



A HELPING HAND: In FY04, DHMC provided \$16.7 million of financial assistance to under- and uninsured patients, plus \$70.9 million in care uncompensated by government insurance (mostly Medicare and Medicaid).

tion. The students had encouraged family members to submit memories of their loved ones ahead of time. Six students came forward to read excerpts. Some passages were light-hearted recollections of feeding birds and handcrafting rugs, while others told of fleeing the Nazi regime and traveling the globe. The students interspersed these tales with mentions of their own experiences, their gratitude, their admiration for the donors.

“You opened your heart and home to many Dartmouth students and gave them the ultimate gift, your remains, to help them in their life work. You will be with us always,” said Sateia.

Then the donors’ names were read aloud, one by one, before a moment’s silence in their memory. Again music swelled and everyone sang “Amazing Grace” as the candles burned brightly.

“After the service,” reported Keese, “the future doctors and the families mingled and talked. The students recalled how hard it was at first to take apart a human body.”

As the NPR segment ended, music filled the airwaves. “The students say that knowing that the donors wanted their bodies to be used in this way makes the lab work easier, but often a hint of red nail polish or a tattoo reminds them that someone special is in their hands. For NPR News, I’m Susan Keese.”

“A lot of my friends,” recalled Sateia a few days after the event, “went into the ceremony not expecting to become emotional—but found themselves crying.”

SION E. ROGERS

Joint class on law and lead looks for solutions

Say the words “lawyer” and “doctor” and most people probably think “malpractice.” But law and medicine intersect for other reasons, too, often in the public’s interest.

“We look to the public-health community in my profession to tell us what’s wrong,” Boston attorney Neil Leifer told DMS and Vermont Law School (VLS) students at a joint class during spring term. (Leifer, of the law firm Thornton and Naumes, is best known for leading Massachusetts’s successful fight against the tobacco industry.)

Cases: Litigation “doesn’t start with the lawyers. We don’t dream up the cases—despite what the doctors are taught in medical school,” he joked.

For several years, Leifer and Dr. James Sargent, a Dartmouth pediatrician, have co-taught a class on lead poisoning for VLS environmental law students. More recently, Sargent began lecturing on the topic in a course on environmental and occupational health for Dartmouth M.P.H. students. By combining the lectures into one joint session, Sargent reasoned, VLS and DMS students would have a chance to interact and gain more from the experience. The course directors at both schools agreed, and the session was combined for the first time this past spring.

“I hope this becomes an annual event to go back and forth and look for ways to build on the really rich aspects of this topic for public health and environmental law,” noted Dr. Carolyn

Murray, chief of occupational medicine at DHMC and codirector of the DMS course.

Leifer lectured the class on the history of lead paint in the United States from the late 1800s through the 1970s, when it was finally banned. He is currently representing Rhode Island in a lawsuit against the paint industry, which continued producing paint with lead long after its toxic effects on children were known. The difficulty of such litigation, Leifer explained to the students, is proving causation—that children’s disabilities are a direct result of the industry’s actions, or lack thereof. To do this, Leifer must rely on medical experts like Sargent.

“The goal of a medical expert is not to impress jurors with credentials,” Leifer explained, “but to educate them.”

Sargent then talked about the toxicity of lead; the effects of lead poisoning—such as anemia, abdominal pain, brain damage, and, in extreme cases, encephalopathy; and the first national lead-screening programs.

In the 1970s, when the Centers for Disease Control and the Public Health Service “started screening kids, they found out that lead was pervasive in the cities, especially in the ghettos—the inner cities of the eastern seaboard,” Sargent told the class. Today, the average human lead concentration is about 2 micrograms per deciliter of blood, according to Sargent, but in the 1970s, inner-city kids were averaging 25 to 30 micrograms per



This 1910 ad—which cheerily touts the benefits of lead paint—was Exhibit A in a recent joint DMS-Vermont Law School class focused on lead poisoning.

deciliter. “Why was lead so pervasive?” Sargent asked. Substandard housing with lead paint was partly to blame, but the bigger culprit was the lead being added to gasoline to increase octane counts. It took 23 years, from 1973 to 1996, for the U.S. Environmental Protection Agency to completely phase out leaded gasoline for on-road vehicles.

“Now lead poisoning is not a pervasive exposure; it’s a point exposure,” said Sargent. “It’s the exposure of a kid that happens to live in a house where the lead paint’s deteriorating.”

Exposure: When Sargent has a patient who tests positive for lead poisoning, he counsels the parents on how to reduce or eliminate the child’s exposure to lead paint. Sometimes, the best solution is for the family to move, but many families cannot afford to do so. Even though in most states, lead poisoning is a violation of sanitary codes, enforcement programs often lack sufficient funding, so property owners are rarely pressured to

SUNDAE SCHOOL: Several times each summer, DHMC sponsors ice-cream socials that are open to all employees. Even better than the ice cream (with all the fixings) is the fact that it's scooped up by the institution's senior leaders.



abate the hazard, noted Leifer. “Frankly,” explained Sargent, “the reason I became interested in lead poisoning is because it wasn’t a problem that I could solve in the office. I was frustrated by it. These kids would get lead poisoning, I’d send them back out to the house, they’d get poisoned again. I knew that there had to be a bigger solution

to this. I wanted to make a difference in a bigger way than I could in the office.”

Linked: “The big picture,” he added, “is that lead poisoning is a public-health problem . . . and it is inextricably linked with corporate behavior, the legal system, and the political system. . . . Neil’s taught me that.”

JENNIFER DURGIN

Novello keynotes Women in Medicine conference

To those who live with glass ceilings, let’s start teaching them how to throw stones!” challenged Dr. Antonia Novello, former U.S. surgeon general and the keynote speaker at Dartmouth Women in Medicine, a conference held this spring.

Women have come a long

way since Elizabeth Blackwell became the first female physician in the U.S. in 1849 (and since her sister Emily was rejected by DMS, in 1852, on the basis of her gender).

But still more needs to be done before women achieve true equality with their male colleagues, Novello insisted. “We must demand that women be encouraged by schools, propelled into academic excellence by universities, recognized by their male counterparts, and appointed to positions of distinction—on their merit—equal to those of men.” Novello, the first woman and first Hispanic surgeon general, is currently health commissioner of New York State.

Passion: Inspired by Novello’s passionate talk, the nearly 150 attendees, mostly women, went on to participate in sessions on such topics as career strategies, leadership skills, burnout, mentoring, and personal/professional balance. Among the 25 presenters at the day-and-a-half-long conference were a career development coach, a medical historian, DMS faculty members and alumni, spouses of female physicians, and even a current DMS student.

Career development and executive coach Janet Bickel, a former executive at the Association of American Medical Colleges, counseled participants on ways to recognize and develop leadership skills and to achieve success in their careers.

But attendees were also cautioned to avoid letting their jobs

Former combat pilot is still in the hunt for excitement and challenge

’m kind of into the danger and excitement sorts of fields,” says Dr. Elizabeth Weber, chief resident in orthopaedics at DHMC. One could also add “male-dominated” and “fiercely competitive” to her list of adjectives. Before medical school, Weber spent six years in the Air Force, three of them as a combat pilot. And as of June, she’ll be only the third woman to complete DHMC’s orthopaedics residency.

Exciting: “You may have some ideas about what you want to do, both in medicine and in the military, when you start,” Weber explains, “but if you tend to be a competitive person—which I am—then you very quickly figure out what’s the most prestigious and exciting thing to do.” Weber was the only woman in her pilot training class of 60 and one of only about 20 who graduated. While in the Air Force, she flew all over the world, transporting generals and dignitaries on Lear jets and then, during the Gulf War, flying combat missions on KC-135s, which are used to refuel other planes in flight.

“I think the biggest problem with being a woman in the Air Force . . . was [when] we were based in Riyadh, Saudi Arabia,” during the Gulf War, says Weber. As commander of a combat plane, she was responsible for her craft and crew, but she couldn’t perform many of her duties because of Saudi attitudes toward women. “They wouldn’t give me gas because women can’t talk to men there,” Weber recalls. “It’s one thing not to respect a gender because that’s the way you

were brought up, but not to respect the rank of a military officer . . . it was very bothersome.”

She hasn’t encountered any such obstacles at DHMC. “My peers in this program are absolutely amazing,” she says. “They are well-spoken, articulate, smart, fun, funny . . . just a great group of guys. I haven’t felt any animosity about my gender.” She does admit that at times “it’s a little socially challenging.” But challenge is clearly what Weber thrives on. Come July, she’ll be starting a new challenge—a pediatric orthopaedics fellowship in Australia. J.D.



Weber, with a T-38 during her pilot training in the 1980s.