

For a **WEB EXTRA** with two trailers for the film below, plus a link to the website for the project, see [dartmed.dartmouth.edu/winter07/html/vs\\_film\\_we.php](http://dartmed.dartmouth.edu/winter07/html/vs_film_we.php).

the biological and social triggers of psychosomatic illness.”

The chance to do family medicine in a rural setting was an aspect of coming to Dartmouth that Katherine Walia found particularly appealing.

Ladizinski, too—when he’s not learning to appreciate the aroma of skunks—has been enjoying family medicine. “I worked with some great [teachers],” he says, “such as Drs. Don Kollisch, Lou Kazal, and Joel Lazar. It is truly amazing what these docs are able to accomplish in 15 minutes and the amount of issues that they are able to balance simultaneously.”

His first clerkship was in psychiatry. Beforehand, “I thought New Hampshire would be lacking in terms of psychiatric patients,” Ladizinski observes. “But I soon came to realize that people everywhere have psychological issues, even in the #2 place to live in the U.S.A.,” he adds—referring to the fact that Hanover was judged by *Money* magazine to be the nation’s second-best place to live.

**Air:** Ladizinski seems to agree with that assessment. “I love it,” he says of the area. It’s “peaceful” and “slow—sometimes too slow, particularly on [Route] 120 in the a.m.,” he admits. But he finds many other things about the area to his liking, especially the “good air.”

Clear skies also top Lilian Chen’s list of the joys she’s discovered in New Hampshire: “For the first time,” she says, “I saw a sky full of stars and was actually able to see constellations!”

MATTHEW C. WIENCKE

## Student had 37 million reasons to do film project

**W**hat does cinematography have to do with fighting illness? If you’re second-year DMS student Aimée Peck, the answer is “Everything.”

During the summer of 2007, Peck teamed up with award-winning filmmaker Aaron Edell, who happens to be her fiancé, to produce a documentary in Tanzania on a nasty tropical disease—African river blindness, also known as onchocerciasis.

**Worms:** The disease, which occurs near fast-flowing rivers, especially in remote African agricultural villages, is caused by the parasitic worm *Onchocerca volvulus*. Its larvae are spread by the bites of simuliid black flies; the larvae live in nodules under the human skin and mature in about a year. A single adult gives birth each day to thousands of microscopic worms, called microfilariae. As the microfilariae travel beneath the skin and through the blood, they cause extreme itchiness and pain, skin lesions, inflammation, and seizures; over the years they can migrate to the eyes, causing scarring and eventual blindness.

**Drug:** The 30-minute documentary, titled *37 Million and Counting*, aims to raise awareness about efforts to treat the disease in the 37 million people worldwide infected with it. Since 1988, the pharmaceutical firm Merck and Company has been donating a drug called ivermectin to affected countries; the company intends to provide the

drug as long as it’s needed. It does not kill adult worms but keeps them from producing offspring and paralyzes the microfilariae. So patients need to take a dose once a year for up to 20 years, until the adult worms die.

Peck filmed the documentary in Tanga, a region in northern Tanzania, where a community-based treatment program has been successfully distributing ivermectin. “Right now, onchocerciasis is relatively well-controlled in Tanga,” Peck says, even though “at least three districts in Tanga are onchocerciasis-endemic and 200,000 people have been identified as needing treatment.”

**Foot:** The film highlights the heroism of people at all levels of the distribution chain—from the director of the national onchocerciasis clinical program; to regional and district coordinators; to village-level distributors, who

travel on foot to carry the drug to all infected individ-

uals in their communities, including many who live miles from the nearest road. One district coordinator tells Peck he could do his job better if he had a four-wheel-drive truck instead of a motorbike. And a village distributor wishes he had rain boots to keep his feet dry during the rainy season, when he hikes for days on muddy paths.

The distributors often leave their jobs, sometimes for weeks, to get the medicine to those who need it. “They’re not working in

their fields, so they’re losing money,” Peck says. Sometimes they can’t afford to eat. “They have the bulk of the responsibility for making the program a success, and yet they’re doing it on an empty stomach.”

**Blind:** But if the distribution system were to fail for even a single year, the microfilariae would survive and people’s symptoms would return. Prior to the 1988 program, in areas where the disease was endemic, up to 60% of the population was infected and up to 10% of those infected were blind. Now, the blindness rate has fallen to less than 1%.

DMS was “instrumental in getting me the support I needed to make this project happen,” says Peck, who expects that the film will be ready for release sometime in early 2008.

KELLEY MECK



Peck, right, chats with a district coordinator who wishes he had a four-wheel-drive truck to reach distant villages.