

We're always glad to hear from readers—whether it's someone weighing in about an article in a past issue or someone asking to be on our mailing list for future issues. We are happy to send DARTMOUTH MEDICINE—on a complimentary basis, to addresses in the U.S.—to anyone interested in the subjects we cover. Both subscription requests and letters to the editor may be sent to: Editor, DARTMOUTH MEDICINE, 1 Medical Center Drive (HB 7070), Lebanon, NH 03756 or DartMed@Dartmouth.edu. Letters for publication may be edited for clarity, length, or the appropriateness of the subject matter.

We love the fact that our readers care about the fine points (we do, too!) and let us know when an occasional error slips through our fact-checking process. Recently, one reader pointed out that a significant specialty wasn't represented in our feature on health reform (while that wasn't an actual error, we agree that it was a regrettable omission), and another reader noted that we were in error about the specialty practiced by a late member of the faculty.

Regrettable omission

I write concerning "The Road to Reform" in your Summer 2009 issue (see dartmed.dartmouth.edu/su09/102). I read the opinions of all your experts and found, to my surprise, no psychiatrists or other mental-health providers. This cannot be for the lack of available experts connected to Dartmouth—several of whom I know personally.

In the absence of a psychiatric perspective in your article, here are my thoughts on the question you posed about the biggest problems with the current U.S. health-care system:

From my perspective—as a public-sector psychiatrist working with people who are involved in the criminal justice system—the biggest problems are (1) lack of parity for mental-health benefits; (2) bizarre, silo-funding schemes for mental illness, addiction, medical illness, and developmental disabilities; and (3) the huge number of uninsured patients.

On the first problem, we have had some positive movement in recent years. But it is a shameful

thing that people with serious mental illnesses must lose any private benefits in favor of Medicaid in order to be eligible for the gamut of psychiatric and rehabilitative services that they often need.

On the second problem, there hasn't been as much movement—at least not in my state. The vast majority of the patients I see have mental illness and comorbid addictions. Nearly all of them have chronic medical illnesses as well. And a plurality have developmental disabilities or early head traumas. In my state, each of these four areas are covered differently, and it can be exceedingly difficult for pro-

viders in one program (such as a mental-health program) to work effectively and collaboratively with providers in another program (such as a primary-care clinic). Thus, often, something falls through the cracks.

On the third problem, what more is there to say?

Is it any wonder that there are an estimated 800,000 people with mental illness in the criminal justice system? Or that people with mental illnesses die 25 years earlier than their non-mentally ill peers?

While I do not have much faith that the federal government can effectively manage a single-payer health plan, I am

not sure what alternative would better suit my patients.

ERIK ROSKES, M.D.
DARTMOUTH COLLEGE '86
Sykesville, Md.

We, too, regret that a psychiatric perspective was not included in our feature on health-care reform. We invited two psychiatrists to respond to our questions, and one accepted the invitation but wasn't able to respond, even after a couple of reminders—and by that point it was too late to extend another invitation. We appreciate Roskes's willingness to help fill the gap.

Sometimes we enlighten

My one obsession in life is the newspaper; I read three a day. When my copy of DARTMOUTH MEDICINE arrives, however, all other reading and work stop. Your magazine takes over my day until I have read the issue from cover to cover.

I am not in the medical field but was introduced to your publication during my two major surgeries at DHMC. It is a wonderful, well-written, informative piece of journalism, even for those of us who don't understand all the technical terms. Your recent feature on health reform was especially enlightening.

Kudos to the magazine staff, and thanks to DHMC for my continued good health. Keep up the great work.

AL HYNES
Nashua, N.H.

And sometimes we ear . . . er, er

I believe that Radford Tanzer [a longtime DMS faculty member, who was mentioned in a Sum-

The Road to Reform

Can we get there from here?
By Ben Fisher

What U.S. health care costs at \$2.4 trillion and rising, there is unprecedented urgency to reform the system. Previous efforts to fix the country's current model have faltered on its complexity, but this time about widely referred to as "the Dartmouth reform" may make a difference. Here are projections for how a current leader of that reform, and then from a place of health-care delivery, he believes specialists have all across the country.

Illustration by Ben Fisher

When you get to the end of the road, you have to turn around. That's the message of the cover of *The Road to Reform*, the new issue of *Dartmouth Medicine*. The cover features a landscape with a road that leads to a mountain range. The road is paved, but it's a dirt road, and it's a long, winding road. The mountains are in the distance, and they're covered in snow. The sky is blue, and there are some clouds. The overall mood is one of hope and determination.

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mer 2009 feature on aging titled “Hardy Stock”—see dartmed.dartmouth.edu/su09/f01] was an eminent plastic surgeon—not an ear, nose, and throat surgeon, as stated in the article. But I think it can certainly be said that his most outstanding accomplishment was an uncanny ability to reconstruct the external ear.

JAMES W. WIGGIN, M.D.
DC '55, DMS '56
Sarasota, Fla.

Wiggin is correct. The late Radford Tanzer was indeed a plastic surgeon, and he achieved international renown as the “Father of Ear Surgery.” Dare we say that our ears are red regarding the error?

The hard work of aging well

Thank you very much for the thoughtful description of my father in “Hardy Stock” in the Summer issue of DARTMOUTH MEDICINE. The article and the photographs were lovely, and we all enjoyed getting to know writer Jennifer Durgin and photographer Jon Gilbert Fox.

I think we can learn much from people like my father and Sheila Tanzer, who was also featured in the article. One has only to look at their faces to see the beauty that can come with age and a life well lived. I think it is sad and troubling that our society prizes youthfulness over age and that many of us seek to erase the signs of our years from our faces and bodies. Age should be a badge of pride—not of shame or embarrassment.

I have tremendous respect for my father’s efforts to face himself and the issues and sorrows he has



Lafayette Mills grew up in a poor home in California, yet used to a Dartmouth education investment when during World War II, taught technology for 23 years at Dartmouth Medical School, and returned in 1952. Now, at age 93, he still works from time and time of farmers’ fields and Christmas trees.

Story by Jennifer Durgin Photographs by Jon Gilbert Fox

Hardy Stock

A resilient spirit
 It’s a matter of life and death for the 93-year-old man in the photograph. He has a small, weathered face, a white beard, and a cap. He is holding a branch of a tree, and his hands are steady. He is looking directly at the camera with a calm, determined expression. The background is a blurred outdoor setting, likely a farm or a field. The text to the right of the image is a short story or article snippet.

This Summer issue feature on aging, especially the psychological aspects of aging well, drew a couple of responses from readers—including one correction.

carried from childhood. We all carry such burdens, but we may not be willing to face them. He has changed more in the three years since my mother’s death than he has over the past 50 years, and I know that the work that he is doing now will help him be free when his time here is done. It seems to me that whatever we do not face, we carry with us, and it lies with us, squeezing us in our deathbeds. Better to turn and look now.

The article could not possibly take in the full scope of my father’s daily life, of course, and the depth and range of his supports was not evident. He is blessed with a son-in-law who is as generous and kind to him as a son to a father. My brother and sister-in-law lovingly keep in close touch. And our neighbors are dear friends. He usually goes out to dinner twice a week—once to each of the two families whose lands border ours. If it takes a village to raise a child, it might also be said that it takes a village and a family to make it possible for a 93-year-old man to stay on a farm he loves.

Access to health care, shelter, work, and food are issues of jus-

tice and right, and our country is failing its own people, but it is also true that we can easily become confused. We all need “enough.” What is “enough”? My father’s life teaches me to remember that ultimately safety and security do not lie in an abundance of money or things. When all is as it should be, we can make a safety net for one another through our bonds of love and caring.

The people of our Quaker Meeting, the wonderful neighbors up and down our road, our friends, and all of our relatives have my gratitude for the richness they have made possible for my father and for us. And my father has my deepest respect for his spirit and courage. In hard times, I hope that I will always remember his example. When we prune our Christmas trees, he never wants to give up on a seedling or a tree—no matter how twisted or damaged. “Let nature take over,” he’ll say. “You can never tell what might happen. Let it grow.”

Thank you again for sharing our story with your readers.

KESAYA E. NODA
Meriden, N.H.

A well-seasoned mixture

I’m a Dartmouth College alum, but I discovered DARTMOUTH MEDICINE via a news release from Lafayette College, which is near me. The release noted that your Art of Medicine section had featured a work by Chiquita De Sousa, a Lafayette graduate and a current Dartmouth Medical School student.

I’m not a physician, nor am I directly involved in health care. Being a curious type, though, I explored a couple of back articles in your magazine—such as “Opportunity Knocking,” “Study identifies patterns in abuse,” “On the Other Hand,” “Avoiding the Shoals . . .,” and “The Road to Reform”—all of which I enjoyed very much.

DARTMOUTH MEDICINE is a fascinating collage—science seasoned with policy, opinion, and even art—a mixture that makes it exceptional. I think some of your articles may also be useful in my role as internship coordinator for the Alliance for Sustainable Communities in this area. Medicine and health care are not our primary focus, but we have a strong interest in community health, and there are certainly some students here who share that interest. I also thank you for making much of your content available in easy-to-use (and share) PDF files.

It was a pleasant surprise to learn of this excellent Dartmouth publication—even if I did learn about it in news of a Lafayette grad!

PETER CROWNFIELD
DARTMOUTH COLLEGE '66
Bethlehem, Pa.



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Ken-ya send me a back issue?

Thank you for your good work covering a variety of national and international medical and health topics. I always enjoy reading DARTMOUTH MEDICINE.

Could you tell me in which recent issue you featured a story about the brothers who are Dartmouth graduates from Kenya and are now in medical school at Vanderbilt? They built a clinic in Kenya with support from the Dartmouth community. I would like to give information about the clinic to a family physician friend who hopes to volunteer in Africa soon. If you have an extra copy of the issue with this article, I would surely appreciate one to pass on to my friend.

MAJ STORMGIPSON, M.D.
DMS '82
Coeur d'Alene, Idaho

We're always glad to provide readers who recall an article with a hard copy of the issue, if we have one, or a link to the story in our online edition. The article (pictured below)

about the brothers from Kenya is at dartmed.dartmouth.edu/w08/v01.

Here's to a good SPORT

I am one of the 1,000 or so subjects in SPORT [the Dartmouth-led Spine Patient Outcomes Research Trial; see page 7 for the study's latest findings]. I had constant pain, numbness, weakness, and muscle degeneration on my left side below my waist and poor urinary control. My doctor considered me a classic candidate for surgery but suggested I first check out nonsurgical treatments. He mentioned Dartmouth's Dr. Weinstein, so I contacted y'all and got into a study.

I'm happy to report that four years later I am just about pain- and impairment-free! No surgery, no drugs. I had one serious relapse (I overdid it on post-hurricane cleanup, got dehydrated during a week of heat due to no electricity, and skipped too many exercises for too long) but after six more weeks of physical therapy, daily ibuprofen, and a return to my exercise program, I am back to zero on the pain level.

Now I'm off ibuprofen, sleeping all night, staying hydrated, and stretching, exercising, and avoiding activities that put strain

on my lower back. And no obfuscating insurance companies, hospital-acquired multidrug-resistant infections, nor surgical accidents to live with!

Again, thank y'all for providing such a great resource.

MIRIAM L. DAVEY
Baton Rouge, La.

Prescription for career success

I would like to congratulate Laura Hester for her research on opioid use (see dartmed.dartmouth.edu/su09/v01 and scroll to "A Painful Conclusion") and encourage her in pursuing her career. I have spent the last 20 years analyzing state alcohol and other drug prevention and treatment systems, and studying emergency room data to determine the extent of drug-related admissions.

As Laura documented, the incidence of health problems related to the misuse and/or abuse of prescription opioids is rising. Hopefully, she can continue to pursue research in this area as she progresses through her career in epidemiology. I wish her continued success in addressing this emerging health problem.

JEFFERY A. HUNTER, M.P.H.
DARTMOUTH COLLEGE '75
Annandale, Va.

Science, with a side of conscience

I'm an adjunct professor in the Department of Earth Sciences at Dartmouth College, though I'm based in Guatemala.

I first encountered your magazine at the home of a colleague—geologist Dick Birnie, a professor at Dartmouth College and also a longtime cancer patient of yours. I have found it an excellent publication, especially in its portrayal of Dartmouth's efforts to make physicians think as scientists and not plumbers.

I now urge your magazine on any physicians I encounter if I feel they have a scientific bent and a sign of a social conscience, as so well illustrated by your magazine. Saludos!

SAMUEL BONIS
Guatemala

Making a dent in dental health

I read with great enthusiasm Jennifer Durgin's well-written article on dental health in your Summer issue ("Physicians sink their teeth into dental care"—see dartmed.dartmouth.edu/su09/v02).

I wanted to make your readers aware of some other local efforts to prevent oral disease.

Alice Peck Day Hospital in Lebanon, through Nancy DuMont's efforts, has been supporting a fissure sealant program in elementary schools in Lebanon, Enfield, and Canaan, N.H., for several years. The Londonderry area of the state also has a well-run program, and I'm sure there are others I'm not aware of.

Northern New Hampshire and Vermont clearly can be better served, and I salute those *continued on page 61*



A DMS alum enjoyed this story about a clinic in Kenya that was founded by a pair of Dartmouth College alums.

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family physicians who are stepping forward in their practices to focus on oral health.

My involvement in school-based dental health programs goes back to 1969, when Anne Segal, a teacher at Hanover's Ray Elementary School and a former patient of mine, agreed to oversee a pilot project by getting her fourth-graders to dry-brush daily.

From there, in 1970 and 1975, I took the program model to three elementary schools in Korea, with the help of Dr. Jim Gold of Thetford, Vt., and Dr. John Sibley of Etna, N.H. The program there involved not only the classroom teachers but also high school health aides who learned how to make fluoride rinses and then helped supervise the children as they dry-brushed every day and then rinsed with and spit out the fluoride be-

fore returning to their classrooms after recess.

Clearly there is a lot more that could be done in integrating sound oral health practices into the school day. And the science has changed markedly in recent years, so it would be great if those who wish to expand dental prevention into other parts of the health-care system would be willing to learn about current best practices. There's even now a lollipop containing a natural extract of licorice root that kills *Streptococcus mutans*, the main bug that causes cavities!

This is an important matter, since total health can't be attained without dental health as well.

Thanks for the great magazine. It is one of the few that I read cover to cover!

ROBERT C. KEENE, D.M.D.
Etna, N.H.

Keene is an adjunct associate professor of anatomy at Dartmouth Medical School.

Resident reader

As a former anesthesiology resident at DHMC, I always enjoy the timely topics and well-written stories that you offer quarterly in DARTMOUTH MEDICINE. My parents, who are located in the Philadelphia, Pa., area, also enjoy the magazine when I am able to share it with them. I would appreciate a subscription for them so they won't miss anything in the future. My sincere thanks.

CYNTHIA M.E. TABER, M.D.
Keller, Texas

We are happy to add to our mailing list anyone interested in the subjects covered in the magazine. See the box on page 21 for details. ■

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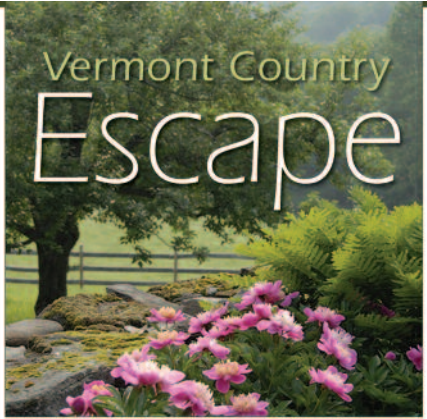


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