

Thomas Clark, M.D., '01: On the offensive

By Laura Stephenson Carter

The news was right there in black and white in the sports pages of *USA Today*. Along with a short story about the MLS [Major League Soccer] proceedings, the national paper ran a team-by-team list of the draft picks. Under the bold-faced headline of the Columbus (Ohio) Crew, eight names were printed. The fourth name on the list: Midfielder Tommy Clark." So reported the local daily newspaper, the *Valley News*, on February 8, 1996.

Clark was excited at the prospect of playing for a major league team just as his father, Bobby Clark, had. The senior Clark had been a goalie with the North American Soccer League and had gone on to coach professional teams in Scotland and Zimbabwe, and then had coached at Dartmouth. Tommy had played soccer in high school; at Dartmouth College; and with professional teams in Zimbabwe, New Zealand, and Scotland. At the time of the MLS draft, he was playing with the professional New Mexico Chiles. Still, he was puzzled. Why would a team he knew hardly a thing about be interested in him? It wasn't long before he discovered they weren't. *USA Today* had made a mistake. Columbus's pick had been a *Michael Clark*.

Tommy was characteristically upbeat, though. He figured he could continue playing for the Chiles and get on with his plan to pursue medical school. After all, one of the reasons he was in New Mexico was to take premed courses at the University of New Mexico (UNM). He would grow to love medicine, but he'd always love soccer. Little did he know that one day he'd find a way to marry those two passions.

Clark, who was born in Scotland, moved to Zimbabwe as a teenager when his father became coach of a professional team there. Young Clark, already a gifted soccer player, learned early what it was like to be adored for soccer skills. In Zimbabwe, as in many other countries, soccer players are heroes. Clark's team got to play every week in the professional stadium. "The thing that was most amazing for me was getting to play every week in front of 35,000 people," he recalls. "They were not there to see me but to see the first team. So if the schedule was running late, my team would just keep playing and keep the fans amused. For a little kid, that was a big experience."

When Zimbabwe became politically unstable, the Clark family moved to Hanover, N.H., where the senior Clark became the Dartmouth soccer coach, and Tommy and his siblings—Jamie and Jenni, also soccer players—enrolled in the Hanover public schools. Tommy played soccer at Hanover High and at Dartmouth College, where he was the team captain and a second-team All-Ivy pick at midfield. He also received the Timothy Wright Ellis Memorial Award, in recognition of his participation in extracurricular activities—including as a youth soccer coach—and for his spirit, drive, loyalty, and amiability.

Laura Carter is the associate editor of DARTMOUTH MEDICINE magazine.

After graduating from Dartmouth in 1992, Clark returned to Zimbabwe to play professional soccer and to be a volunteer English teacher. The kids were eager to learn, but the school didn't have enough books to go around. Clark decided to help. "I had a couple of books that I would give the kids—Norman Maclean's *A River Runs Through It* and John Grisham's *The Firm*," says Clark. He told the kids he'd lend them a book for a week. But "the kids stopped coming to class when it was time to hand in the book, because they hadn't finished it." He laughs. "That intervention didn't work out so well."

A few years later, however, he developed an intervention that *did* work: Grassroot Soccer. He established a worldwide organization that has professional soccer players in Zimbabwe teaching seventh- and eighth-grade students about HIV/AIDS prevention.

In sub-Saharan Africa, there are nearly 30 million people with

HIV/AIDS, and in Zimbabwe the prevalence of HIV is over 30%. But little was being done in the way of HIV/AIDS education.

"People have asked me, 'When did you come up with the idea for this?'" says Clark. "I really can't remember. I know it was before medical school. My idea very simply was to somehow use the fame and cachet of these professional soccer players to impact the community around HIV, to get the subject in the open. Because this wasn't something people talked about. And I figured if I could get these people talking about it, that might have an effect."

"He has a strong social conscience," says Richard Nordgren, M.D., a Dartmouth pediatric neurologist whom Clark considers a mentor. "He cares about important issues."

When Clark graduated from DMS in 2001, he and his wife, Susannah, a DMS classmate, went to UNM for residency—his in pediatrics and hers in internal medicine. The idea for Grassroot Soccer was still percolating, but he wasn't sure how to implement it. Then "one day I said to my wife, 'If I don't do this, I'm gonna feel terrible.' I was waiting and waiting for an opportunity."

Luckily, the UNM pediatric residency director, Benjamin Hoffman, M.D., encourages his residents to propose projects to help medically underserved communities. He had local communities in mind but agreed to let Clark develop a proposal for HIV/AIDS education in Zimbabwe. The residents weren't expected to implement their ideas, but Clark wanted to see his through. Hoffman encouraged him. "He said, 'We'll make some time so that you can go to Zimbabwe for a month, and free up a little bit of time during your residency so you can work on this,'" Clark recalls. Clark managed to arrange his rotations so he could spend time on the project. "We'd have a school health rotation, and I'd say, 'Well, you know my project in Zimbabwe, we're doing it through the schools. It's important that I know de-

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velopmental stages for different aged kids that we're targeting.' So I'd somehow manage to squeeze it into the residency."

Clark incorporated Grassroot Soccer and applied for nonprofit status as a 501(c)(3) charitable organization. Then he took two fellow soccer players—one another Dartmouth grad, the other a friend who would become the organization's managing director—to Zimbabwe for a month for "the busy task of conducting focus groups," he says. They were gathering data, "running this idea by people, asking them what they thought, was this something that could be discussed, was this completely taboo, could it get off the ground." They met with soccer players, government officials, and with other HIV advocacy groups.

By the time they returned to the U.S., Grassroot Soccer had received its 501(c)(3) approval. They began holding fund-raisers—in Boston, New York City, and all over the country. The fund-raising meant a lot of traveling. "In residency, you don't have too many free weekends," Clark says. "I was traveling a lot of my free weekends all the way through residency, doing these things—Palo Alto and San Francisco and Phoenix and Albuquerque and Boston. The most successful one we had was in Hanover."

It didn't hurt that some of Clark's soccer-playing buddies were celebrities and willing to help with the fund-raising: Dartmouth College grad Andrew Shue, Class of 1989, the star of the popular television show *Melrose Place*, and Ethan Zohn, the winner of *Survivor: Africa*, a reality TV show. Grassroot Soccer also received a grant from the Gates Foundation to do a pilot study in Bulawayo, Zimbabwe.

A curriculum was developed, players were trained, and they went into classrooms. First, Clark says, "the players stand in front of the kids and talk to them, explain who they are, why they're involved with this project." They talk about AIDS. "The first time these kids might have talked about [AIDS] is with people who are their heroes."

The rest of the program consists of four two-hour sessions doing specially developed games and role-playing. In a game called "My Supporter," for instance, a child stands in the middle of a circle. "It's a trust game where you lean to the side, you're blindfolded, people push you up," says Clark. "The thing you talk about before we play that game is all the people who support someone in the community. The kids think of all the people who help them out in their lives. Then we play the game and everyone gets a chance to go in the middle and respond. People laugh. Then we talk about, 'What happens in your communi-



Tommy Clark, a 2001 graduate of Dartmouth Medical School, had a big impact on the soccer field in earlier days and is now having a big impact in global AIDS education.

JON GILBERT FOX

ty when someone is HIV-positive.' And they say, 'Well, maybe your friends don't come and see you any more.' So the friends take a few steps back. 'What happens to your teacher? Maybe your teacher doesn't ask you questions any more.' . . . So then you ask the kid, 'Now, how would you feel if you were being set aside and didn't have the people to support you?'"

All the games are physical and fun, "but they all come back to a point," says Clark. And at the end of the session, there's a graduation ceremony that families

and friends attend; the students get t-shirts and certificates.

The curriculum is based on world-renowned behaviorist Albert Bandura's social learning theory. Bandura even sits on the Grassroot advisory board. Clark explains that according to Bandura, people don't change their behavior by themselves. Instead, behavior "exists within a community and you have to change the community as well. So [the graduation ceremony] is our opportunity to get the message out to the community—parents, other brothers and sisters."

Is Grassroot Soccer effective? It's too soon to know for sure, but Clark has been evaluating the pilot. The students are surveyed about what they know about HIV and prevention before the sessions, immediately afterward, and again five months later. They seem to be able to remember where to go for HIV information, but after five months their knowledge of condom effectiveness has decreased. Clark thinks conflicting messages about condom use in that society causes confusion. The experimental design of the study has also been criticized, because the intervention messages spread to the control group, which is at the same school as the intervention group. Clark isn't too concerned, though. He's pleased that the HIV/AIDS prevention messages are spreading in unanticipated ways.

He wants to improve the curriculum and export it to other organizations. Grassroot Soccer has already conducted a train-the-trainer exercise for physical education teachers in Ethiopia. "That's how we'll get our program to a large number of kids with a minimal amount of intervention," says Clark. The organization is also designing an HIV/AIDS workbook in a soccer magazine format and forging partnerships with other organizations, including the Johns Hopkins Center for Communication Programs. And a spin-off group in the U.S., KickAIDS, is using college and medical students to educate young

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Faculty Focus: Nierenberg

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meningitis—the worst-case consequence of an untreated ear infection. There's a 90% to 95% chance that a generic antibiotic, costing only \$10 to \$20, would have been effective, says Nierenberg. But doctors all over the country prescribe expensive, name-brand drugs instead of cheaper, often just as effective, generics. A long list of studies in prominent journals has documented that drug-company marketing *does* alter physicians' prescribing practices.

Yet Nierenberg is not "anti-drug company," he asserts, just anti-gift. Not accepting drug-company freebies is one way to combat the rising cost of pharmaceuticals and promote affordable health care, he believes.

His commitment to these causes also extends into the community. For example, he volunteers regularly at the Good Neighbor Clinic, a free clinic that serves the Upper Valley. He recruits DMS students to volunteer there, too. On a recent busy evening at Good Neighbor, Nierenberg was helping a medical student and a resident think through each patient's condition before recommending a treatment. If a prescription was needed, he'd prompt them to consider a generic drug. "It's cheaper," he'd remind them. Doctors must do their part to keep down the cost of health care, he believes—whether by prescribing generics whenever possible or by rejecting that free, fancy pen. ■

Alumni Album: Clark

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people about the worldwide AIDS crisis.

Clark, who has received several national awards for his work, including the Annie Dyson Award of the American Academy of Pediatrics, is currently a fellow at the Center for AIDS Prevention Studies at the University of California at San Francisco. He and fellow soccer players have returned to Dartmouth several times to help develop opportunities for undergraduate and DMS students to participate in Grassroot Soccer. And in November, he participated in a three-day symposium at DMS on HIV/AIDS, "Great Issues in Medicine and Global Health."

For all Clark's worldwide interests, getting back to his own grassroots is nice. ■

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Margaret

Margaret values her friendships. Whenever she needs a ride, she knows she can count on her friends to help. When she needed high-quality eye care, a good friend recommended DHMC. Margaret is so pleased with the care she receives that she decided to be a good friend to DHMC. She established a Charitable Gift Annuity with funds from a matured CD. She liked the idea of having a fixed income for life, a

charitable tax deduction, and knowing her gift will support medicine and research at DHMC. If you ask Margaret, she'll say she didn't do anything special. After all, that's what friends are for.

FEATURES

- guaranteed fixed income for life
- partially tax-free income
- charitable tax deduction
- cash or appreciated assets may be gifted
- income for one or two lives

SAMPLE RATES

Age	Rate
65	5.9%
70	6.5%
75	7.1%
80	8.0%
85	9.5%
89+	11.0%

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