

Rosalind Stevens, M.D.: Global vision

By Rosemary Lunardini

Rosalind Stevens is easily bored. Fortunately, she has found a surefire cure for routine. She hops on a plane and travels to distant airports in Asia, Africa, Latin America, or Europe, where she teams up with international colleagues aboard a large plane that's been turned into a mobile eye hospital.

Stevens, an ophthalmologist, has been involved in global health for 25 years. In addition to the medical challenges of such work, there is the challenge of working with patients and doctors from around the world. This often calls for cultural sensitivity, as well as a need to make quick assessments of people and situations. Stevens says these are skills she was forced to develop while growing up all over Illinois.

"My dad was a Methodist minister," she says. "He was quite liberal, and a lot of towns in the central Midwest are quite conservative, so we moved every year or two." As a result, by the time she reached eighth grade, Stevens had attended six different schools.

Her parents influenced her current work in other ways as well. "I think that's where the 'missionary zeal' comes from," she says. "I believe in doing the right thing. That was the impetus for my eventually going beyond medicine and doing this international work."

Stevens attended high school in the small town of Crescent City, Ill., finishing in just two and a half years. As an undergraduate at the University of Illinois at Urbana-Champaign, she planned to become a biology teacher, but that changed when she took human anatomy in her final semester. "I couldn't believe how much I loved it—labeling little muscles and memorizing—so I applied to medical school," she recalls. "My mom and I decided I could get a medical degree in four years, but if I got a Ph.D. it would take forever. Little did I know about internship."

Stevens was accepted by the University of Illinois's Abraham Lincoln School of Medicine, which has multiple campuses. She chose the main campus in Chicago. "I went right to the heart of the ghetto, because I thought I'd be a better doctor if I could do gunshot wounds and stabbings," she says. She found she was fascinated by the eye during a first-semester independent study.

She completed her residency in ophthalmology at California Pa-

Grew up: Several small towns in Illinois

Education: University of Illinois at Urbana-Champaign '74 (A.B. in psychology, B.S. in biology); Abraham Lincoln School of Medicine '78 (M.D.); Johns Hopkins University '10 (M.P.H. in international health)

Training: California Pacific Medical Center, San Francisco (resident); Wilmer Ophthalmological Institute, Johns Hopkins Hospital (fellow); Emory University (fellow)

Hobby: Traveling for ORBIS International "is my real hobby, because for me it's fun."

Favorite books: The *Dune* science fiction series by Frank Herbert—"because of the many similarities, both environmental and cultural, with Saudi Arabia."

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cific Medical Center in San Francisco, where she was chief resident in 1982. While there, she heard a talk by a doctor who had lived in Africa for 30 years, training African physicians to perform cataract surgery. "I remember him walking in with a big Masai staff, showing us pictures of his little blonde kids growing up in Africa, all the patients smiling," she says. "I thought that was fascinating."

She continued to think about this talk while completing fellowships at Johns Hopkins and Emory. Finally, in 1986, she got a chance to become involved in international work. Her husband, Dr. John Cavender, also an ophthalmologist, was recruited

by the renowned ophthalmologist Dr. David Paton to help start a new residency training program in Riyadh, Saudi Arabia. Paton was to be the medical director for a new 260-bed eye hospital in Riyadh. Dozens of foreign ophthalmologists, anesthesiologists, and internists were being brought in, with the goal of training a first generation of Saudi eye doctors. Stevens joined the new faculty six months later, after finishing her fellowship, traveling to Saudi Arabia with the couple's then-two-year-old son, Ben. "The chance to go outside the U.S. was a turning point," Stevens says.

In Riyadh, she encountered eye diseases, such as congenital glaucoma, that were rare in the U.S. but affected whole villages in Saudi Arabia. Stevens found the work thrilling, and she thinks the entire family benefited from the experience. "The number-one greatest thing we got out of this was practicing ophthalmology from an international perspective," she says. Another benefit was that her son was able to attend school with a diverse group of classmates. "It was like a UNICEF card of kids," she says. And there were lots of opportunities to travel. "We had six weeks off per year," she says. "We just took the kid and the backpacks and went to a lot of exotic places."

They had been in Riyadh for four years when the first Gulf War started. Stevens flew back to her parents' home in the U.S. with Ben, but a week later she returned to Saudi Arabia. She thrived on the fast pace of working near a war zone. The hospital admitted many Iraqi children with shrapnel in their eyes, as well as both Iraqi and U.S. soldiers with serious eye injuries. "We had the Americans in one clinic and the 'enemy combatants' in another," Stevens says.

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The war gave her a chance to hone her ability to treat eye trauma. "Most of the injuries were from cluster bombs," she says. "Little pieces of metal flew out," Stevens recalls, and "when they go into the eye, that's something you can repair if it doesn't hit a critical spot." Doing so required high-tech equipment and skilled surgeons, both of which were available thanks to the new hospital and training program. Stevens says she and the other foreign doctors "were very proud of the Saudi people we trained. They are exquisite surgeons."

When the war ended, Stevens and her husband set out to decide where in the U.S. to raise their son, then in fifth grade. During a stay in the Upper Valley to visit Dr. Walter Griggs, an ophthalmologist at DHMC who had worked in Riyadh, Stevens was captivated by Norwich and Hanover. "The little children on the street carrying their violins, and the little skaters on the pond—the whole shtick!" she says. So in 1992, Stevens and Cavender joined the ophthalmology faculty at DHMC, bought a home in Norwich, and began living the American dream, New England-style.

Before long, however, Stevens found that her son, who was used to a more cosmopolitan setting, was "kind of shutting up and not blooming so much." Basically, he was bored. Ben did better once he began attending a private school with a more diverse student population. But he wasn't the only one feeling out of place. "Is this all there is?" Stevens remembers thinking soon after they'd settled in. Then she got a call from ORBIS International asking her to volunteer. A new nonprofit, another brainchild of David Paton, ORBIS was seeking volunteer doctors. United Airlines had donated a DC-8, dubbed the Flying Eye Hospital, that had an onboard operating room equipped for eye surgery. The plane traveled to airports around the world to bring eye care to patients—and at the same time to advance the training of eye doctors in developing nations, helping other countries build their capacity to provide these much-needed services.

Stevens has taken on many other duties in the intervening years, but has never given up her volunteer work. "It's like my pet family," she says. "You keep up with people you've seen before. You get your plane fare paid, the office takes care of visas, sends you the shots to get and 20 pages on the country you're going to visit." In some coun-

tries, nearly all the local eye doctors show up when the Flying Eye Hospital is in town. While a volunteer surgeon operates in the plane's OR, the local doctors watch and learn via a video feed to an onboard 48-seat classroom. At the same time, additional ORBIS volunteers travel to local hospitals to help train other in-country doctors.

Stevens is now one of the longest-serving doctors with ORBIS and has a reputation as its "tribal memory." She is often asked to sort out problems and differences that inevitably arise among people, including a diverse group of accomplished doctors, who are used to their own ways of doing things.

Whether at home or abroad, Stevens's specialty is the retina, the nerve tissue lining the back of the eye. It is involved in two of the major causes of blindness in the U.S.: diabetic eye disease in people aged 20 to 64 and age-related macular degeneration in people over 60. Her surgical expertise is vitreoretinal surgery. "This involves operating inside the eye to remove blood or scar tissue, primarily from diabetes or severely traumatized eyes," Stevens explains. "In an inner city, that would be from gunshot wounds. Here, it's nail guns."

For 10 years of this busy life, Stevens also chaired the Section of Ophthalmology at DHMC. When that stint was up, well . . . she was bored again. So she earned a master's in public health from Johns Hopkins. Why the need for an M.P.H. with all her years of experience? "It helped me because my vocabulary is public-health-appropriate now," she says.

Stevens says her recently acquired degree is also of assistance in her new role as chief technical advisor for ORBIS in New York, a half-time position that means she's now half-time at DHMC. In New York, she reviews programs for the organization—among them, a new screening project for children in northwestern China and the startup of 25 eye clinics for children in India. "So there's a lot of development in 'capacity building,'" she says—with a smile, as she trots out her public-health vocabulary.

There's a lot to keep up with, at both DHMC and ORBIS, but Stevens wouldn't have it any other way. Just back from an ORBIS trip to Nigeria, she seems content to be home—for the moment. ■



Stevens, a member of the Dartmouth faculty since 1992, now spends half her time as chief technical advisor for an international health-care nonprofit called ORBIS.