



**WHAT A RELIEF:** Dartmouth's commitment to the relief effort in Haiti continues apace. In May, a 14-member team spent two weeks at a hospital in Port-au-Prince. So far, 39 people and 25 tons of medical supplies have been sent by the Dartmouth Haiti Response.

FACTS & FIGURES

**Blood counts**

**60%**

Percentage of the population eligible to donate blood

**5%**

Percentage of those eligible who do donate blood

**95%**

Percentage of people who will need a blood product sometime during their lives



**35**

Units of whole blood that must be collected every day to meet the needs of DHMC patients (a unit is about a pint)

**10 to 12**

Units of blood in the average adult's body

**3.4**

Units of blood in the average transfusion

**384**

Units of blood that would be donated by someone who gives blood every 56 days, from age 17 to age 76

**10**

Number of minutes the average whole blood donation takes

**866-40-DONOR**

Phone number for the Dartmouth-Hitchcock Medical Center Blood Donor Program

SOURCE: DARTMOUTH-HITCROCK MEDICAL CENTER BLOOD DONOR PROGRAM

**VA mental-health portal is first of its kind**

Veterans in rural areas who need mental-health care often must drive several hours to the closest Veterans Affairs medical center. But now, thanks to a first-of-its-kind telemedicine service, veterans throughout Vermont and New Hampshire can talk with a VA psychiatrist from a local doctor's office.

**Rural:** "This is something I've been trying to do for a decade," says Dr. Andrew Pomerantz, a psychiatrist at the VA in White River Junction, Vt., and the leader of the project. "Year after year I would put in proposals to build VA mental-health care into existing community care—non-VA care—and the answer was always 'no.'" Finally, in 2009, his proposal was funded with an \$842,000 grant from the VA Office of Rural Health, thanks in part to support from Senator Bernie Sanders.

"If you live in a rural area, it is often extremely difficult to access the kind of quality psychiatric or psychological services that we want vets to have," Sanders told the Associated Press in January.

But lately, says Pomerantz, "there's more willingness on the part of the VA, nationally, to partner with community agencies." VA services are typically not integrated into private primary-care practices, where a lot of veterans get their care. The main reasons are security and cost. Setting up the initial seven practices required installing a T1

JUNIPER TRAILS



**Pomerantz, with one of the portals.**

fiber-optic line to each location, so data can be transmitted securely, as well as purchasing a web camera and monitor for each office. As the first VA to try such a project, "we're having to solve all of the problems of contracting, privacy, security . . . all that," says Pomerantz.

So far, only a handful of veterans have made use of the service, but Pomerantz says that is because it's so new and hasn't been widely marketed yet.

Thousands of veterans could potentially use it. About 20% of vets seek mental-health care, says Pomerantz. In Richford, Vt., for example, the first site to open, 300 to 400 veterans a year will likely use the service.

**Drive:** Once all seven locations are up and running, any veteran in Vermont or New Hampshire should be within "a reasonable drive" of VA mental-health care, says Pomerantz.

JENNIFER DURGIN