Peter Wright, M.D., '65: Master builder

By Laura Stephenson Carter

Thanksgiving Day of 2007 found Vanderbilt pediatric infectious diseases specialist Dr. Peter Wright peeling bark from felled hemlock trees in Norwich, Vt. No, he wasn't searching for infectious organisms that live on trees. He and his wife, Penelope, are building a new home on a 12-acre wooded lot in Norwich, and the trees—as well as other local and earth-friendly materials—will soon be incorporated into the house.

Wright has been a builder most of his life—of houses (he even worked construction a few summers in college), of research initiatives, and of health-care programs both in the U.S. and abroad. At Vanderbilt, he built a leading center for the study of pediatric infectious diseases. Internationally, he has built health-care and vaccination programs for children in Haiti and other countries. Now, he's building a new role for himself that blends advocating for global health with holding part-time faculty positions at both Dartmouth and Vanderbilt.

That doesn't leave him with much time for working on the new house, he admits. He's quick to note that his wife—who completed a two-week course at the Yestermorrow Design/Build School in Warren, Vt., and is the project's general contractor—is doing the lion's share of the work. But he helps out when he can.

Like any accomplished builder, Wright knows that "you start with excellent and innovative materials and personnel. You have a clear understanding and dream of the structure you are going to build. And then," he adds, "you sit back and watch it unfold—sometimes in surprising ways." When he began assembling materials and personnel to build Vanderbilt's Division of Pediatric Infectious Diseases in 1974, he never imagined the impact it would have. Dr. James Crowe, a Vanderbilt expert on respiratory syncytial virus (RSV), calls it "the most successful pediatric infectious diseases division in the country." Others have agreed.

"The credit goes to the people who are there," insists Wright. "I may have had some role in attracting them and keeping them there and being supportive of their efforts . . . and giving them good advice in research direction. But," he repeats, "it's really the people who are there." The 18-member division includes a broad range of physician-investigators who provide clinical care as well as do basic research on a multitude of infectious organisms and diseases, from *Varicella zoster* (which causes chickenpox and shingles) to HIV/AIDS.

Grew up: New Haven, Conn., and Manhattan

Education: Dartmouth College '64 (A.B. in biology); Dartmouth Medical School '65 (B.M.S.); Harvard Medical School '67 (M.D.)

Training: Children's Hospital Medical Center, Boston; National Institutes of Health

How he met his wife: On a blind date when he was a Dartmouth sophomore and she was a student at the Mary Hitchcock Memorial Hospital School of Nursing

Children: Timothy (Dartmouth '89), Justin (Williams '96), Benjamin (Dartmouth '98)

Grandchildren: Three, with one more on the way

Avocations: Collecting Haitian paintings and sculpture and building a Victorian dollhouse

Wright's interest in infectious diseases is due in part to the field's "high 'whodunit' quotient."

One of Wright's favorite "building" projects was a pediatric vaccine clinic that provided comprehensive care at any given time to about 200 children up to five years of age. Though he's a man of few words on many subjects, it doesn't take much to get Wright talking about this initiative. Parents could enroll their children in trials of new vaccines as they became available, he says. In addition, "we informed the parents when they joined the clinic of our interest in obtaining small samples of blood and nasal washes—snot, if you will—with each respiratory illness." The clinic ran for nearly 30 years and not only provided "excellent pediatric care" but, adds Wright, also served "as a testing ground for newer vaccines and as a 'laboratory' for defining the impact of various respiratory diseases." More than 100 research papers came out of the clinic's work.

The foundation for Wright's career was laid long before he came to Dartmouth. He traces his interest in medicine to his father, Dr. Myron Wright, a 1938 DMS graduate, and his passion for infectious diseases to a three-year stint under Dr. Robert Chanock at the National Institutes of Health (NIH) Laboratory of Infectious Diseases. A vaccine pioneer, Chanock identified RSV, which causes cold-like symptoms and bronchitis in healthy children but life-threatening pneumonia in premature infants, youngsters with congenital heart disease, and people who are immunocompromised.

Wright's interest in infectious diseases grew "with new infections emerging that demanded new therapeutic and preventive approaches," he says. "There is a high 'whodunit' quotient that is based on a thorough history and physical exam."

He began building the international portion of his career in 1974, spending two months in Haiti at l'Hôpital Albert Schweitzer, in the country's rural Artibonite Valley. His wife, a nurse who was then pregnant with their third child, and their two young sons accompanied him. While Peter Wright worked as a pediatrician, Penny Wright worked as a nurse—administering medications and giving "injections to babies with TB who were so thin that it was hard to find a place to

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JONATHAN RODGERS

Peter Wright, right, is pictured here with Haitian physician Sonia Jean during a 2004 trip to Port-au-Prince. Wright made his first visit to Haiti in 1974.

put the needle," she recalls. Her husband had never seen such extreme poverty, and "it took him a while to get used to it," she remembers. She, however, had had some exposure to poverty growing up because she had lived in Africa with her family. "Once you get past [the poverty]," she says, "you see the soul of the people and how good and kind they are."

The experience in Haiti "proved to be very formative later on in terms of thinking about international health," Peter Wright explains. He and his wife worked at l'Hôpital Schweitzer again in 1977 and in 1985. It's "a remarkably well-organized and staffed facility," Wright observes. "But it exemplifies limitations of what can and can't be done in a developing country."

It was also in 1974 that Wright moved his family to Nashville, where he became Vanderbilt's first head of pediatric infectious diseases. "I knew little about Vanderbilt beyond the reputation of the chair of pediatrics, Dr. David Karzon," Wright confesses. "For somebody trained in the Northeast and at NIH, it seemed a bit like stepping off the edge of the earth." In October of that year, the Wrights' five-year-old son, Matthew, was hit and killed by a car. The family was devastated. "His loss impacted us tremendously, with Peter turning to his work as a means of coping and honoring Matthew's life," says Penny Wright, "and me learning how to use my experiences with loss and grief in my work with women with high-risk pregnancies."

"We both came out of it very dedicated to doing things in his memory and more introspective, deeper people," says Peter Wright. "It certainly helped me understand the grieving of patients and parents that I cared for." Reeling from the loss, but more determined than ever to make his work count for Matthew's sake, he continued building the infectious diseases division. Later, he directed major research efforts, including the vaccine clinic, a vaccine treatment evaluation unit, a respiratory pathogens research unit, and more. He tested and introduced RSV vaccines, coordinated pediatric trials for swine influenza vaccine, and conducted experiments with live rhesus rotavirus vaccine, as well as other vaccines. In 1987, he created the HIV Vaccine Program at Vanderbilt, and he has subsequently headed international trials of an HIV vaccine.

As the years passed, Wright became ever more involved in international health. During a sabbatical year in 1987-88, he was a consultant for the Expanded Programme on Immunization of the World Health Organization (WHO) in Geneva, Switzerland. In the 1990s, he began playing a central role with GHESKIO (which, in French, stands for Haitian Study Group on Kaposi's Sarcoma and Opportunistic Infections) in Port-au-Prince, Haiti. He provided medical expertise, helped to train Haitian physicians, and collaborated on HIV research. And he has continued to consult for WHO on global health matters, including HIV ethics and polio eradication. He has also helped the organization explore measles eradication and vaccination. He recently began working on a vaccine for dengue, a tropical disease spread by mosquitoes.

His background in infectious diseases and training in microbiology and virology, combined with his experience as a pediatrician in Haiti, give Wright a unique perspective on dealing with global health matters. There are "a lot of epidemiologists and a lot of people with experience in mass epidemiologic approaches or operational research," he explains, but "fewer people"—people like him—"who can think about the problem in terms of the biology of the particular organism that's being discussed."

Thirty years ago, doctors thought antibiotics and vaccines would one day conquer infectious diseases. But it is now "very obvious," says Wright, that "evolutionary . . . forces are at work." For instance, "we see the emergence of antibiotic-resistant *Staph aureus*, which has gotten a lot of publicity recently. We see the emergence of potential pandemics of SARS, of avian flu," he adds, "and we recognize the global interconnectedness of the world and the fact that people can and do travel quickly from place to place and can even be perfectly well while they're traveling [but] incubating diseases."

Now that Wright is spending part of his time at Dartmouth, he hopes to contribute to the infectious diseases program here. "Peter is widely known in infectious disease and international health circles as a physician-scientist of many talents—respiratory virologist, vaccinologist, and expert on HIV infections in the developing world," says Dr. John Modlin, the chair of DMS's Department of Pediatrics. He, too, is an international expert in childhood infectious diseases and, as it happens, trained with Wright at Boston Children's. "I expect Peter will continue his involvement in all these areas at Dartmouth," says Modlin, "and will inspire students and residents to follow his lead."

Meanwhile, Wright continues "building" projects all over the world. With luck, he'll be in Norwich often enough to help complete the building of his new home—scheduled for October 2008. ■