

**WORLDLY WISE:** More than 1,400 people turned out to hear Dr. Paul Farmer, subject of the bestseller *Mountains Beyond Mountains*, speak at DMS in November. He gave the keynote address at a three-day symposium on global health and poverty.



THEN & NOW

A reminder of the pace of change, and of timeless truths, from the Spring 1965 *DMS Quarterly*:

Dr. Philip Nice, DMS's associate dean, described a "remarkable change that has taken place [at] Dartmouth Medical School"—the fact that in 1959, an entering class of 24 students had been admitted from a pool of 285 applicants, whereas just five years later, in 1964, a class of 48 students was admitted from a pool of 697 applicants. "The number of students has been doubled without compromising quality," Nice emphasized, and "warm student-faculty relationships have endured this period of expansion."



76

Students in the M.D. class that entered DMS in 2006

>4,600

Applicants for that class

**New Yorkers experience skunks and starry skies**

I have a skunk living in my backyard, and somehow I've grown accustomed to the smell," says DMS third-year student Barry Ladizinski. Ladizinski is one of five longtime New Yorkers—all graduates of the city's Sophie Davis School of Biomedical Education—who are finishing up their M.D.'s at Dartmouth. And enjoying some of the quirks of rural living.

At Sophie Davis, students complete a B.S. degree and two years of medical school in five years, then transfer to a partner medical school to finish their M.D.'s. Dartmouth is the first partner school outside New York State for Sophie Davis, which encourages its students to pursue careers in primary care in underserved areas. The DMS affiliation gives the New Yorkers experience in a new locale and adds to the diversity at DMS.

**Turmoil:** Yasotha Rajeswaran, another member of the Sophie Davis group, is from Sri Lanka; she left that country with her family during the civil war there and moved to New York City when she was 13. The turmoil in her own life helps her empathize with the patients she is seeing at Dartmouth.

The Sophie Davis students, like their fellow DMS third-years, are working their way through a series of six-week clinical clerkships. During her family medicine clerkship, Rajeswaran shadowed a visiting nurse on a home hospice visit to a pa-

tient with Parkinson's. "He was a sculptor," she says, "and all his artwork was beautifully displayed throughout the house. Seeing him at his own home with his family reminded me what a major impact a terminal illness has on family members. . . . It is often easy to forget when we see a patient in clinic or hospital. It was enlightening to see the family members struggle to make decisions with the patient's best interest at heart."

Another member of the group, Shahla Syed, did a research project at Sophie Davis on health risk behaviors in American Muslim youths. She is interested in international

health and plans someday to work with Doctors Without Borders. She has taken medical Spanish, is interested in Hispanic populations, and did her DMS primary-care clerkship at one of the largest family-practice clinics in Florida's Middle Keys.

A physician she shadowed there saw up to 60 patients a day—many of them uninsured, like a construction worker with a pain in his eye. "It was pretty amazing to watch Dr. O'Connor remove this speck of metal by scraping part of the cornea . . . with [the patient] lying there wide awake," Sayed says.

**Triggers:** Back at Dartmouth for her psychiatry clerkship, Sayed enjoyed working with Dr. Donald West. He "cares about students and their situations," she says, and emphasizes "both

LAUREN WOOL



Three of this year's five Sophie Davis transfers to DMS pause for a photo at DHMC—from the left, they are Lilian Chen, Yasotha Rajeswaran, and Katherine Walia.

For a **WEB EXTRA** with two trailers for the film below, plus a link to the website for the project, see [dartmed.dartmouth.edu/winter07/html/vs\\_film\\_we.php](http://dartmed.dartmouth.edu/winter07/html/vs_film_we.php).

the biological and social triggers of psychosomatic illness.”

The chance to do family medicine in a rural setting was an aspect of coming to Dartmouth that Katherine Walia found particularly appealing.

Ladizinski, too—when he’s not learning to appreciate the aroma of skunks—has been enjoying family medicine. “I worked with some great [teachers],” he says, “such as Drs. Don Kollisch, Lou Kazal, and Joel Lazar. It is truly amazing what these docs are able to accomplish in 15 minutes and the amount of issues that they are able to balance simultaneously.”

His first clerkship was in psychiatry. Beforehand, “I thought New Hampshire would be lacking in terms of psychiatric patients,” Ladizinski observes. “But I soon came to realize that people everywhere have psychological issues, even in the #2 place to live in the U.S.A.,” he adds—referring to the fact that Hanover was judged by *Money* magazine to be the nation’s second-best place to live.

**Air:** Ladizinski seems to agree with that assessment. “I love it,” he says of the area. It’s “peaceful” and “slow—sometimes too slow, particularly on [Route] 120 in the a.m.,” he admits. But he finds many other things about the area to his liking, especially the “good air.”

Clear skies also top Lilian Chen’s list of the joys she’s discovered in New Hampshire: “For the first time,” she says, “I saw a sky full of stars and was actually able to see constellations!”

MATTHEW C. WIENCKE

## Student had 37 million reasons to do film project

**W**hat does cinematography have to do with fighting illness? If you’re second-year DMS student Aimée Peck, the answer is “Everything.”

During the summer of 2007, Peck teamed up with award-winning filmmaker Aaron Edell, who happens to be her fiancé, to produce a documentary in Tanzania on a nasty tropical disease—African river blindness, also known as onchocerciasis.

**Worms:** The disease, which occurs near fast-flowing rivers, especially in remote African agricultural villages, is caused by the parasitic worm *Onchocerca volvulus*. Its larvae are spread by the bites of simuliid black flies; the larvae live in nodules under the human skin and mature in about a year. A single adult gives birth each day to thousands of microscopic worms, called microfilariae. As the microfilariae travel beneath the skin and through the blood, they cause extreme itchiness and pain, skin lesions, inflammation, and seizures; over the years they can migrate to the eyes, causing scarring and eventual blindness.

**Drug:** The 30-minute documentary, titled *37 Million and Counting*, aims to raise awareness about efforts to treat the disease in the 37 million people worldwide infected with it. Since 1988, the pharmaceutical firm Merck and Company has been donating a drug called ivermectin to affected countries; the company intends to provide the

drug as long as it’s needed. It does not kill adult worms but keeps them from producing offspring and paralyzes the microfilariae. So patients need to take a dose once a year for up to 20 years, until the adult worms die.

Peck filmed the documentary in Tanga, a region in northern Tanzania, where a community-based treatment program has been successfully distributing ivermectin. “Right now, onchocerciasis is relatively well-controlled in Tanga,” Peck says, even though “at least three districts in Tanga are onchocerciasis-endemic and 200,000 people have been identified as needing treatment.”

**Foot:** The film highlights the heroism of people at all levels of the distribution chain—from the director of the national onchocerciasis clinical program; to regional and district coordinators; to village-level distributors, who

travel on foot to carry the drug to all infected individ-

uals in their communities, including many who live miles from the nearest road. One district coordinator tells Peck he could do his job better if he had a four-wheel-drive truck instead of a motorbike. And a village distributor wishes he had rain boots to keep his feet dry during the rainy season, when he hikes for days on muddy paths.

The distributors often leave their jobs, sometimes for weeks, to get the medicine to those who need it. “They’re not working in

their fields, so they’re losing money,” Peck says. Sometimes they can’t afford to eat. “They have the bulk of the responsibility for making the program a success, and yet they’re doing it on an empty stomach.”

**Blind:** But if the distribution system were to fail for even a single year, the microfilariae would survive and people’s symptoms would return. Prior to the 1988 program, in areas where the disease was endemic, up to 60% of the population was infected and up to 10% of those infected were blind. Now, the blindness rate has fallen to less than 1%.

DMS was “instrumental in getting me the support I needed to make this project happen,” says Peck, who expects that the film will be ready for release sometime in early 2008.

KELLEY MECK



Peck, right, chats with a district coordinator who wishes he had a four-wheel-drive truck to reach distant villages.