



HAND-Y DEVICE: DHMC just acquired a 1.5-tesla MRI machine designed to scan extremities. It's as powerful as a whole-body MRI, but patients who need to have only a wrist, arm, or ankle scanned don't have to be confined in the bore of a closed MRI.

A new organization is born in Kosovo

By the time the fighting between Serbian forces and the Kosovo Liberation Army finally stopped in 1999, Kosovo's health-care system—like nearly everything else in the region—had been devastated. In 2000, Kosovo's perinatal mortality rate was 29.1 deaths per 1,000 births, compared to about 7 per 1,000 in the U.S.

Labor: Thanks in part to the efforts of DMS faculty members, the situation since then has changed. By 2006, the perinatal mortality rate had dropped to 23.2 per 1,000, and prenatal care was more common. "Until recently, most pregnant women didn't even see their obstetricians until they went into labor," says Dr. James Strickler, a professor emeritus and former dean at DMS. There was no "regular, systematized" prenatal care, he says, adding that instituting such care is "one of the things we did."

Today, Kosovo is home to a new nonprofit organization dedicated to improving medical care for newborns and pregnant women—the Foundation for Healthy Mothers and Babies. Strickler is a charter member of the foundation's board. He first became involved in Kosovo in 1999, after visiting refugee camps filled with Kosovars who had been forced to flee their homes because of the fighting.

Train: He, with Drs. Dean Siebert and Joseph O'Donnell and other members of the DMS faculty, started a student exchange program with Kosovo's only medical school. A group of

orthopaedic surgeons from Dartmouth soon became involved as well, helping to train Kosovar physicians.

In 2004, DMS expanded its engagement in the region by starting a pilot project focused on primary care for women and infants in one city. When it proved successful, similar efforts got under way in other cities throughout Kosovo. Before long, the program had acquired a formal name—the Kosovo-Dartmouth Alliance for Healthy Newborns—as well as financial support from the U.S. Agency for International Development (USAID).

Aid: Despite the successes, Strickler had a lingering concern. "As all of this was evolving, I was constantly focusing on what happens after USAID money disappears," he says. To make the progress sustainable, he wanted to create a permanent organization, one based in Kosovo. The new foundation is the result. Strickler says that it's now operational, with a recently hired executive director and a board of trustees that includes some prominent Kosovars.

Until recently, Kosovar women received no regular prenatal care.

In the near term, the organization's goals include projects such as raising money for medical equipment—a centralized oxygen distribution system for the obstetrics hospital in the capital, Pristina, for example.

Develop: In the long term, the foundation will continue the work started by the Kosovo-Dartmouth Alliance. "What we want to do is develop training and education programs in neonatal intensive care and for the care of pregnant women," Strickler says.

Strickler is optimistic, thanks to the foundation, that the efforts of DMS faculty over the past decade will pay off for many more years to come. He emphasizes that the success has been possible only because of the involvement of so many people from throughout the DMS community. "I'm the guru," he says, "but the other members of the team do the meaningful work."

AMOS ESTY



This neonatal ICU in Pristina, Kosovo, is a result of a decade-long collaboration between DMS and Kosovar physicians.

EMMA GIENINICA

Repercussions of the global financial collapse at DMS and DHMC

Academic medical centers all across the country, including Dartmouth Medical School and Dartmouth-Hitchcock Medical Center, are taking steps to maintain their fiscal health in light of the global financial collapse.

Margin: According to Dr. Joanne Conroy, chief health officer of the Association of American Medical Colleges, patient volumes are rising at teaching hospitals, especially in the Northeast, but there hasn't been a corresponding increase in revenue. "Hospitals are really struggling to maintain their operating margin," she says. As a result, many institutions have had to impose layoffs, hiring freezes, or employee furloughs, and almost all have put some capital investments—such as the construction of new buildings—on hold.

"In many respects, DHMC has been very lucky in comparison with many institutions," says Medical Center spokesperson Jason Aldous. He notes, for example, that DHMC has been able to avoid laying off any of its approximately 6,500 employees.

Value: "That said, we have not escaped unscathed," Aldous continues. Over about a six-month period as the stock market tumbled, DHMC's investment portfolio lost about 25% in value. This caused a number of capital projects to be scaled back or deferred. But DHMC is continuing as planned with some projects, including the construction of an