

\$5-million gift to Cancer Center is an act of faith

An Episcopal minister and his wife recently committed \$5 million to Dartmouth's Norris Cotton Cancer Center. The pledge is, in effect, an expression of faith in the future of cancer research and care at Dartmouth.

"In my generation, cancer was the dreaded word . . . the kiss of death," says the Reverend Preston "Pete" Kelsey, a 1958 graduate of Dartmouth College. He made the commitment with his wife, Virginia Rice "Winkie" Kelsey. But thanks to "extraordinary advances," adds Pete Kelsey, "cancer doesn't have quite the fearful impact that it had in the 1950s, '60s, '70s, or '80s. That's the dramatic fruit," he says, of the kind of research that takes place at Norris Cotton.

Chair: The Kelseys' gift will establish an endowment to support the director of the Cancer Center, currently Dr. Mark Israel, and his work guiding Norris Cotton's hundreds of clinicians and scientists. In establishing the Preston T. and Virginia R. Kelsey Distinguished Chair in Cancer,

the Kelseys have made a strong statement in support of Israel and his leadership.

Cells: "One thing that impressed both my wife and myself," says Kelsey, "was the layout of the [Cancer Center], which reflects [Israel's] philosophy of individual scientists not working in their individual cells, but coming together and putting their heads together around issues, problems, research."

The Cancer Center's research space, which Israel helped design, incorporates details aimed at fostering interaction—such as open-concept labs, strategically placed white boards, and glass-walled break rooms.

"It's when interchange takes place that relationships move forward," says Kelsey, who began his career at St. Thomas Episcopal Church in Hanover, N.H., and then spent many years as a parish priest in California. "One of the theologies that I've always adhered to is the theology of exchange," he says, which "can be an encounter between one person and another person, or an encounter with God."

The Kelseys, who again live in Hanover, chose to support the Cancer Center because they believe that having "such

a first-rate research and training center" in rural New England is important to the region. (The Kelseys' past philanthropy has included establishing endowments at Dartmouth College's Tucker Foundation, Hood Museum of Art, and Hopkins Center for the Performing Arts. Virginia Kelsey is a noted sculptor and an instructor at the AVA Gallery in Lebanon, N.H.)

Gifts such as the Kelseys' allow an organization "to grow and expand in ways that it couldn't otherwise," explains Brian Lally, vice president for development at DMS and DHMC. "Endowment is a huge part of the funding for academic medicine," says Lally. It not only offers a buffer against swings in outside funding but, he adds, provides the "run for daylight' opportunistic dollars for bright new ideas that have yet to gain maturity."

Campaign: Including the Kelseys' gift, commitments to the Transforming Medicine Campaign for DMS and DHMC have now reached \$111 million. The campaign aims to raise \$250 million for the Medical School and Medical Center by 2009.

"I am honored and enormously grateful," says Israel of being the first incumbent in the Kelsey Chair. "All donor support is critically important in allowing us to further our mission, but this tangible expression of faith . . . is hugely significant in inspiring our talented staff and as a recognition that all our work reflects our commitment to this community and the patients for whom we provide care."

JENNIFER DURGIN



Israel, right, will hold the chair named for the Kelseys, left.

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the 1983 Mary Hitchcock Memorial Hospital annual report:

"Who could have foreseen . . . stopping a beating heart to repair it!"

— Medical Director
Louis Matthews, M.D.

\$844,640

Philanthropic donations to MHMH in FY1983 (compared to \$24,637,591 to DHMC in FY2005)

181,387

Outpatient visits in 1982-83 (compared to 1.6 million in FY2004)



"I was born at Mary Hitchcock Hospital and . . . recall Donation Day, when people gave produce and canned goods to the Hospital for the winter."

— Hanover resident
Nancy Mitchell

THEN & NOW

A reminder of the pace of change, and of timeless truths, from a 1994 brochure for Dartmouth Medical School's graduate program in molecular and cellular biology (MCB):

"Overall, there is a thriving community of students engaged in graduate education and research, and interaction among students in all the graduate programs is common and encouraged. . . . Dartmouth has a long-standing tradition of close student-faculty ties [that is] heartily endorsed by the MCB Program."



40

Faculty in the MCB Program in 1994 (compared to 69 in 2004-05)

75

MCB students in 1994 (compared to 140 in 2004-05)

Summer SURFers in Dartmouth labs are happy campers

Dr. George O'Toole is as upbeat as any camp counselor. Only instead of leading his "campers" on canoeing, hiking, and swimming expeditions, he's got them pipetting, centrifuging, and peering into microscopes. The "camp," based at Dartmouth, is called the Summer Undergraduate Research Fellowship (SURF).

Labs: O'Toole, a DMS microbiologist, started the program in 2002. He wanted to give undergraduates from other institutions hands-on experience in scientific research so they could see whether they liked it enough to pursue it as a career. While Dartmouth students are welcome to apply to O'Toole's program, most can make their own arrangements to work in DMS or Dartmouth College labs. Students at other institutions often don't have that choice.

Research opportunities were limited at the University of Hawaii, where Nel Venzon, Jr., was a student, so he applied to and was accepted in the competitive SURF program. He got to work with O'Toole and Dr. Christine Toutain, a postdoctoral fellow, studying the biofilm formation of *P. aeruginosa*, an opportunistic pathogen common in people with cystic fibrosis. Venzon loved doing research so much that he's now back at DMS as a graduate student in the molecular and cellular biology program. "Both mentors showed



Pictured here are six of the eight 2003 SURFers: from the top in white, Maaza Mehzun, Gladys Mouton, Ricky Fok, Donald Jolly, Nel Venzon, and Erica Leung.

me the fundamentals of being a scientific researcher and were fun to work with," says Venzon.

Such mentoring relationships "can lead to recommendations and long-lasting sources of information and advice," says another SURFer, Maaza Mehzun, who graduated from Dartmouth College in 2004 and is now a graduate student at Dartmouth's Thayer School of Engineering. She's working with her former SURF mentor, Tillman Gerngross, to engineer bacteria to secrete certain proteins.

The 10-week SURF program—which is funded by the National Science Foundation, the National Leadership Alliance, and Dartmouth—provides students with a stipend plus room, board, and travel expenses. And not only do they get to see what working in a lab is all about, but they also form important friendships with scientists and students; take courses to prepare for the Graduate Record Exam; and participate in career workshops to learn the ins and outs of applying to grad school. "For some of these students who go to small

colleges, they really aren't exposed to any aspect of graduate education," says O'Toole.

In addition, students visit the Marine Biological Laboratory in Woods Hole, Mass., and take part in the Leadership Alliance National Symposium, where they network with and present their work to students, faculty, and graduate program administrators from institutions around the country. "The communication aspect of the training is as important as learning how to do an experiment," says O'Toole. "If you discover new knowledge and you can't communicate it to your peers, it's useless."

O'Toole keeps in touch with former SURF students—there's even a newsletter and a website (<http://www.dartmouth.edu/~surff/details.html>). He is gratified by the fact that most either plan to apply to or are already enrolled in graduate programs.

Secret: And here's a secret. As intense as the research experience is, the SURFers *do* get to do some canoeing, hiking, and swimming, too.

Laura Stephenson Carter

BALKANIC ACTIVITY: To mark the fifth anniversary of the partnership between DMS and Kosovo's only medical school, the Kosovars presented DMS with a plaque of thanks "for your help and devotion in rebuilding the health care of Kosovo."



Partnership is primary in Kosovar projects

Your doctor is examining you in his office. Suddenly the door opens and another patient bursts into the room. No, there's no emergency. That's just the way people were accustomed to behaving at many health clinics in Kosovo. Until recently, that is.

Dr. Donald Kollisch, a family physician at Dartmouth; project director Cristina Hammond; and nurse Ellen Thompson have been helping to address such problems and improve the way health care is delivered in family medicine clinics in Gjilan and Gjakova, Kosovo. But this isn't a case of DMS experts marching in to tell personnel elsewhere what they're doing wrong. It was the Kosovar doctors and nurses themselves who asked for advice. They were frustrated by the constant interruptions, the noisy crowds in the clinic hallways, and other antiquated systems—like no waiting rooms, no receptionists, no appointments, no medical records, and nurses who

weren't allowed to perform even simple clinical tasks like taking blood pressures. And they worried that these matters were interfering with their ability to give good care.

So Kosovar physician and nurse leaders teamed up with DMS on two primary-care projects funded by the American International Health Alliance and the United States Agency for International Development (USAID). The projects focused on instituting quality-improvement efforts at family medicine practices in the Gjilan Municipality (a program that ran from 2001 to 2004) and, later, in reproductive health services at family medicine centers in Gjakova (from 2004 to 2006).

Flow: First, the Kosovar team visited DMS family practice clinics to get ideas about things they might try in their own clinics. Then they collaborated with their DMS counterparts—Kollisch, Hammond, and Thompson—on developing a workable infrastructure, establishing clinical practice guidelines, setting up appointment systems, creating patient flow plans, developing medical records systems, improving com-

munications, and training staff.

In both projects, Kollisch explains, the DMS collaborators suggested using a "microsystems" approach—that is, examining every variable in a systematic way and then identifying what changes might help. In a medical office, the variables can include patient flow; who sees patients when; what services are provided; how supplies flow in, are inventoried, and distributed; how records are kept; and so on.

Records: It was no surprise that the clinics in Kosovo didn't have the kinds of systems in place that are taken for granted in the United States. While the country was at war, "doctors and nurses practiced out of their homes or wherever they could, but they didn't keep records," Hammond explains. After the war ended in 1999, the country tried to restructure its health system, but clinicians had no experience in implementing the necessary changes. Medical records, for instance, consisted of entries in a general logbook.

So the DMS team worked with their Kosovar partners to implement improvements in some health centers. "If systems could be improved throughout Kosovo, we'd be saving lots of lives," says Kollisch. But making sustainable changes takes time, and funding is always easier to come by for starting than for continuing international health initiatives.

"Doing international health aid work," says Kollisch, "is a very unstable, unpredictable program." But clearly worthwhile.

Laura Stephenson Carter

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the Spring 1983 issue of this magazine:

"Dr. Dean Seibert, associate dean for regional medical affairs, believes most of the health problems in [undeveloped] countries could be solved if the resources were available. 'I think medical schools have an obligation and a responsibility to be concerned about the welfare of all people. . . . While few of our students will actually work in international health, I hope that many will participate in [promoting] world health.'"



Today, Seibert is still active in international health (see the profile starting on page 62), and DMS has partnerships in international health programs in Kosovo (see the story at left) and Tanzania.



Dartmouth family physician Don Kollisch, left, poses for a photo op with the Gjakova clinic director, Dr. Basri Komoni.