

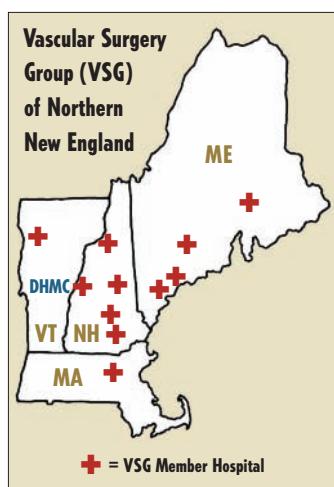
have agreed to unblind the results to identify which centers were really doing it right," says Cronenwett.

Members of the VSG staff at DHMC also compare the information that goes into the registry to the billing records at the 11 hospitals, to be sure that 100% of each participating surgeon's cases are captured.

Rate: And each participating surgeon receives an individual report, too. "So if a patient asks me, 'How many carotid endarterectomies have you done over the past two years,' I can tell them that I've done, you know, 150," says Dr. Jens Jorgensen, a VSG member from Maine Medical Center in Portland.

"I can tell them what my stroke rate is and what my mortality rate is," Jorgensen continues. "And so it really allows us to give informed consent to patients in a much better, more meaningful way."

MATTHEW C. WIENCKE



Eleven New England hospitals are currently members of the VSG, which was established by a surgeon at DHMC.

Dartmouth's Gougelet: A master of disaster

A Dartmouth emergency physician and national emergency-preparedness expert, Dr. Robert Gougelet, has been appointed vice chair of the National Advisory Council of the Federal Emergency Management Agency (FEMA). The council was established in 2007 in the wake of criticism about FEMA's response to the Hurricane Katrina disaster in New Orleans.

"I believe both Congress and the administration looked at the faults of Hurricane Katrina and felt there needed to be an advisory process," says Gougelet, who was one of the emergency responders to Katrina. "A lot of us on the council felt skeptical—[that] our advice wouldn't be taken—but I've been pleasantly surprised."

Reform: The 30-some members of the National Advisory Council, says Robert Shea, associate deputy administrator of FEMA, "bring a great deal of passion about their area of responsibility and their desire to help FEMA reform itself. . . . Quite frankly, it's energizing . . . for everybody involved."

The council is charged with looking at federal preparedness for, responses to, and recovery from natural disasters as well as acts of terrorism and other man-made disasters.

Groups: "If we're going to improve," says Arthur Cleaves, a Boston-based regional administrator for FEMA, "we have to have the insights from private business, from the academic institutions, from all first respon-

ders, and any volunteer groups." Cleaves, who was the emergency management director for Maine from 1999 to 2006, has worked with Gougelet on emergency preparedness for more than five years. Gougelet, says Cleaves, "knows the complexities within the medical world, and the difficulty in . . . getting people to leave their primary jobs to be available."

"But probably more than anything," adds Cleaves, Gougelet "understands in emergencies what's needed and where and when and then how you'd . . . get the right people at the right place at the right time."

As one of only three physicians on the council, Gougelet provides expertise few other

Gougelet understands how to "get the right people at the right place."

members have. Shea cites an example—the recent headline news about formaldehyde fumes in FEMA trailers used to house Gulf Coast residents left homeless by Katrina. Formaldehyde had been used in making composite panels in the trailers, resulting in toxic levels of fumes from the chemical. Gougelet, explains Shea, was instrumental in helping FEMA determine "what happened, what went wrong, . . . where we are going from here."

An early member of one of the nation's first Disaster Medical Assistance Teams and a current member of a Boston-based



Rob Gougelet, left, has traveled all over to help out after disasters. He's pictured here with a team in Bam, Iran, after a 2004 earthquake there.

team, Gougelet has responded to many national and international disasters—from Hurricane Hugo in 1989 and the 1994 Northridge earthquake, to the 2001 New York anthrax crisis and the 2004 earthquake in Bam, Iran. He also heads the

Northern New

England Metropolitan Medical Response

System and the New England Center for Emergency Preparedness, and, through DHMC, is a consultant on bioterrorism planning to the New Hampshire, Vermont, and Maine Departments of Health.

Good heart: "Rob's been a great part" of getting the National Advisory Council going, says Shea. "This is basically volunteer work, and so we're dependent on the folks like Rob. He's got a good enough heart that he's willing to spend his time and effort" helping out wherever he can.

LAURA STEPHENSON CARTER