, Seibert is happy he could be part of the aid effort and part of establishing a lasting partnership between the Prishtina school and DMS. From his earliest days at Dartmouth, he has helped to bring a more global orientation to the Medical School and its students.

Seibert was hired by Dartmouth Medical School in 1965 as an instructor in medicine and the director of graduate medical education. He was familiar with the School from having done a fellowship in hematology at Dartmouth-Hitchcock from 1961 to 1963. (He'd earned his M.D. at Albany Medical College in 1958 and completed his residency at Albany Medical Center in 1961. In 2004, he was the recipient of his alma mater's Humanitarian Award.) After completing the fellowship, Seibert worked for a few years at the National Cancer Institute and then served as a commissioned officer in the U.S. Public Health Service from 1963 to 1965.

Shortly after joining the DMS faculty, Seibert was named assistant dean, then associate dean, for regional affairs—a position he held for 15 years. In that role, he helped establish a regional ambulance service and headed DHMC's Interact—a closed-circuit television network that allowed health-care and social-service providers throughout the region to communicate with each other. Because of his experience with Interact, Seibert was asked in 1976 to consult on a similar program based at an Indian reservation in Tuba City, Ariz.

That program, led by the Indian Health Service (IHS) and the National Aeronautics and Space Administration (NASA), was aimed at developing a communication system to link various far-flung communities on the reservation to a central facility in Tucson. (NASA's interest in the project stemmed from the agency's anticipated need to deliver medical care over vast distances.) Seibert helped set up a mobile health clinic that used a microwave system to transmit both voice and images in real time to Tucson—nothing radical now but a very advanced concept back then.

While in Arizona, Seibert visited the Navajo reservation "in hopes of establishing an affiliation for [DMS] with one of the IHS hospitals," he later recalled. "The first facility I visited was the one at Tuba City, where I discovered that the director was a DMS alumnus, Dr. John Porvaznik '56. It was the start of a very productive relationship." Seibert and Porvaznik encountered some resistance at DMS to the idea of collaboration, due to the site's remote location. But they persisted and, in 1977, established a primary-care clerkship in Tuba City for DMS students. Over the next 20-plus years, Seibert continued to visit the hospital there, and the clerkship is still thriving today.

Seibert has helped to create volunteer opportunities for DMS students in Honduras, too, through two organizations—one called Americans Caring Teaching Sharing (ACTS), that is currently based in the Upper Valley, and another called Ohiyesa, that he founded with another DMS faculty member, Dr. John Lyons. About 12 years ago, ACTS invited Seibert to work in a village in the mountains of Honduras. Seibert has been going regularly to Honduras ever since and taking DMS students with him. Ohiyesa (which is named in memory of a Sioux alumnus of Dartmouth College who became a doctor) supports students who want to provide medical care to underserved people and bridge cultural barriers. Ohiyesa has funded most of the DMS students who have participated in this work in Honduras.

In a way, Seibert's work in Honduras is what led to him to Alba-

Roger Smith is a professor emeritus of pharmacology and toxicology at Dartmouth Medical School. He writes regularly for the "Vital Signs" and "Discoveries" sections of Dartmouth Medicine. *See page 22 in this issue for another sample of his work.*

nia. In 1998, when Hurricane Mitch struck Honduras, Seibert led a medical aid team that traveled to La Mosquitia, a very primitive and isolated area accessible only by air.

Soon after he returned to his home in Norwich, Vt., exhausted yet inspired, he saw images on television of refugees fleeing from the war in Kosova. It struck him that here was yet another group of particularly underserved people. So he got in touch with Northwest Medical Teams, a Portland, Ore.-based organization that is similar to Doctors Without Borders. The group was already pulling together teams to respond to the Kosovar crisis, and Seibert ended up going to Albania for a month. Ever since, Seibert's life has been marked by one humanitarian relief effort after another.

Upon returning from Albania, Seibert became involved with the Tucker Foundation at Dartmouth College. He helped set up the foundation's Cross Cultural Education and Service Program in the impoverished city of Siuna, Nicaragua. Students and faculty from Dartmouth College, its Thayer School of Engineering, and DMS travel regularly to Siuna to work in health, construction, and agricultural initiatives.

Next for Seibert came Liberia. In the summer of 2004, Liberia's civil war, which had been going on for years, intensified. Rebels surrounded Monrovia, the capital, and the president fled the country. The United Nations (UN) came into the country to provide security where they could and humanitarian services. Seibert, working again with Northwest Medical Teams, arrived three months later. At the time, the UN controlled only about 20% of the country, and the rest was still in the hands of various rebel groups. Seibert worked in refugee camps where people were desperately underserved. For the first time he saw significant numbers of people who were starving. He remembers patients being brought to him in wheelbarrows because they were too weak or too sick to walk.

Seibert's team had planned to stay in Liberia for a month, but at the end of their third week there, fighting erupted between some of the armed groups and the UN forces. Seibert and his team had to hide out and wait for a UN convoy to rescue them. They flew out a week earlier than they had expected to, but with security having broken down entirely, that seemed to be the only alternative.

From Kosova to Honduras, Liberia to Sumatra, Dean Seibert has delivered care in some of the globe's most troubled regions. Here, he checks out the throat of a Pakistani man. But he's found that a hand on a shoulder can help as much as a potion.

Back home once again in Vermont, Seibert had barely unpacked when the most devastating tsunami in modern history hit Southeast Asia on December 26, 2004, killing nearly 300,000 people. Seibert immediately signed up for a Northwest Medical Teams mission to the Indonesian island of Sumatra.

He and five other medical professionals had planned to work in the heavily damaged city and province of Banda Aceh. The area had been in rebellion against the government in Jakarta for about 15 years, so traveling in the region was treacherous. The only way to go safely was to fly, but planes were difficult to come by. When Siebert and his team finally got there, they found that the city had been totally devastated. Many relief groups were already there, but organization among them was lacking. (See the cover feature in this issue, beginning on page 36, for various post-disaster dos and don'ts.)

After canvassing the city, Seibert's team decided that they could be of greater help in a more remote region. The problem was that the Indonesian government had established priorities for the use of helicopters—food and water first, then medical care—but a helicopter was the only way they could fly there. Seibert's team eventually hired a boat to bring them to the village of Lom No. But getting into Lom No was a problem, too, because it was essentially a combat zone. The Indonesian military had established a perimeter around the village. "They wouldn't let us go beyond that without a military escort," Seibert remembers. So he and his team rode into Lom No in an ambulance bristling with assault rifles.

The first relief teams to arrive after any disaster have particular challenges, explains Seibert. You don't know where you are going, what you will have to work with, or what you will be confronted with, he says. You have to do three things: first you have to secure your own body and mind or you will be of no use to anyone; then you must set up the logistics for subsequent teams; and finally you get to provide medical care.

Its first night in Lom No, Seibert's group stayed in the loft of a home. The temperature hit 102 degrees and mosquitoes abounded. In the middle of the night, an aftershock struck and everyone in the

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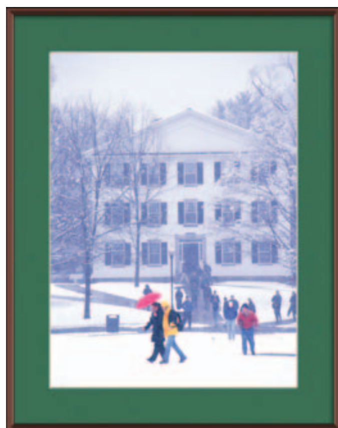

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house ran outside and stood in the mud, expecting the whole structure to fall down. Regular aftershocks persisted for a couple of weeks. Soon, however, villagers and relief workers alike decided that any building that was going to fall down already had.

Helping the tsunami survivors was challenging but tremendously rewarding for Seibert—which is what motivates him to join one relief effort after another. "He can have quite an emotional reaction when he's first back and tries to talk about" his experiences, says Ann Seibert, his wife of 48 years and a representative to the Vermont State Legislature. "But I think he finds more hope [than despair] in what they can do." It's tough for him sometimes, she says, when he realizes that things he and his fellow relief workers "fix" when they fly in don't stay fixed after they fly out. Nevertheless, "he finds that he can make a difference" doing this kind of work, she says, and that feels good. "And he loves the adventure component. Hardship conditions don't intimidate him," she adds.

Not long after returning from Indonesia, Seibert was confronted with a natural disaster much closer to home—Hurricane Katrina. As he watched the crisis unfold on TV, he remembers thinking, "I have responded to such things all over the world and here is one right at my back door." The Public Health Service was calling on inactive reservists to activate their commissions and help. So Seibert scrambled to complete the needed paperwork and to get the appropriate uniforms, and then headed south. He had planned to go to New Orleans but was assigned instead to San Antonio, Tex., to help care for 30,000 Katrina refugees sent there. Authorities had taken over Kelley Air Force Base just outside of town, and Seibert's team was in one of the buildings that they had opened. It had five rooms—four of which were larger than football fields and packed with Army cots cheek by jowl. The fifth room was full of cubicles, and that's where Seibert and his team examined patients. The most common problems were related to chronic conditions, such as diabetes and hypertension. Many of the evacuees had little or none of their regular medications left, and most were lacking medical records.

Seibert's team of seven also worked along-

side a group of about a dozen family physicians from the Barrio Family Health Center in an underserved village on the outskirts of San Antonio. As the number of patients began to decline, various members of the team were decommissioned or assigned elsewhere. The last member of his team to leave, Seibert was in Texas for several weeks before returning home once more—but not for long.

As the media chattered this fall about "compassion fatigue," Seibert was preparing to travel to Pakistan, where a 7.6-magnitude earthquake struck on October 8, 2005, killing about 73,000 people and leaving an estimated 3 million people homeless. He left for the mountains of Pakistan on November 29, working under the auspices of Mercy Corps, a U.S.-based nonprofit. His three-member team also includes a Pakistani physician and a nurse. "This [trip is] very different" for Seibert, says his wife, "because it's so cold in the mountains." In Banda Aceh, Seibert and his team endured blazing sun and torrential downpours. In Pakistan, he's weathering arctic conditions. He's scheduled to return on December 23.

As an active emeritus member of the faculty, Seibert is eager to share the lessons he's learned with medical students—especially since he's noticed an increasing interest on their part in the developing world. Students seem to want to fit humanitarian experiences such as his into their own professional lives, he's observed.

To be sure, Seibert has gained a wealth of knowledge. For example, he's learned that it can be difficult to "isolate medical ethical dilemmas from the fundamental immorality of [a] situation." And sometimes, the promise of medical care to the poor and disenfranchised can be used as "a subterfuge to achieve political goals." Cultural barriers can be significant, too. In Indonesia, for example, Seibert's patients were mostly Islamic, had a different sense of the role of medicine, and had been traumatized physically as well as emotionally. Even for someone as experienced as Seibert, it's sometimes hard to know how to provide support under such circumstances. So he's come to rely on a simple, nonmedical technique: simply placing a hand on the shoulder of those who feel that life has all but done them in. "To show a little empathy is perhaps more important than what we carry in our bottles," he says. ■

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Throughout their 59-year marriage, Gladyce and Ward Amidon were a team. Together, they ran Amidon Jewelers in Hanover, N.H. Together, they enjoyed their free time. And together, they gave generously to DHMC.

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FEATURES

- guaranteed fixed income for life
- partially tax-free income
- charitable tax deduction
- cash or appreciated assets may be gifted
- income for one or two lives

SAMPLE RATES

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