PRIMARY CARE: That's "primary" as in politics, not medicine. The presidential candidates for 2008 are being invited to give "health policy grand rounds" talks at DHMC, with a focus on substance rather than sound bites. The series was first held before the 2004 election.

When "once upon a time" comes true

Real-life stories can sometimes be just like fairy tales. Imagine a terrible murder, a five-year-old orphan, and a beautiful castle where a little girl can have anything she wants. But all that she wants is straight legs.

Such a tale is the real-life story of Wafica Brooks, L.N.A., who works on the neurology unit at DHMC. She was born in Beirut, Lebanon, where she witnessed intruders kill her mother in their home. Her father was unable to care for her, so Brooks lived in an orphanage until she was 11. As she grew, her legs became more and more bowed due to a genetic condition—vitamin D-resistant rickets—that causes a deficiency of calcium.

She went to live in a "castle" in America when a wealthy couple from Marblehead, Mass., sponsored her on a medical visa. Brooks spent much of the next 18 months in a Massachusetts hospital undergoing one surgery after another. Several people wanted to adopt her, and her father gave his permission so that she could have a better life. She joined the family of Ernest and Lorraine Shand of Ascutney, Vt. That's when she met the fairy godfather of this tale—a doctor in Claremont, N.H.

Smile: Dr. Robert Shoemaker had been an orthopaedic surgeon at the Hitchcock Clinic from 1955 to 1962 and later worked in several other Upper Valley hospitals. "This little girl with the beautiful smile wanted straight legs," he remembers.

While Brooks's metabolic problem was treated by another doctor, Shoemaker performed the rest of the surgery she needed over the next two years. "The risks of surgical correction were immense," Shoemaker says, with the loss of her legs "a realistic concern." But Brooks elected to proceed. She recalls that Shoemaker was always the one who took off her casts. She was afraid, and he'd take the time to explain things to her. "He was definitely a great doctor," she says.

Over the next 25 years, the two lost contact with each other. Brooks earned her L.N.A. and worked as a nurse's aide until the first of her two sons was born. She became a stay-at-home mom, then after a divorce renewed her license and got a job at DHMC. She loves her work and is proud that she can support herself.

"I've always been on my legs," Brooks says. "I'm not a desk-work person. I'd rather help people and wait on them, so the surgery helped me do that."

Tale: But that's not the "happily ever after" of this tale. In November 2006, Brooks came to work one day and saw "Robert Shoemaker, M.D." on her daily sheet. When he awoke, she went into his room and said, "Do you remember me?" Shoemaker, still recovering from head surgery, put on his glasses. "I saw the smile, there was no question. I said 'Wafica.' It really was a pang. Our relationship had been so positive for me. Now, the positions were reversed. I was the recipient of her care."

Wafica Brooks thinks that her real-life fairy tale has been for a purpose and that she is in a caring profession because of what she has been through—and because of all the people who cared for her, including Robert Shoemaker, the doctor who made her dream come true.

ROSEMARY LUNARDINI

JON GILBERT FOX

It was a serendipitous ending to a real-life fairy tale when nurse's aide Wafica Brooks, right, and orthopaedic surgeon Robert Shoemaker, left, met up at DHMC.

Medicine and music are in perfect harmony for Rebecca Rotello

Ah, the hectic life of a third-year medical student. Caring for patients, writing up cases, going to choir practice . . . *Choir* practice? For third-year DMS student Rebecca Rotello, singing is a priority—one that even the heavy demands of her clinical clerkships cannot preclude.

Voice: "I've been singing since I was in grade school," says Rotello, an alto. But it wasn't until high school that she began to take singing seriously. "One of my directors said, 'You've got a pretty good voice, you should take voice lessons,'" Rotello recalls. She continued with lessons through college.

When Rotello entered DMS, a fellow student suggested she try out for the Handel Society, Dartmouth College's 200-year-old choral group. Rotello cites good time-management skills as key to balancing the demands of medicine and music. In addition, she says the support she's received from DMS faculty and the Handel Society director has been instrumental in her ability to pursue both her passions. For example, she explains that she "was allowed to switch a third-year rotation with a rotation normally done in the fourth year. . . . And the choral director has been flexible with me in terms of rehearsal attendance."

It was this flexibility that allowed Rotello to join the chorus for an international tour in December. "It was a fantastic expe-

Rotello paused for this photo op while in Austria with the Handel Society.

rience," she says. They visited Austria (performing in Vienna and Salzburg) and Italy (performing in Verona and Florence). For Rotello, who had never been to either country, the highlight "was singing for Sunday morning mass at the Dom in Salzburg," she says. "It was such a beautiful space to sing in, I couldn't believe I was actually there. I had to pinch myself."

Rotello is the first one in her family to attend medical school, but her love of music clearly has genetic roots. "My dad has been a church choir director for as long as I can remember," she says. "And one of my brothers is a singer. We have a lot of fun when we get together."

Outlet: She finds singing a wonderful diversion. "Medical school can be stressful at times, but music is relaxing," she says. "I think I am more engaged and more focused [on school] because I have this outlet." She's still not sure what specialty she'll go into. But there's one thing she *is* sure about: "Music will always be a part of my life—it has to be."

Ann Patterson

CLINICAL OBSERVATION

In this section, we highlight the human side of clinical academic medicine, putting a few questions to a physician at DMS-DHMC.

M. Shane Chapman, M.D.
Associate Professor of Medicine (Dermatology)

Chapman's clinical interests include the nonsurgical treatment of melanoma, synthetic skin grafting, cosmetic laser surgery, dermal fillers, biologic psoriasis therapy, and dermatology clinical trials. He has been at Dartmouth since 1999.

How did you become interested in dermatology?
I had my first experience with dermatology as an intern. It was fun! As dermatologists, we really, truly help patients multiple times a day, which I did not think I could accomplish in many other specialties. Dermatology is a very positive branch of medicine.

Are there any misconceptions people have about your field?
Yes. Many. Most people (including government officials) think dermatologists are acne-only doctors, that we do not have intensely ill patients, that we never have emergencies, and that skin diseases are easy. It is true that the majority of our patients do have straightforward, diagnosable, treatable conditions, but there are many skin problems that remain a challenge and a concern to patients. When I left internal medicine for dermatology training, my medical mentors told me that I would be bored. It has been 11 years. I am still waiting for that first day of boredom!

What's your favorite nonwork activity?
Golf, mountain biking, and just walking in the woods.

Finish this sentence: If I had more time I would . . .
Sleep. Read. Spend more time with my children.

What do family and colleagues give you a hard time about?
I can't dance and I am a neat freak! And I need to exercise more.

What's the toughest lesson you ever had to learn?
No matter how hard I try, not everyone is going to like me.

What famous person, living or dead, would you most like to spend a day shadowing?
Thomas Jefferson. He was so much more than a president. He was a builder, an inventor, a thinker, a visionary—a true Renaissance man. Also, I am from Louisiana, so I owe him for buying that land.

If you could travel anywhere you've never been, where would it be?
Africa. Besides the animals, flora, and climate differences, there is something unique and interesting about a continent with less development, less industry, and less commercialism. Who knows, perhaps less is better.

If you won $1 million, what would you do with it?
Pay off my student loans and spend a year in Africa.

What about you would surprise most people?
I am very shy!

What music is in your CD player right now?
Fats Domino, Percy Sledge, U2.

What historical event would you most like to have been present at in person?
The American Revolution. We glorify our past a lot, and perhaps it was indeed a great time to live, but I'd like to see firsthand how hard daily life was then. Those who survived and thrived had to be tough, smart, and optimistic. They wanted more. I think this is where we Americans get our insatiable thirst for more.

What's one thing that you would change about yourself?
To learn to go slower, have more patience, and enjoy each and every moment of every day.