

PATIENCE COUNTS: Dartmouth's Norris Cotton Cancer Center serves over 20,000 patients annually and over 2,800 new patients a year. Opened in 1972, it's been a National Cancer Institute-designated comprehensive cancer center since 1990.

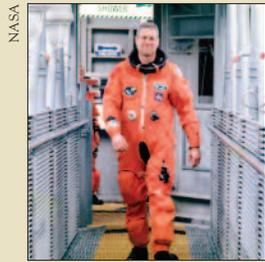


SHOOTING FOR THE SENATE

Doctor, astronaut, researcher . . . senator? DMS's Dr. Jay Buckey, who flew aboard the Space Shuttle *Columbia*'s Neurolab mission in 1998, is making a bid for the United States Senate in 2008.

"Out of 100 Senators, we have 58 lawyers and only two physicians," he says. "That's very concerning when you look at the kinds of problems we are facing"—many of which have medical consequences, such as the war in Iraq, U.S. energy policy, health care, and funding for science and technology. "I believe we have to keep the U.S. a leader in science and technology—so we can remain leaders in the world economy," says Buckey.

If he's elected, Buckey plans to work toward developing a new energy economy, increasing federal investment in research and development, creating a universal and portable health-care system, and more. "If medical professionals are not involved," he says, "the decisions made on our health-care system won't address their concerns." L.S.C.



NASA

STRICTLY BY THE BOOK

My shoe was calling. *Take me off*, it whispered. *Tap my heel against your forehead three times. Do it now, quick, no one will notice.*" That is American humorist David Sedaris's description—in "A Plague of Tics," a chapter in his memoir, *Naked*—of his childhood struggle to overcome obsessive-compulsive disorder. His essay was one of many literary pieces pondered by an eclectic group of participants in a recent Literature and Medicine Program held at Dartmouth-Hitchcock.

The monthly gatherings, which are sponsored by the New Hampshire Humanities Council, are part of a nationwide hospital-based initiative that brings together diverse groups of people for literature-based discussions on health-care issues. The 20 members of the DHMC group ranged from physicians and nurses to support staffers and computer programmers.

"I wanted to find out what [other] people deal with," explains Patricia Latona, a senior programming analyst, "and gain some insight into the medical world." A.T.



New emeriti segue into part-time pursuits

Two longtime members of the DMS faculty—who've tallied 55 years at Dartmouth between them—were recently named to emeritus status.

Oxman: Dr. Thomas Oxman, the director of geriatric psychiatry at DHMC since 1988, has no intention of giving up his professional activities just yet. Two days a week, he'll continue to serve as medical director—a position he's held since 1996—at the Glenclyff Home for the

Elderly near New Hampshire's Mount Moosilauke. He's also the managing partner of a company that consults with health-care organizations on managing depression in primary-care settings. And he plans to travel to see family and friends.

After graduating from Dartmouth College in 1971, Oxman earned his M.D. at the University of Colorado, then did residencies at DHMC and at Mount Zion Medical Center in San Francisco. During his training, he studied with the famous developmental psychologist Erik Erikson.

From 1980 to 1983, Oxman worked at the University of Cincinnati Medical Center as the director of behavioral medicine services in a pain control center. Then he joined the DMS faculty and later established the section of geriatric psychiatry as well as a geriatric psychiatry fellowship. He also played a key role in keeping the Glenclyff Home, which provides care to el-

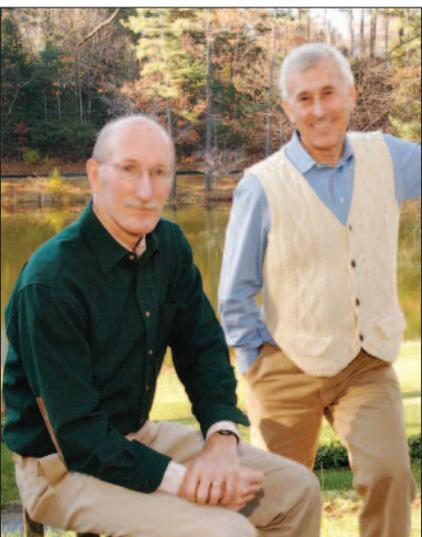
derly people with mental illness, from being closed.

Known for his studies of geriatric psychiatry, he is secretary-treasurer-elect of the American Association of Geriatric Psychiatry and a Distinguished Fellow of the American Psychiatric Association. A paper he published in 1995—on the impact of spirituality and faith on healing in older patients—still pops up in

the national media every so often. In 2001, for instance, *Readers Digest* reported that "patients comforted by their faith had three times the chance of being alive six months after open-heart surgery than patients who found no comfort in religion." The attention that paper got, Oxman says, was "my Andy Warhol 15 minutes of fame."

Young: Dr. William Young, an ob-gyn, has retired from clinical practice but says he's still got three "jobs"—two involving international health and the third "pure fun."

Young and his wife, Sarah, helped build and now volunteer at a clinic in Lwala, Kenya, that was started by two Dartmouth College graduates—Milton and Fred Ochieng, natives of Lwala—who are now medical students at Vanderbilt. Young also works with the Dartmouth-Kosovo Alliance for Healthy Newborns Project, an outgrowth of the DMS-Kosovo initiative, which was begun in 2001 to help restore the health-care system devastated by the Bosnian conflict.



JON GILBERT FOX

New emeriti: Young, left, and Oxman.

Young's "pure fun job" is one he's been doing for many years—helping organize Hanover's annual Occom Pond Party, a winter event that includes building snow sculptures, cutting ice from the pond, and playing silly games that Young invents. He promises that in 2008, "Penguin Bowling will join the Couch Potato Race and the Banathalon."

Young did his undergraduate work at Miami University in Ohio and earned his M.D. at the University of Pittsburgh in 1970. He did a surgical internship at Royal Victoria Hospital in Montreal, a stint with the U.S. Public Health Service, and his ob-gyn residency at McGill. He came to Dartmouth in 1976.

He's worked as a clinician, researcher, and teacher. He also helped produce an award-winning film on an obstetrical complication called shoulder dystocia, in which the baby's shoulder gets caught on the mother's pubic bone during delivery. "After 12 years," he says, "*Shoulder Dystocia* is still the best-selling video at the American College of Obstetricians and Gynecologists."

Laura Stephenson Carter

Banishing childhood trauma with telemedicine

Post-traumatic stress disorder (PTSD) is often associated with veterans of military service. But it hits children, too—children who have been victims of sexual abuse, physical or emotional abuse, or neglect. Or of a catastrophic illness, a house fire, or the death of a parent.

"We know that children who have been sexually abused have a higher rate of developing post-traumatic stress disorder, which may range as high as 40 or 50 percent," says Dr. Robert Racusin, a DMS child psychiatrist. And according to national studies, adolescents are victims of violence at a higher rate than any other age group.

To help New Hampshire children who suffer from trauma, Dr. Stanley Rosenberg began to offer training for mental-health clinicians in an evidence-based treatment called trauma-focused cognitive behavioral therapy (TF-CBT). But many therapists who would have liked to take advantage of the training found the long drive to Dartmouth a problem.

Distant: The head of a center in one of those distant locations asked if DHMC could set up a network so the 10 mental-health centers spread across the state could videoconference with each other, allowing distant clinicians to be trained over the network. The Dartmouth Trauma Interventions Research Center (DTIRC), which Rosenberg heads, thought the possibility

had promise, as did several funding sources.

Now, nine of the 10 centers have all the technology for videoconferencing in place (and the 10th is nearly there), and the clinicians at two of the centers are fully trained in TF-CBT.

Aspects: The technique has two aspects: exposure therapy—using personal trauma narratives to overcome the pain of traumatic events; and cognitive restructuring—understanding how thoughts about an event influence behavior. About 100 New Hampshire children are now receiving TF-CBT treatment for PTSD. (For more on the technique, see dartmed.dartmouth.edu/spring06/html/vs_trauma.php.)

The 10 centers are independent organizations, so putting the network together required coordination on many levels—with the centers' CEOs, child directors, front-line clinicians, and information technology specialists, explains Rosenberg. And maintaining it will be an ongoing process. "We're going through a long process of negotiation and relationship building and trust building," Rosenberg adds.

The outlook is good, though, says training coordinator Dr. Kay Jankowski: "Everybody's in it together . . . [The agencies] are taking a leap here by trying out this technology, and Stan has put in a huge amount of resources in terms of helping the agencies buy equipment and . . .

steer this whole thing." And the actual training, says Racusin "goes extraordinarily well. . . . [it feels] almost the same as face-to-face conversation."

The telemedicine approach also makes more efficient use of families' time, since they don't have to travel long distances to DHMC when a child needs care if treatment is available from trained clinicians at their local mental health center.

Goal: Rosenberg's team is also planning to use telemedicine to train clinicians in other therapies for treating severe depression and disruptive behavior disorders. And the ultimate goal is to use telemedicine to consult with pediatricians around the state and to treat patients directly. So if a child in Berlin, N.H., had autistic spectrum disorder, Racusin explains, and that child "needed to be followed by someone who had a certain skill set, but that person happened to be in Nashua, then at least in theory it wouldn't matter where [the child was]—geography would no longer be a barrier."

Matthew C. Wiencke



Dartmouth got funding to establish a telemedicine network that links New Hampshire's 10 mental-health centers.