

NORTH DAKOTA MEDICINE

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES

Touching Lives

Bullseye

The Invisible Injury

Reaching Across the State

When I Grow Up I Want to Be a Doctor

**Courage, Hope and Strength
through Breast Cancer Research**

Holiday 2008
VOLUME 33, NUMBER 5
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Donor Appreciation Issue

THIS HAS BEEN ANOTHER successful year at the School of Medicine and Health Sciences. We continue to admit and graduate outstanding students, mostly North Dakotans and about half of them from small towns. We are very proud of our strong programs in family medicine and, for the second year in a row, UND is among the top ten (ranking fourth) U.S. medical schools in the percentage of our grads who choose to pursue a career in family medicine.

investment for the state and we will be able to accomplish much more with added resources for a new Center for Family Medicine in Bismarck and additional support for the training programs in family medicine, rural health, public health and promotion, and geriatrics. These are good times for North Dakota and critical times for the medical school.

We have been successful in raising funds for endowments from alumni and friends. These gifts and pledges will establish scholarships and endowed chairs and professorships for students and faculty. We have an excellent faculty but we must have competitive salaries in order to attract and retain outstanding teachers and scientists. As we all know, if you do not have excellent teachers, you do not have an excellent school. Our students and your future doctors deserve the very best. Ultimately, patients benefit from the high quality of health care they receive from our graduates.

During this holiday season, I want to extend my very best wishes to all of you for a healthy and successful year now and in 2009.

Warmest regards,



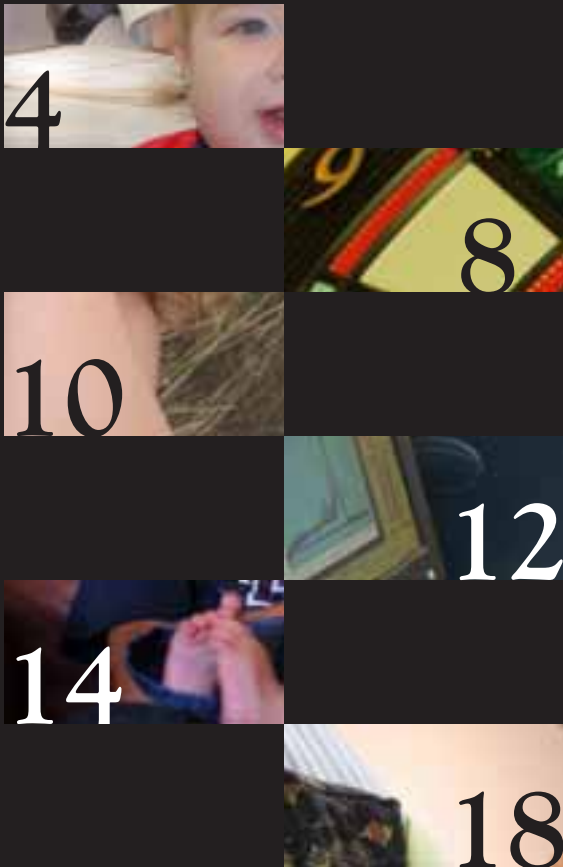
H. David Wilson, MD
Vice President for Health Affairs and
Dean



Dean H. David Wilson, MD (center) received the Commonwealth Award Oct. 10 at a ceremony held in conjunction with the University of Kentucky (UK) College of Medicine Alumni Reunion and Family Weekend. The award recognizes graduates of the medical school or residency program who have earned distinction for their leadership and contributions in medical care benefiting the college, state, nation and/or world. He's pictured with Michael Rankin, MD (left), president, UK Medical Alumni Association, and Jay Perman, MD, dean, College of Medicine and vice president for clinical affairs, University of Kentucky.

Our graduates are highly regarded, and are selected to continue their training in some of the nation's finest medical centers and many return to practice in North Dakota. In addition to family doctors, North Dakota needs many specialists, and we do our best to supply physicians with those talents for our state as well.

I am optimistic that during the next legislative session our state senators and representatives will support the recommendations of the Medical Center Advisory Council and the Board of Higher Education for some significant investments in the school. I believe our school is an excellent



FEATURES

Touching Lives	4
Through its alumni, faculty, staff and students, UND touches the lives of people especially in the Upper Midwest	
Bullseye	8
UND Center for Rural Health scores big	
The Invisible Injury	10
Partnership coordinates services for individuals with traumatic brain injuries	
Reaching Across the State	12
Scientific collaboration with Dickinson State University opens doors of opportunity	
When I Grow Up I Want to be a Doctor	14
New program enhances North Dakota's health workforce pipeline	
Courage, Hope and Strength	18
Investigators launch clinical studies on new clues which hold potential for prevention and early detection of breast cancer	

DEPARTMENTS

Guest Columnists - Dave Molmen and Joshua Wynne	16
Student Profile - Fred Redwine	17
News Briefs	24
Alumni Notes	28
In Memoriam	29
Planning Ahead	30
Parting Shots	31

On the Cover: Sixteen-year-old Hannah Anderson of Leeds, ND, is a victim of traumatic brain injury (TBI). She and others with this invisible injury are taking advantage of a new, centralized source of TBI information in North Dakota.

UNIVERSITY OF NORTH DAKOTA
SCHOOL OF MEDICINE AND HEALTH SCIENCES

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Touching Lives



Medical student Rachel Ott (second from left) listens while her teacher, Charles Nyhus, MD '79, talks with a patient at Central Dakota Clinic in Harvey, ND. Third-year medical students learn from doctors, who hold UND faculty appointments, during a required, eight-week family medicine rotation. Nyhus, a family physician, is one of three brothers who graduated from the UND School of Medicine and Health Sciences in the 1970s.

WHETHER IT'S HEALTH CARE, PREVENTIVE medicine, studies of diseases and disease processes, or maintaining and enhancing access to rural health care services, the UND School of Medicine and Health Sciences touches the lives of North Dakotans and other residents of the Upper Midwest.

Our alumni – graduates of medical and allied health professional programs – provide care to hundreds of thousands of people in this region every day, every hour. Their knowledge, skills and attitudes concerning the quality of that care were formed and fostered at UND.

Our faculty and staff are dedicated to teaching, research and service aimed at improving and advancing the quality of life for all people of this region and elsewhere – whether those people realize it or not.

Community-based medical education

Because UND is a community-based medical school, education permeates the health care system in North Dakota, and the quality of care is enhanced because of it. The UND medical school relies heavily on physicians and other health care professionals, practicing in clinics and hospitals throughout the state and region, to help educate and train our students.

Promoting primary care and rural health have long been critical emphases at the school, and programs have been in place for more than 30 years to address those needs and issues surrounding them. For example, medical education takes place not only in the four largest cities in North Dakota – with populations ranging from 100,000 to 35,000 – but also in much smaller towns such as Harvey (pop. 2,300) where **Charles Nyhus, MD '79 (Family Medicine Residency '82)**, weaves teaching into his care of patients.

Realistic view of family medicine

Teaching students in rural communities “is really important,” Nyhus says. “For medical students to get a realistic view of family medicine, they really need to do it in a rural setting. They get more experience, and a more realistic exposure” to the practice of family medicine than in the state’s more urban centers.

The student “actually becomes a member of the health care team while doing their rotation here,” says the clinical assistant professor of family and community medicine, noting Harvey’s extensive medical facilities including his Central Dakota Clinic, which also employs **Alan Lindemann, MD '77**, an obstetrician-gynecologist; **Julie Keller, PA '94**, and **Erin Hagemeister, FNP**. The community also has an assisted living center, a 106-bed nursing home and 25-bed, federally designated critical access hospital.

At Harvey, students see a variety of patients, Nyhus says, and “they can use all the tools that they’re taught and trained to use... They are involved in endoscopies, surgeries, obstetrics-gynecology; they get good exposure to the emergency room, the hospital and how to do procedures such as inserting IVs, drawing blood...”

‘A great experience’

According to **Rachel Ott**, third-year medical student who’s taking a four-week rotation in Harvey, “It’s been a great experience; I’ve gotten to do *everything* – from the OR to the ER to the clinic. I have full reign: I order tests, I do minor surgeries on my own, I was involved in two C-sections last week.”

Harvey’s hospital, St. Aloisius Medical Center, is the only one between Minot and Jamestown, Bismarck and Devils Lake where babies are delivered in-hospital. That leaves a wide land expanse and thousands of patients to serve.



Rachel Ott (right) has had a “great experience,” she says, providing patient care and studying medicine in Harvey, ND, where she’s had “full reign” to learn all aspects of family practice and function as a health care team member.

‘Go Local North Dakota’ Website Connects Consumers with Healthcare Resources

People throughout North Dakota now have a free, fast and easy way to find health services close to home, thanks to the hard work of librarians at the UND medical school.

A new website, “Go Local North Dakota: Discover Health Services Near You!” (www.medlineplus.gov/golocalnd), provides information and links to hospitals, doctors, clinics, support groups, immunizations, home health care, and other programs and services people can use to find help for themselves and their loved ones.



A new website, *Go Local North Dakota*, developed by UND medical librarians, provides consumers access to a database from which they can locate health care services in their local area. The website project, funded by the National Institutes of Health, National Library of Medicine, supplements the national health resources database, MedlinePlus.gov, for North Dakota users.

The website, "Go Local North Dakota" has been created by UND medical library personnel with funds from the National Institutes of Health, National Library of Medicine.

- Where can I find a physical therapist?
- Is there an adult daycare center in my area?
- Are there support groups for diabetic patients?
- Where can I get a flu shot?
- Do the Three Affiliated Tribes have a dialysis unit on the reservation?

These are examples of some of the questions that can be answered by searching the website, which is easy to use. People can search for resources by county, by types of service they want, or by a particular health topic.

Services available on North Dakota's Indian reservations are available as well as services for those living in the most rural areas of the state. Senior citizens needing health services will also find assistance through "Go Local North Dakota."

"Go Local North Dakota" offers additional information and convenience because it's connected to MedlinePlus.gov, the health website of the world's largest library, the National Library of Medicine. If, for example, someone using "Go Local North Dakota" wants to learn about Alzheimer's Disease,

they can click on "Health Information" and be taken to MedlinePlus.gov. Or, someone reading about Alzheimer's Disease on MedlinePlus.gov, can link to "Go Local North Dakota" to find Alzheimer's resources close to home. MedlinePlus.gov is available in English, Spanish and several other languages. "Go Local North Dakota" is produced by the Harley E. French Library of the Health Sciences at the UND School of



For more information about "Go Local North Dakota," contact **Barb Knight**, project coordinator and head of public services, 701-777-2166 (bknight@medicine.nodak.edu) or **Mary Markland**, outreach coordinator and Southeast Campus clinical librarian, 701-293-4173 (markland@medicine.nodak.edu), or use the form at the website to suggest resources or make comments.



A mock train derailment that included a hazardous tested response skills of Grand Forks police, fire and

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**'BORDERS Alert and Ready'
Trains Personnel to React to Disaster**



The work that has been done in the past several years to improve North Dakota's ability to react quickly and effectively to a manmade or natural disaster has earned for UND a strong reputation as leader in our country's effort to prepare for such threats, especially in rural areas. Under the supervision of **Linda Olson, EdD '96 (Teaching and Learning)**,



director of special projects in the medical school's Office of Medical Education, the UND's *BORDERS Alert and Ready* project has made tremendous strides in encouraging health professionals of all stripes to learn how they can best work together in preparing for and meeting challenges that we all hope never happen.

This fall in Grand Forks, Air Force base personnel joined with area police, fire and emergency medical workers in the latest simulated disaster drill designed to test their skills and equipment.

"We are always on the lookout for chances to improve our disaster preparedness skills," says **Colonel John Scorsone**, vice commander of the 319th Air Refueling Wing at the U.S. Air Force's base in Grand Forks (GFAFB). "The more we partner with the community on practice events, the better our ties if the event were real."

The *BORDERS Alert and Ready* project provided an "excellent training opportunity for our Grand Forks Air Force Base airmen to join in this realistic local scenario," Scorsone says.

In the training exercise, emergency personnel were confronted with a mock train derailment that included a hazardous materials leak and a search for potential terrorists. The On Track Training was sponsored by *BORDERS Alert and Ready*, UND Environmental Training Institute, BNSF Railway and Amtrak railroad, CF Industries and local law enforcement and fire departments.

The drills, with two simulated deaths and numerous serious injuries, was a chance for responding agencies to practice their procedures in the event of a disaster, particularly their communications. 🌱



The drill, with two simulated deaths and numerous injuries, provided an opportunity for responding agencies to practice their procedures, particularly in communications, in the event of a serious disaster.

materials leak and a search for potential terrorists ambulance personnel.

- Pamela D. Knudson

Bullseye:

UND's Center for Rural Health scores

BIG!



Center for
Rural Health



IT'S SOMETIMES DIFFICULT TO quantify the impact and importance of health in rural America. Sure, one could use traditional percentages, calculations and data, but the true measure of impact often lies in people's stories. It is the elderly woman who is able to have dialysis treatments in her rural hometown, avoiding costly and difficult travel to the city. It is the reflective fifth-grader who wants to be a doctor when he grows up because he was inspired by a science event sponsored by medical students.

Driven by the stories of the people it serves, a small North Dakota organization on the fourth floor of a nondescript

university building ended up becoming a major piston in the engine which impacts 25 percent of people in the United States: rural health care.

The Center for Rural Health, at the University of North Dakota (UND) School of Medicine and Health Sciences, with its straightforward focus on improving health for people in rural communities, "has challenged the country to pay attention," said **H. David Wilson, MD**, dean of the UND medical school. "Their efforts to ensure that people in rural areas have access to quality and affordable health care are shining a spotlight on the state in a major way."

For most of its 28 years, the Center has worked quietly on addressing a variety of rural health issues, both in North Dakota and across the United States. Now, armed with an arsenal of major new projects on national, state and local levels, the Center is not only making strides at home, but all across the country, and with the nation's spotlight tracking their every move.

The Center for Rural Health probably isn't a household name to most folks in North Dakota outside of the health care field. Yet nationwide, the Center constitutes a rural health all-star team. "The depth and breadth of the Center's rural health impact is unique in the country," said **Senator Kent Conrad (D-ND)**. "UND's Center for Rural Health is truly a model for rural health in the nation."

“**UND's Center for Rural Health is truly a model for rural health in the nation.**”

In 2008, while the rest of the country was experiencing an economic meltdown, the Center brought in an unprecedented \$5.9 million in new grants and projects, adding nine people to the staff for a total of 51 employees. "The growth is important, and while Center faculty and staff work hard to successfully compete in a national arena, we also know that what we're doing still isn't enough," said **Mary Wakefield, PhD, RN, FAAN**, the Center's director and associate dean for rural health at the UND medical school. "The challenges to ensuring accessible, high quality, efficient care for rural North Dakota and rural America are substantial. However, the commitment and energy to do our part runs high at the Center."

That energy is palpable as you walk through the hallways of the Center, located within the UND medical school. There is just something about working at an academic institution, with its continuous flow of students and eye toward educating the next generation, that creates a contagious enthusiasm to be stewards of health care in rural areas.

The Center added these **new projects** to their roster in fall 2008:

- **North Dakota Area Health Education Center**
\$1.6 million, five years
Impact: strengthen North Dakota's health care workforce pipeline
- **VA Midwest Rural Health Resource Center**
\$10 million multi-state initiative, five years
Impact: enhance health care delivery to rural veterans
- **Health Workforce Information Center**
\$750,000, five years
Impact: a nationwide "one-stop shop" for of-the-minute information on health workforce topics and trends
- **VA Office of Rural Health Policy and Planning Group**
Five-year partnership with Atlas Research LLC, Georgetown University, the National Opinion Research Center and the National Rural Health Association
Impact: provide program and regulatory support to the Office of Rural Health within the federal Department of Veterans Affairs

"It's the one virus we hope to pass along," jokes Wakefield.

There are more than 40 rural health programs and research projects currently underway at the Center. "We have an extremely collaborative atmosphere here," said **Brad Gibbens**, associate director for community development and policy. "We collaborate with over 2,000 entities across the state and nation. That's what rural health is all about. You can't do it alone; you have to work together to fashion change in a way that is inclusive of a variety of thoughts and ideas to help rural communities to be stronger."

Wakefield agrees. "Frankly, we think rural health care systems and providers lead in innovation and efficiency. If you couple that with new opportunities in technology and build networks across facilities and communities, working to strengthen rural health care becomes a very exciting focus. To do that, we work as many angles as we can—from helping a small hospital recruit a new health care provider to educating federal policymakers with new research findings."

That's impact.

- Wendy Opsahl

The Invisible Injury

November 12, 2007 is a date that **Hannah Anderson** will never forget, yet may never remember. On that date, the 16-year-old from Leeds, ND, sustained a broken clavicle, fractured pelvis, and traumatic brain injury after being broadsided by a pickup while driving to her grandmother's house to watch movies.

After being rushed by ambulance to the Heart of America Medical Center in Rugby and transferred to Minot's Trinity Hospital, doctors became quite concerned about the trauma she suffered to her brain. Since North Dakota doesn't have a level 1 trauma center, she was then airlifted to the Hennepin County Medical Center in Minneapolis, MN. After a four-week stay that included being placed in a medically-induced coma, she was transported yet again to the Gillette Children's Specialty Health Care Center in St. Paul, MN, where she began a month of rigorous rehabilitation before returning home in late January. Although her long-term memory was unaffected by the accident, Hannah doesn't remember the accident itself or much of what happened last fall.

"She's our miracle," Hannah's mother, **Lisa Anderson**, said. "To watch her enter the hospital on a stretcher and see her walk out on her own is remarkable."

Traumatic brain injuries are caused by external traumas to the head such as from a fall, car crash, being shaken or from a concussion blast – now the leading cause of traumatic brain injury for active-duty military personnel in war zones. The injury can be mild or severe and last for days, weeks or years.

A year after the accident, Hannah is back at Leeds High School trying to live the life of a normal teenager. While her

progress to recovery has been promising, it's possible that she may have permanent brain damage. Fortunately, recent neurological research has given the Anderson family hope about improvements and treatments. She logs about 130 miles weekly to nearby Devils Lake for twice-a-week occupational and speech therapy sessions and has ongoing check-ups in order to ensure the best possible recovery.

"Traumatic brain injuries are unique in that there is a wide variety of long-term consequences that can result," says **Rebecca Quinn, MSW**, a traumatic brain injury (TBI) project coordinator at the UND School of Medicine and Health Sciences' Center for Rural Health. "Beyond the acute medical stage, there are lots of problems associated with recovery."

Bridging the Gap

North Dakota doesn't have a brain injury association like most other states, so until now there hasn't been a central source for individuals with traumatic brain injury and their families to receive information about treatments, support groups, and follow-up options. However, Quinn works with the Traumatic Brain Injury State Partnership Grant Program at the Center for Rural Health, which exists to build a comprehensive system of coordinated services for individuals with traumatic brain injuries.

For families like Hannah's, a centralized source of traumatic brain injury information cannot come soon enough. According to a needs and resources assessment performed by the Center for Rural Health in 2005, over 60 percent of caregivers identified "no centralized source of traumatic brain injury information" as a significant barrier.

“ Brain injury
isn't obvious ”
like a broken leg ”



“Many individuals with traumatic brain injuries and their families go without help regarding the long-term issues that they face,” Quinn said. “By creating a coordinated system to access, adequate services and support can be provided.”

The Center for Rural Health administers the TBI project, in partnership with the North Dakota Department of Human Services. Additional funding partners include the Dakota Medical Foundation, the North Dakota Head Injury Association and the Anne Carlsen Center.

The TBI project is improving screening and referrals for needed services and service coordination. It also aims to strengthen cultural awareness, implement a peer-mentoring pilot program involving American Indians, promote education and awareness, target medical education, and develop a resource library. Resources may also be used to explore ways to track the incidence of traumatic brain injuries in North Dakota.

Nationally, the Centers for Disease Control estimates about two percent of the population is affected by traumatic

brain injuries that disrupt the normal function of the brain. Using this estimate, about 12,800 North Dakotans have brain injury-related disabilities.

“That is a significant number of people living in North Dakota with what we call ‘the invisible injury’,” notes Quinn. “Brain injury isn’t obvious like a broken leg. People who have experienced a brain injury will often appear normal, and they or the people around them don’t understand why they are acting or feeling differently.”

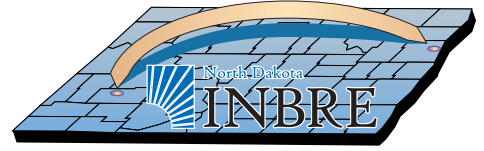
To the rest of the world, Hannah Anderson looks like your average teenager—only the people close to her know the challenges she faces on a daily basis due to her brain injury. But with her continued hard work and the dedication of a project designed to create a better support network for people who share her condition, there is hope.

“This program will help so many people,” she said. “I want all of us to have a better life.” 🌱

-Tara Mertz

Traumatic brain injury (TBI) victim Hannah Anderson and others with this invisible injury are taking advantage of a new, centralized source of TBI information in North Dakota.

Reaching Across the State



Collaboration with Dickinson State opens doors of opportunity



Top: DSU student Shinobu Chinju is a post-degree biology major from Yokohama, Japan. Bottom: DSU student Tafadawa Bhobho is a sophomore from Harare, Zimbabwe.

WHAT BEGAN SIX YEARS AGO AT Dickinson State University (DSU) as a makeshift lab in a converted storage closet equipped with instruments purchased on eBay has become a student career path to opportunities in medicine and biomedical research.

Two National Institutes of Health (NIH) grants awarded to and administered by the UND School of Medicine and Health Sciences in 2001 and 2004 enabled DSU to equip a high-tech lab in which students can participate in biomedical research, opening the door to graduate and medical schools.

“We’re doing really well at getting students into the schools they want to attend,” notes **Lynn Burgess, PhD**, toxicologist and associate professor of biology at DSU. “All my students who want to go to graduate school in research have gotten into the school they wanted to go to.”

“ **INBRE** and the new building helps with **recruitment** and **retention of students** ”

Some of his students have chosen to attend UND for medical school or graduate programs in biomedical research.

“When I got here nine years ago, it was rare for a student from Dickinson State to go on immediately after graduation. It just happened every now and then,” Burgess says. “Now, the students who want to go to graduate school can go.”

DSU sophomore **Godwin Konde**, from Ghana, developed an interest in molecular biology as a result of working in the lab with Burgess.

“I hope to continue research and probably develop a career from that,” he says. “I’m looking at going to

graduate school in North Dakota, preferably UND.”

The two Institutional Development Award (IDeA) grants from the NIH National Center for Research Resources (NCRR) made the difference. The goal was for UND and NDSU – the state’s two research universities – to work with North Dakota’s four baccalaureate institutions and five tribal colleges to get their students interested in biomedical research.

The three-year, \$6 million Biomedical Research Infrastructure (BRIN) program came first in 2001. The second phase, the IDeA Networks of Biomedical Research Excellence (INBRE), is a five-year, \$16.3 million program that began in 2004.

Burgess says the process of convincing students to participate in research has been challenging at times, but their attitudes are changing.

“Students learn from other students that this is not a big scary thing,” he explains. “They’re starting to understand that research is something that applies to their lives and all forms of biology. Research is a way of solving problems and answering questions.”

Courtney Berry, a junior biology major from Yakima, WA, believes the lab experience will help her plan for the future.

“I wanted to get some experience in research because I plan on going to medical school,” she says. “Maybe it will give me a heads-up on what I want to do when I get to medical school.”




The success of BRIN and INBRE helped DSU make the case for a new addition to Murphy Hall, its science building, notes **Michael Hastings, PhD**, chair of the Natural Sciences Department. Now, instead of operating out of a converted closet with barely enough room for four people, Burgess has a lab that easily accommodates 12 students.

"INBRE provided research equipment and the new building provides the facilities which enable us to apply for other research grants," Hastings says. "INBRE and the new building helps with recruitment and retention of students, especially the better students interested in research."

Seven years ago when DSU was approached about conducting research under the BRIN grant, Burgess remembers skepticism among the faculty. But times have changed, and the success of BRIN

and INBRE has also changed the way faculty views research.

"Now they're trying get involved," Burgess says. "We have people on campus and in our department who are trying to get into research themselves. We're looking at ways to work together."

In addition to DSU, INBRE-funded research involving undergraduates is conducted at Mayville State, Minot State, Turtle Mountain Community College and Valley City State. Other tribal college partners are Cankdeska Cikana Community College in Fort Totten, Fort Berthold Community College in New Town, Sitting Bull College in Fort Yates and United Tribes Technical College in Bismarck. 

- Patrick Miller

Lynn Burgess, PhD, DSU associate professor of biology, working with students Courtney Berry, a junior from Yakima, WA, and Godwin Konde, a sophomore from Accra, Ghana.



Future physician Rylan Setness, a sixth-grader in Park River, ND, listens to the heartbeat of his brother, Caleb.

When I Grow Up I Want to Be a Doctor

SOME CHILDREN KNOW FROM AN early age exactly what they want to do when they grow up. **Rylan Setness**, a sixth-grader at Park River (ND) Elementary School, is certain he wants to be a doctor.

"I want to go into general medicine," he said in a recent interview, with a reflective seriousness well beyond his 11 years of age. "I also want to do missionary medicine, and even work with kids—it would be fun to travel to Australia."

While Rylan has been tinkering with his career choice for a couple of years, a

few events earlier this year cemented his decision to venture into the field of medicine. The son of **Jeremy and Bethany Setness** attended a program at school called *Inspector Wellness and the Case of the Many Medical Careers*. The five-week program was a partnership effort between Park River's Elementary School and First Care Health Center to educate the community's fifth-graders about health careers. He also attended *Science Day* at the University of North Dakota (UND) School of Medicine and Health Sciences, a free event for fifth- and sixth-graders designed to get kids fired up for science

by featuring a hands-on approach to learning things like “grossology” from UND’s medical students.

Programs that enhance North Dakota’s health care workforce pipeline, like *Inspector Wellness*, *Science Day* and others, are central to a new joint venture between UND’s Center for Rural Health and College of Nursing. With \$1.28 million in funding from the U.S. Department of Health and Human Services, they will develop and implement an Area Health Education Center (AHEC) Program in North Dakota.

Until now, North Dakota was one of only a few U.S. states without a federally funded AHEC, the goal of which is to help clinics and hospitals recruit and retain health care workers in underserved areas, address workforce shortages, and educate students about career options in health care.

Since it will be roughly 17 years before Rylan can actually become a licensed, practicing physician, the new North Dakota AHEC focuses on community-based health care training through *all* levels of the workforce pipeline. Health career awareness programs will be developed for students in grade school and high school while new clinical opportunities will be developed for health professional students at the college and graduate levels.

“Models for elementary students, such as Dickinson’s *Medical Explorers* and Park River’s *Inspector Wellness Program*, are examples of efforts through the AHEC that can be spread across North Dakota communities to encourage our youth to consider health care fields,” said **Mary Amundson**, assistant professor at the UND Center for Rural Health and director for the North Dakota AHEC project. A unique aspect of the North Dakota AHEC is advancing interdisciplinary training in North Dakota.

Three regional Area Health Education Centers will be developed across the east, central and western regions of the

state to provide a variety of training experiences, and the program itself is based at the UND Center for Rural Health in Grand Forks. These Centers will link UND with local communities, hospitals and clinics to augment health-related training activities in each region.

“The North Dakota AHEC Program is a wonderful partnering opportunity for the UND College of Nursing and the School of Medicine and Health Sciences. We will build relationships with institutions throughout North Dakota to support collaboration between academic partners and community-based programs,” said **Loretta Heuer, PhD**, professor at the UND College of Nursing and co-program director of the North Dakota AHEC.

“We’ll be able to address the primary health care workforce needs along with increasing access to health care and disease prevention to medically underserved communities in North Dakota.”

Programs will be established and extended for college students to provide awareness of health care career options as well as rural practice opportunities.

“Our goal is to improve access to the health care workforce,” said **Patricia Moulton, PhD**, assistant professor at the Center for Rural Health-Minot and co-director of the North Dakota AHEC. “This will ultimately increase access to health care in underserved areas of North Dakota.”

Additional support for this initiative is being provided by UND and the Dakota Medical Foundation to equal a total of \$1.6 million.

In the meantime, Rylan Setness will continue to expand his knowledge of livers and eyeballs and explore the wonders of the human body in pursuit of a very rewarding, and very necessary, career in medicine.

This will ultimately
increase access to
health care in underserved
areas of **North Dakota**.

- Wendy Opsahl

Certainty in a World of Uncertainty



Dave Molmen



Joshua Wynne

EVENTS OF THE LAST FEW YEARS have highlighted just how unpredictable the future can be. Who would have anticipated that a group of terrorists would crash airplanes into buildings, or that the stock market would suffer cataclysmic shocks requiring massive government intervention to prevent the meltdown of capital markets?

Despite the unpredictability of many events that affect us, other events are highly predictable—it's just that we don't like to think about them! But failing to acknowledge or deal with them doesn't mean they'll go away!

For North Dakotans, the demographic implications for our state are clear—like them or not! We will continue to have one of the oldest populations in the nation, with a higher cohort of folks 85 years or older than almost any other state. There will continue to be outmigration of younger people from our rural and frontier areas, leaving an elderly and increasingly isolated population with chronic diseases and complex challenges for health care delivery.

These realities are essentially certain to occur. No, we don't know for sure. But there is every likelihood that they will.

That's why we must plan **now** for the future health care needs of North Dakota. The School of Medicine and Health Sciences, in conjunction with the Medical Center Advisory Council, has crafted a three-pronged plan for health care delivery to help prepare us for the coming demographic developments:

- We need to **plan** for our state's future health care needs—Additional state funding is needed for the school's Center for Rural Health to initiate regional and statewide health care workforce efforts designed to track and project supply and demand, to implement approaches to strengthen the workforce pipeline, and to work with

communities and health care providers in the state to support the delivery of safe, efficient, accessible health care.

- We need to **preserve** and strengthen the school's family medicine residency programs in Bismarck and Minot—The UND Centers for Family Medicine train the majority of family medicine residents in the state; family medicine and other primary care physicians form the foundation of our health care delivery system, especially in rural areas. These programs are not financially self-sufficient, in part because of care provided to disadvantaged patients. We are seeking support for construction of a building for the Bismarck family medicine program and for additional financing for the UND Center for Family Medicine in Minot. State support is essential to keep these programs viable.
- We need to **provide** the health care workforce North Dakota will need in the future—Additional funding is needed to expand the education of trainees in preventive medicine and geriatrics and to increase loan repayment funds for doctors to practice in North Dakota.

Our three-pronged plan will go a long way toward meeting our future health care needs that are certain to continue to develop. Please learn more about the plan (visit www.med.und.edu/publicaffairs/mcacplan/) and encourage your legislators to support the UND medical school, so we can better prepare to provide quality health care for all our citizens.

Dave Molmen, CEO, Altru Health System, and Chair, Medical Center Advisory Council

Joshua Wynne, MD, MBA, MPH, Associate Vice President for Health Affairs, University of North Dakota, and Vice Dean and Professor of Medicine, UND School of Medicine and Health Sciences

Bridging the Gap

THE LACK OF UNDERSTANDING between health care providers and health policy-makers is the cause of many a headache. That's why **Fred Redwine, JD**, a freshman medical student from Norman, OK, is seeking to bridge the communication gap. A lawyer who spent eight years practicing law prior to beginning medical school, he sees himself as a conduit to bring the clinical side of medicine and health policy together.

"There's this big disconnect between how the policy is made and what is needed. The doctors don't know how to make the policy, but they know the medicine. The lawyers don't know much about the health issues or the clinical needs, but they are the way the law is made," he says.

“ a conduit to **bring** the clinical side of **medicine** and **health policy** together ”

Redwine believes that by becoming a practicing clinician in addition to his law experience, he'll be able to help physicians and policy-makers make sense to one another. By personally seeing the needs of patients, he will be better equipped to tell policy-makers what policies are needed. And, by bringing his law knowledge to the clinical field, he will be able to explain to health care providers how the process of passing health care policies works.


"I feel that if I have firsthand knowledge as a doctor, I'll be so much more effective in creating the law," he says.

A member of the Choctaw Indian Tribe, Redwine wants to focus on health policy issues for rural health, specifically those affecting the Native American community. His plan is to work in Indian Health Service facilities and use his clinical experiences there to

help create laws or policies that address the medical needs of Native Americans.

Before attending law school at Southern Methodist University in Dallas, TX, Redwine volunteered as an emergency room orderly at the Hastings Indian Hospital in Tahlequah, OK. After graduating and completing a federal clerkship, he went on to work as an attorney at the National Indian Health Board in Washington, DC, helping to write briefs and legislation, and lobbying on behalf of Native American tribes. Eventually he became Counsel to the Tribal Ambassador to the Chickasaw Nation. Then, after four years as general counsel at a manufacturing company, he decided it was finally time to pursue his medical degree.

Redwine has always wanted to practice both law and medicine, and is glad he ended up at UND because of its strong focus on rural health and Native American issues. The Indians Into Medicine (INMED) program is the reason he came to UND. INMED provides a support system, a way to meet other Native American students, and an exposure to rural health aspects that he values.

He's also excited about the Rural Opportunities in Medical Education (ROME) program, he says, and is likely going to participate. Through the ROME program, medical students train and live in rural communities for the majority of their third year, working closely with physician-faculty members of the UND medical school. 

- Andrea Herbst



JULY 11, 2008. ANGELA UHLENKAMP remembers so vividly the day, the very moment, she received the news she had breast cancer that tears well up in her eyes just at the thought of it.

“It was the moment your life was taken away from you,” she says. “I was ignorant of cancer; I thought a cancer diagnosis meant you’re dead. To me, cancer equaled death... I felt like cancer was all around me, my grandfather had leukemia, my cousin has melanoma. It was almost like I was surrounded, suffocating.”

Like many cancer patients, she went “through all the phases,” she says, denial, anger, paralyzing fear. An active, vivacious, athletic 37-year-old whose sunny personality and warm smile light up a room, she loves the outdoors and enjoys her work. She was living a good life, her young son was happy and well-adjusted, and she was seriously involved with a wonderful guy, she says, the love of her life, Sean O’Leary. Then she got cancer.

I know you can survive cancer;
it’s treatable

She asked, ‘why me?’ The diagnosis brought her and O’Leary to their knees, literally and figuratively, she says. Cancer can strike anyone.

“You go through all those phases, then you say, ‘OK, I’m going to fight this,’” and they immediately turned to their computers and “read everything we could find.”

When she received the diagnosis “I started a journal from that day forward,” she says. “It’s so important to keep a journal. You’re so upset; you can’t comprehend, you can’t digest it all. Writing allows you to think and reflect later on what you’ve taken in.”





Courage, Hope and Strength through Breast Cancer Research

Timing is everything

Everything went very quickly; her primary physician, **Joanne Gaul, MD (Family Medicine Residency '92)**, "really had a good team right off the bat," she says. Four days after diagnosis, Uhlenkamp was in the office of **Edward Sauter, MD, PhD**, associate dean for research and professor of surgery at the UND medical school, who had just started his surgical oncology practice at Altru Clinic in Grand Forks.

"It was his *first* day on the job," she says. "I was his second patient in the office and his first surgical patient (in Grand Forks). What timing!"

She could've chosen any surgeon; she's glad she chose him. His manner is reassuring and comforting; exactly what the situation required, she says. "He doesn't rush you; he always asks if there are any more questions – you *really* need that."

As she recovered from surgery July 30, he came twice "to my side," she recalls. "I remember he was smiling, and he told me, 'It's going to be OK.'" His assistant, **Wanda DeKrey**, clinical nurse at the UND medical school's Department of Surgery, "was by my side the whole time."

Sauter "is sincere, and expresses the deepest care for his patients... He takes time for you." He also furnished reliable, accurate websites that best inform patients.

"You need different levels of support," she notes, "medical; your family and spouse, and others who have *lived* and *breathed* it," such as her co-worker **Linda Romuld**, a cancer survivor whose "positive energy" and caring interest has made a huge difference.

Surgeon as researcher

Sauter, DeKrey and their team of clinical researchers are conducting several studies on the prevention and early detection of breast

cancer. Sauter moved these studies from the University of Missouri-Columbia when he joined the UND medical school last summer.

When she learned he needed volunteers to take part in the studies, Uhlenkamp quickly signed up, she says. "To become part of his research and help find ways to diagnose cancer earlier, absolutely. Who wouldn't want to be part of that?"

What's it like having a physician who's also a researcher?

"A big plus," she affirms. "If this research will help him understand cancer better, it will help me *and* future patients... It complements – it's not an interference – to his practice."

Now, coming through a tremendous personal challenge, including a regimen of chemotherapy treatment, "I *know* you can survive cancer; it's treatable," she says. Gone is her notion that cancer equals death.

She knows that everyone deals with the disease differently, and "there's no right or wrong way," she says. "You really grow, as a person, in so many ways. That's what keeps you on that path to survival."

"This is just another chapter in my life and I will look back on it, someday, and realize how far I've come."

In the United States, more than 40,000 women die each year from breast cancer. It's the most common cancer that occurs in American women.

The question that compels Sauter is: "How do we prevent the disease *or*, if we don't prevent it, detect it as early as possible?"

"What are the overarching questions or strategies," he asks, that will lead to treatments that decrease breast cancer mortality?

The surgical oncologist blends his medical practice with a dedication to breast cancer research that has dominated much of his career. After joining the UND medical school from the University of Missouri-Columbia in July, he began practicing at Altru Health System in Grand Forks and has involved that system and the MeritCare Health System in Fargo in his clinical studies.

Noticeable progress in the fight to prevent breast cancer is credited to two drugs, he says, tamoxifen, which has been prescribed for a long time, and raloxifene, which was recently FDA-approved to prevent breast cancer in high risk women. Nonetheless, these medications have undesirable side effects, and the medications are only approved in high risk women, which limit their use.

The French Paradox, which has observed that people of French descent who consume high fat diets and red wine have a low risk of cardiovascular disease, led to studies to identify the chemical leading to cardiovascular protection. Most investigators credit resveratrol for the lower risk.

Subsequent investigations of resveratrol have found that it both prevents breast cancer in animals destined to develop the disease, and shrinks tumors that have already formed, Sauter says. Unlike cardiovascular disease, required doses of resveratrol to prevent and treat breast cancer are thought to be higher than can be obtained through food consumption, although the optimal dose for breast cancer prevention is not yet known.

Sauter and his team of clinical researchers are conducting six clinical trials, funded by the National Institutes of Health and other organizations, which involve resveratrol and Vitamin D for breast cancer prevention, and the collection and analysis of fluid from the milk ducts using a breast pump for the early detection of breast cancer.

His research team includes: **Wanda DeKrey**, nurse clinician; **Beth Kliethermes**, data manager; **Weizhu Zhu, MD**, and **Wenyi Qin, MD**, research assistant professors; **Guhua Zhong, MD**, research associate, and **Wendy Zhu**, laboratory technician.

The prevention studies attempt to increase scientists' understanding of the role of resveratrol and vitamin D in preventing breast cancer.

"We know that the age women give birth to their first child affects breast cancer risk," Sauter says. "Women who have their first child under the age of 25 have a lower risk than those who have their first child *after* the age of 25. Why is that?"

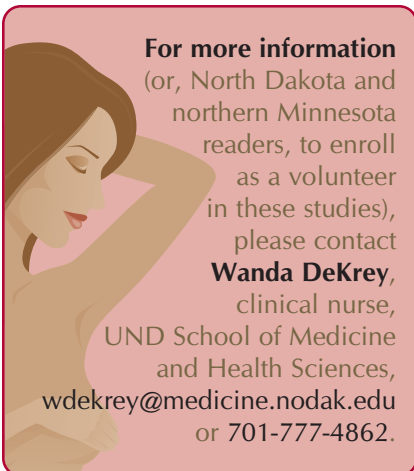
He and his team are seeking that answer through a study that evaluates changes in breast milk from lactating women based on age, he says. Biomedical scientists suspect that estrogen holds the clue to that answer. In some way, younger mothers receive a biological benefit that protects them from cancer later in life. But how and why this happens is still unknown.

In terms of prevention, diet is always an important factor, he says, and sun exposure is also very important.

"The sun is the primary source of vitamin D," he notes, and the "incidence of breast cancer increases the farther you get from the equator."

Breast cancer is a "hormonally-driven cancer in women, and it is going to occur in some women unless we can prevent it earlier," he says.

The early detection study is a large, multi-center study involving the Royal Marsden Cancer Center in London where Sauter's collaborator, **Gerald Gui, MD**, heads the breast cancer unit. In this study, researchers collect breast fluid through the nipple and examine it for predictive markers of cancer through RNA, DNA and protein analyses.



For more information
(or, North Dakota and northern Minnesota readers, to enroll as a volunteer in these studies), please contact **Wanda DeKrey**, clinical nurse, UND School of Medicine and Health Sciences, wdekrey@medicine.nodak.edu or 701-777-4862.




“We compare differences in breasts that have cancer with those that do not,” Sauter says.

He has ongoing collaborations with Fox Chase Cancer Center in Philadelphia, one of the oldest cancer centers in the U.S., where he received training as a surgical oncology fellow. The Center is noted for research on breast, head and neck cancers.

In the early 1990s, as a surgical oncologist working on his doctoral degree in molecular biology, he became interested in breast cancer because it’s a common disease that surgical oncologists treat, and funding is available to study it, he says. He earned the PhD from the University of Pennsylvania and the MD degree from Louisiana State University School of Medicine.

Studies with the University of Missouri are aimed at mammaglobin, a protein which appears to only be found in breast cancer cells. The goal is to identify a radioactive agent that would bind *only* to cancer cells and kill them without harming normal cells.

In his effort to collaborate and partner with health systems and others to find improved treatments for breast cancer, Sauter is fixed on trying “to increase bench-to-bedside research” and engage basic scientists and physicians to bring cures to patients more quickly.

“That’s what I’m trying to foster,” he says, “and that’s what I do.” 

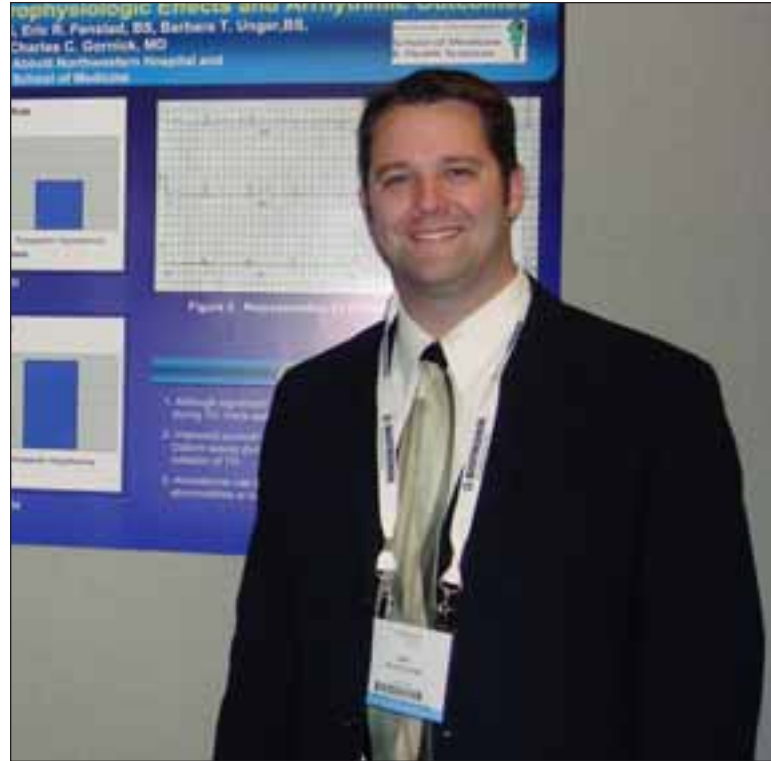
- Pamela D. Knudson

“Our strategy is to *prevent* cancer or to *detect* it as early as possible,” says Edward Sauter, MD, PhD, associate dean for research and professor of surgery, shown here with Wanda DeKrey, nurse clinician; they are conducting several breast cancer studies based in Grand Forks and Fargo.

Research Advantage

Experience Helps Grad Secure Mayo Residency Position

Eric Fenstad, MD '08, credits research studies he conducted as a UND medical student for his admission to the Mayo Clinic internal medicine program. While in medical school, he was invited to present his research findings at annual national meetings of the American Academy of Allergy, Asthma and Immunology and the Heart Rhythm Society Scientific Session.



ERIC FENSTAD, MD '08, IS convinced the research he conducted as a medical student at UND enhanced his application for residency training, and helped him to secure a place in the internal medicine program at the highly acclaimed Mayo Clinic in Rochester, MN. It was his first choice in residency; he's pleased to be training at Mayo because of its strong reputation for placing residency grads in fellowship programs (he's considering specializing in cardiology or allergy medicine).

"Some programs look favorably on research, and Mayo is one of them," he says, noting that evidence of research proves that "you contribute to the working medical knowledge, that you're inquisitive... The vast amount of research this institution has is absolutely unbelievable."

For acceptance into many residency programs "research isn't mandatory but it adds to a well-rounded application," he explains.

As a UND medical student, Fenstad studied aspects of allergy medicine and

cardiology that "enabled me to reestablish connections in different areas of medicine, and gave me an avenue to investigate questions that I've had," he says. "It strengthened my ability to critically appraise the medical literature."

The quality of his research attracted invitations to present his findings at national professional meetings: the American Academy of Allergy, Asthma and Immunology (AAAAI) in March and the Heart Rhythm Society Scientific Session, an annual conference for electrophysiologists, in May.

Better treatment for allergy patients

With the help of his mentor, **Dan Dalan, MD '87 (Internal Medicine Residency '00)**, allergy specialist at Allergy and Asthma Care Center, Fargo, Fenstad explored questions concerning pollen counts of grasses, ragweed and trees in spring, summer and fall. Dalan, a clinical associate professor of internal medicine at the UND medical school, "had a lot of ideas and helped me frame my research," he says. Fenstad's aim was to determine how pollen counts correlate with patients' allergy

symptoms. He found that patients who live closer to the pollen counter in Fargo had more severe symptoms.

A pollen counter looks like a weathervane, with a slide that collects pollens in the air, Fenstad says. Dalan reads them and reports the data to the National Allergy Bureau which disperses the information through allergy websites and news outlets. Based on this data, doctors can assess the pollen threat and make recommendations to their patients about how to treat their allergy symptoms in advance of a rise in the pollen count.

However doctors who practice outside Fargo don't have *local* pollen count records to help them advise and treat patients; they must rely on past records and generalized information. Fenstad is hoping his study helps to "raise awareness that there aren't enough pollen counters," he says. But "right now, it's the best tool we have."

Dalan advised him on how to analyze and present data at the national meeting of the AAAAI which updates allergy specialists from around the world on new research advances. Fenstad attended the meeting, all expenses paid, under the Chrysalis program, which introduces students to the life of an allergist.

"It was an awesome experience," he says. "It gives you more insight into allergy medicine prior to committing to the field."

Dalan, who conducts numerous studies related to the practice of allergy medicine in an agricultural area and other issues, praises Fenstad for taking the initiative and seeking him out to do research, he says. "It was a natural progression for him to do research that's relevant to our area."

Therapeutic hypothermia

For another study, this one in cardiology, Fenstad re-connected with **Tim Henry, MD (BS Med '80)**, director of research at the Minneapolis Heart

Institute and world-renowned cardiologist with whom he had worked before enrolling in medical school. (Henry is originally from Mohall, ND.)

During a cardiology rotation, Fenstad was introduced by Henry to cardiologists who use therapeutic hypothermia to treat patients who've experienced sudden cardiac arrest. With this relatively new process, the body is cooled to between 32 and 34 degrees Celsius as soon as possible after the arrest.

For patients who suffer a sudden cardiac arrest, "the majority... do not survive," Fenstad explains, "and those who *do* often have severe neurological deficits and cognitive impairment."



Research strengthened my ability to critically appraise the **medical literature**



Studies have proven that "the quicker they can cool the patient down after the heart attack, the better the outcome, the metabolism slows down, the heart and brain don't require as much oxygen – it's protective to cool them," Fenstad says. "These patients, with therapy, experience 40 to 50 percent improvement recovery in symptoms, and can become semi-independent."

Results of the first big trials of therapeutic hypothermia, released in 2002, showed that the treatment effectively decreased mortality and improved neurologic outcomes, Fenstad says. His study sought to build on that knowledge by "looking at predictors of better outcomes such as patient characteristics," like age, and other factors including the length of time between the cool-down and heart pumping action.

Therapeutic hypothermia is starting to become standard treatment for patients with sudden cardiac arrest, he says. "It's something I hope to implement when I come back to North Dakota eventually." 🌱

- Pamela D. Knudson

Dickson Elected President of National Rural Health Organization



Lynette Dickson, MS, LRD, program director at the Center for Rural Health at the University of North Dakota (UND) School of Medicine and Health Sciences, Grand Forks, has been elected president of the National Organization of State Offices of Rural Health (NOSORH). The group's membership includes representatives from all 50 state offices of rural

health, with an agenda that promotes a healthy rural America through state and national leadership.

Dickson, elected by her peers to this three-year post, has served on the NOSORH board and as the organization's treasurer. As president, she will provide leadership for a rural health policy platform as well as build partnerships with other organizations that advocate on behalf of rural health issues.

Dickson is program director for the North Dakota State Office of Rural Health, an affiliate of NOSORH. She directs grant programs which provide support for rural health

information technology programs. She also serves as the planning committee chair for the annual Dakota Conference on Rural and Public Health and as chair of the North Dakota Health Information Technology Steering Committee.

"It's to North Dakota's credit that one of our own is at the helm of one of the nation's leading rural health organizations," said **Mary Wakefield, PhD, RN, FAAN**, director of the Center for Rural Health, Grand Forks. "She's an important and strategic link between North Dakota's rural health care issues and concerns and the nation's rural health agenda."

Dickson received the NOSORH Distinguished Service award in 2006 which recognizes individuals who make outstanding contributions to NOSORH and are actively involved in their state office of rural health.

Created in 1995, NOSORH fosters and promotes legislation, information exchange, education and liaison activities with all state offices of rural health, the Federal Office of Rural Health Policy, the National Rural Health Association and other organizations.

Laxen Named to National PA Accreditation Commission



Mary Ann Laxen, MAL, PA-C, MAB (FNP '91), director of the Physician Assistant Program at the UND medical school, has been appointed to the national commission which accredits physician assistant programs throughout the United States.

In January, she begins a three-year term on the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA). She was nominated by the Physician Assistant Education Association (PAEA) to serve on the ARC-PA.

UND's PA program provides a curriculum leading to the Master of Physician Assistant Studies degree. The program is offered by the Department of Family and Community Medicine and the Graduate School at UND.

The 17 members of the ARC-PA represent various medical and health care professional organizations. Their role is to support and advance physician assistant education by active participation in the work of the ARC-PA, including serving on committees and program site-visit teams.

Laxen, who joined the medical school in 1999, is an associate professor of family and community medicine.

Neumann Receives Laureate Award from ACP



Nicholas Neumann, MD, assistant dean and director of medical education (DME) for the UND medical school's Southwest Campus, Bismarck, has received the 2008 Laureate Award from the American College of Physicians (ACP), North Dakota chapter.

The award, presented at the chapter's annual meeting in September, is given to long-standing and loyal supporters of the ACP who have rendered distinguished service to their chapters and community, and have upheld the high ideals and professional standards for which the College is known.

Neumann has practiced pulmonology in Bismarck since 1980. He has served as professor and vice chair of internal medicine since 1990 and as assistant dean and DME since 1999. He has served in various capacities with St. Alexius Medical Center in Bismarck and North Dakota Health Care Review for many years and is a member of St. Alexius Medical Center board of directors.

In addition to being a fellow of the ACP, he is a member of the American Medical Association and the American College of Healthcare Executives.

Danks Receives Recertification in Neurologic Physical Therapy; One of Only Two in State



Meridee Danks, BSPT '83, MSPT '93, DPT '05, assistant professor of physical therapy at the UND medical school, has been recertified as a clinical specialist in neurologic physical therapy by the American Board of Physical Therapy Specialties (ABPTS).

She is one of only two physical therapists in North Dakota to have a neurologic certification. The certification has helped her advance her clinical knowledge in neurologic physical therapy and aided in her teaching and clinical practice, she said.

Recertification, a voluntary process that occurs every 10 years, requires the physical therapist to either pass an examination or submit a portfolio in addition to required clinical practice hours. It verifies current competence as an advanced practitioner in a specialty area and indicates a commitment to clinical excellence and the development of knowledge and skills in a chosen specialty.

Danks, who teaches mainly in the area of neurologic rehabilitation, has been a faculty member since 1995.

The Department of Physical Therapy offers a clinically oriented, six-year curriculum leading to the Doctor of Physical Therapy degree. Physical therapists are licensed professionals who work with people who have lasting physical function disabilities or impairments, with the goal of reaching maximal patient functional independence.

The American Physical Therapy Association (APTA) is a national professional organization representing more than 72,000 members. ABPTS is the certification board for specialty areas.

Szlabick Named Associate Director of Surgery Residency Program



Randolph Szlabick, MD, has been named associate director of the general surgery residency program. He supervises and helps train the 15 physicians studying with and working alongside surgeons and other physicians in the five-year training program which takes place primarily in UND-affiliated hospitals in Grand Forks and Fargo. Director of the

program is **Robert Sticca, MD**, who also is chairman of the surgery department.

Dwelle Receives McCormack Award for Excellence in Public Health

Terry Dwelle, MD, North Dakota state health officer and clinical associate professor of family and community medicine at the UND medical school, Bismarck, received the 2008 McCormack Award from the Association of State and Territorial Health Officials.

The McCormack award is a national award presented each year to a public health official who has demonstrated excellence in public health and has made a significant contribution to the knowledge and practice of the field. Under Dwelle's leadership, the North Dakota Department of Health has developed a number of innovative approaches to address public health issues, including establishing the

Healthy North Dakota initiative designed to bring together partners across the state to inspire and support people's efforts to improve their physical, mental and emotional health.

Prior to joining the North Dakota Department of Health, Dwelle worked with the Indian Health Service and headed development of the Community Health

Evangelism Program in East Africa, where he served as a medical missionary. He is a Garrison, ND, native.

The Association of State and Territorial Health Officials is the national nonprofit organization representing the state and territorial public health agencies of the U.S., the U.S. territories and the District of Columbia. Members are dedicated to formulating and influencing sound public health policy.



This fall, an interment service at the UND gravesite in Grand Forks' Memorial Park Cemetery honored those who donated their bodies for medical education.

Athlete's Life Changed Immeasurably in *'Eleven Seconds'*



"Be the best you can possibly be," Travis Roy, who sustained a spinal cord injury in 1995, told physical therapy students and faculty members at UND recently. The motivational speaker, author and fund-raiser told students to "approach your patient with a smile and a positive, optimistic outlook."

On Oct. 20, 1995, **Travis Roy**, of the Boston University (BU) hockey team, was injured in a game against UND. Only 11 seconds into his first game as a BU player, Roy was slammed into the boards. His fourth and fifth cervical vertebrae were broken and he sustained severe spinal cord damage, leaving him paralyzed from the neck down. Yet, in the aftermath, by working with his physical therapist, he has since regained use of his right bicep and can move his right arm.

This fall, Roy, a motivational speaker, author and fundraiser, visited UND and gave a talk, "A Change in Plans — Setting Goals and Establishing Values to Make Them Come True," for the public at the Fritz Auditorium. He also took time to speak with UND physical therapy students and faculty about how to handle patients dealing with severe injuries.

His message to the physical therapy class: "Be the best you can possibly be" in the physical therapy field, otherwise it's a disservice to patients. He recalled a physical therapist who concentrated on having him try to flex his right wrist and fingers, but only patients who have broken the sixth vertebrae and lower are able to move those.

The physical therapist should have known this and, by not focusing on his right bicep muscle, which Roy could move, she was not making the most of their time. With insurance being as it is, he said, maximizing therapy time is key.

Setting clear goals for the patient is also very important, Roy said. A physical therapist with whom he had a good experience told him they would work on strengthening his

right bicep so he would be able to feed himself and operate the joystick on his wheelchair.

The more a patient is "clued in about why you're doing what you're doing," he said, the more effective and easier the rehabilitation process.

Little things make all the difference, he stressed. Roy talked of an experience he had at a hospital where images of butterflies and flowers were painted on the ceiling. For those who have to lay on their backs most of the day it is a huge relief, he said, from staring at plain white ceiling tiles.

A good attitude is also important. No matter how challenging or negative a previous patient may have been, it is imperative to move on to the next patient with a smile and a positive, optimistic outlook, he said, because it rubs off on the patient. Always educate patients on new technologies, he added, because, even if they can't afford it right away, they know it's there and can work on a way to get it.

In 1997 the Travis Roy Foundation was established to help spinal cord injury survivors and to fund research for a cure. More than \$2.5 million in individual grants has been distributed across North America. Funds have been used to modify vans and purchase wheelchairs, computers, ramps, shower chairs, and other adaptive equipment to help paraplegics and quadriplegics live their lives.

In 1998, Roy's book about his life, "Eleven Seconds," was published by Warner Books. He lives in Boston.

- Andrea Herbst

Milavetz Named Interim VP for Research



Barry Milavetz, PhD, associate professor of biochemistry and molecular biology, Grand Forks, has been named by **UND President Robert Kelley** as interim vice president for research and economic development at UND. His appointment was effective Nov. 1.

Milavetz has been serving as associate vice president for research in research development and compliance at UND since July 2004. He was interim associate vice president for research for about a year prior.

He earned the doctoral and master's degrees in organic chemistry at the University of Illinois in Champagne-Urbana and holds a bachelor's degree in chemistry from the University of Minnesota. He has been at UND since 1986.

'00s

Kayla Bucher, DPT '08, has joined the staff at Altru Health System's Outreach Therapy in Devils Lake, ND. Altru Health System is based in Grand Forks.

Mary (Robinson) Beegle, DO (Psychiatry Residency '07), has joined Prairie St. John's in Fargo as medical director. An attending physician, she works primarily with adults.

Beegle, who previously worked for MeritCare Health System, based in Fargo, received her Doctor of Osteopathy degree from the University of Health Sciences College of Osteopathic Medicine in Kansas City, MO. She and her husband, Robert Beegle, have three grown children.

Katelyn Ferguson, DPT '06, joined the staff at Altru's Outreach Therapy department. She previously worked on the physical therapy support staff at Altru Health System.

Kelly Longie, MD '05 (Family Medicine Residency '08), has joined Mid Dakota Clinic, Bismarck, as a family practice physician. A Tioga native, he is a member in the American Academy of Family Physicians and the American Medical Association. Longie sees patients at Mid Dakota's main clinic in Bismarck.

Kevin Longie, MD '05 (Family Medicine Residency '08), has joined Mid Dakota Clinic, Bismarck, as a family practice physician. A Tioga native, he is a member in the American Academy of Family Physicians and the American Medical Association. He sees patients at Mid Dakota's Kirkwood Mall Clinic in Bismarck.

Kinsey Shultz Piatz, MD '05, has joined Medcenter One Quain and Ramstad Clinic Mandan (ND) North. As a family medicine doctor, she provides health care for all ages of the family. She completed her family medicine residency with Siouxland Medical Education Foundation in Sioux City, IA.

Sarah Schatz, MD '05, began her practice at MeritCare in Jamestown, ND. She is a primary care doctor, certified in family medicine and qualified to care for most health care needs of the entire family. Schatz completed her residency training in family medicine at Rapid City (SD) Regional Hospital.

Audrey (Marcusen) McMacken, MD '04, recently joined Medcenter One Dickinson (ND) Clinic. An obstetrician/gynecologist, she completed her residency at the University of Arizona in Tucson. She is originally from Taylor, ND.

Kevin Wentworth, MD (Family Medicine Residency '03), has joined Innovis Health in West Fargo, ND, as a family practitioner. He has special interests in endoscopy, occupational medicine, and emergency medicine.

'00s

Dana (Carlson) Fitzgerald, MD '02, has been named medical director of pediatrics for the Yampa Valley Medical Center in Steamboat Springs, CO. The hospital is a regional center for northwestern Colorado. Fitzgerald, who is in the private practice of pediatrics, is a partner with Pediatrics of Steamboat Springs.

After earning the MD at UND, she took three years of residency training in general pediatrics at Rush University Medical Center in Chicago. She then took a one-year pediatric sports medicine fellowship at Baylor College of Medicine at Texas Children's Hospital in Houston before moving to Steamboat Springs in 2006.

Fitzgerald lives in Steamboat Springs with her husband, Mark, and their one-year-old daughter, Caroline.

Robin Hape, MD '02 (Surgery Residency '07), received a three-year appointment as a cancer liaison physician for the cancer program at Altru Health System. He is part of a national network of more than 1,600 volunteer physicians who lead and direct their facilities' cancer programs. Hape has a special interest in the diagnosis and treatment of patients with malignant diseases.

Michael LeBeau, MD '02, has joined the staff at Medcenter One in Bismarck. He is a board-certified nephrologist and internal medicine physician, with a strong interest in Native American health care. LeBeau specializes in the care of patients with kidney disease, and also treats patients diagnosed with diabetes and high blood pressure.

Jennifer Strong, MD '02, has joined the Innovis Health family practice team at West Acres Mall in Fargo. She specializes in preventative medicine, women's health, and eating disorders.

Maxwell Gessner, MD '00, has joined MeritCare in Bemidji, MN, working in anesthesiology and pain management. He previously worked at St. Alexius Medical Center in Bismarck.

Jodi Henrikson, MD '00, has joined Northern Valley Obstetrics and Gynecology in the Aurora Medical Park in Grand Forks. He has received extra training in the treatment of prolapse and urinary incontinence, and plans to perform Urodynamic Studies (urinary incontinence evaluations).

'90s



Aaron Garman, MD '96 (Family Medicine Residency '99), a board-certified family medicine physician with Coal Country Community Health Center in Beulah, ND, has been named one of the Best Doctors in America® for 2007-08. Selection is based on information compiled by Boston-based Best Doctors Inc., a survey of more than 40,000

physicians in the U.S. Only doctors recognized to be in the top 3-5 percent of their specialty earn the honor.

"It's gratifying to know that so many of my peers recognized me as an expert in the field of family practice," Garman said.

Penny Wilkie, MD '94 (Family Medicine Residency '98), has joined Mountrail County Medical Center in Stanley, ND, on a part-time basis. She is a board-certified family medicine physician. For more than a year Wilkie has been working as a locum tenens (fill-in) physician in Stanley.

Kent Diehl, MD '93 (Family Medicine Residency '96), specializes in family practice at the Jacobsen Memorial Hospital Care Center and Community Clinic in Elgin, ND. He has a special interest in rural medicine.

Walter Berger, MD '92 (Psychiatry Residency '99), joined the faculty at Prairie St. John's in Fargo. He is a child and adolescent psychiatrist in the hospital and the partial hospital program. Berger previously worked for the VA Medical Center in Fargo.

Troy Pierce, MD '91, practices orthopedic surgery with The Bone & Joint Center, based in Bismarck.

Genevieve (Gigi) Goven, MD '90 (Family Medicine Residency '93), is one of several associates who has been recognized by MeritCare in Valley City, ND, for their years of service to the patients in Valley City and surrounding communities. She is a family medicine physician who specializes in obstetrics and geriatrics.

'80s

Greg Greek, MD '85 (Family Medicine '88), family physician and director of the Altru Family Medicine Residency Program in Grand Forks, was the winner, for the second year in a row, of a national immunization award from the American Academy of Family Physicians Foundation. He was awarded the "Best Practices" award, which gives \$8,000 to the Family Medicine Residency program in Grand Forks, for creating programs that identify

'80s

and overcome immunization barriers that might prevent children from receiving vaccines against childhood diseases. Immunizations have an impact on well-being and longevity, he says.

The Grand Forks Family Medicine Residency is one of 11 winning programs selected by the foundation to receive a grant from the Wyeth Vaccines company.

Greek works with family medicine residents-in-training and sees patients in all age groups.

Craig Lambrecht, MD '87, has been named Medcenter One's new chief operating officer by that organization's board of trustees. Lambrecht, who has worked at Medcenter One for 17 years, serves as Medcenter One's medical director and is a member of its trauma and emergency center physician team.

In addition to his medical degree, Lambrecht holds three business and management master's degrees, is a member of the American College of Healthcare Executives, and has served in leadership positions with the North Dakota National Guard for 24 years, including medical commander and state surgeon.



Kent Hoerauf, MD '81 (Internal Medicine Residency '84), clinical associate professor of internal medicine, Hettinger, ND, has been granted the title, Certified Medical Director (CMD) in Long Term Care, by the board of directors of the American Medical Directors Certification Program. The CMD certification provides an indicator of

professional competence to long-term care providers, government and other quality assurance agencies, consumers, and the public. He is one of more than 2,300 physicians to have received the CMD designation.

Hoerauf, a native of Hebron, ND, practices with West River Health Services in Hettinger. He is board-certified in internal medicine and geriatrics.

'70s

Ron Borowicz, MD (Family Medicine Residency '78), celebrated 30 years as a family medicine physician at the West Fargo (ND) Medical Center in August. He is a member of the first class of graduates who completed training at the UND Family Medicine Residency Program in Fargo.

ALUMNI NOTES

'70s

Fred Gunville, MD (BS Med '77), Billings, MT, is a visiting specialist in pediatric diabetes at the Mercy Medical Center in Williston. After earning the BS Med degree at the UND medical school, he went on to complete requirements for the MD degree at the University of Nebraska College of Medicine. Board-certified in pediatrics, he practices at the Billings Clinic.



Judith Kaur, MD (BS Med '77), director of Native American Programs at the Mayo Comprehensive Cancer Center in Rochester, MN, delivered the keynote address at the Northern Plains American Indian Cancer Summit in October at Mandan, ND. Her address preceded sessions outlining the status of cancer and patterns of cancer care for Northern Plains Native Americans;

innovative cancer prevention, education and screening programs in Native communities; blending Western and traditional health in cancer care, and palliative and end-of-life care. Workshops were also presented on Health Policy for Cancer Prevention and Control, and Making Sense of Cancer Data. The event was held in conjunction with the North Dakota Cancer Coalition Partnership meeting.

'70s



Bernard Hoggarth, MD (BS Med '72), clinical associate professor of pediatrics at the UND medical school, Grand Forks, has received the 2008 Physician Community and Professional Services Award from the North Dakota Medical Association. The award annually recognizes and honors physicians for their outstanding leadership and services to North

Dakotans and the medical profession, and doctors who have compiled an outstanding record of community service.

Hoggarth, who practices pediatric medicine at Altru Health System in Grand Forks, is actively involved in teaching family practice residents.

SUBMIT AN ALUMNI NEWS NOTE:

Please send your news item for the next issue of *North Dakota Medicine* to:
spohlman@medicine.nodak.edu

IN MEMORIAM



James Claymore, charter member and former chair of the Indians Into Medicine (INMED) Tribal Board, passed away Sept. 12, 2008. He was 88.

"INMED was very fortunate to have had such a long-standing relationship with Mr. Claymore," said **Eugene DeLorme, JD '89**, director of the INMED program, Grand Forks. "His expertise and gentle nature were a wonderful

asset to the INMED Tribal Board and his accomplishments were greatly appreciated and will be long remembered."

Mr. Claymore, Lakota name Ole'a' hop pi, was born at Old Agency in South Dakota. He served in the U.S. Army from 1943 to 1945 as an intelligence specialist in the 425th Night Fighters Squadron (Black Widows) during World War

II. He served in Normandy, northern France, Rhineland, Ardennes and central Europe before being honorably discharged with the rank of sergeant.

After military service, he became a teacher and a coach and served on the Bureau of Indian Affairs for 33 years and the Cheyenne River Sioux Tribal Council for District 5 for five years in the 1970s. He retired as the Cheyenne River Sioux Tribe Agency superintendent in 1975. He served as an advisor to the Cheyenne River Sioux Tribe through 2002.

"All his life, Mr. Claymore worked for the betterment of life for the people around him," DeLorme said. "He wanted to help people be successful, especially the Native American people. He believed that anyone could accomplish anything if they wanted it badly enough."

"We will continue to build on the vision and dream that he shared with us," he said. "His leadership will be missed but his spirit of commitment to American Indian youth will live on!"

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Women's Health Conference



Women participated in many fun fitness activities at the annual Women's Health Connection sponsored in part by the UND medical school this fall at UND. Sandra



Short, PhD, UND professor of physical education (left), delivered the keynote presentation, "Tools for Living Well".

AAMC



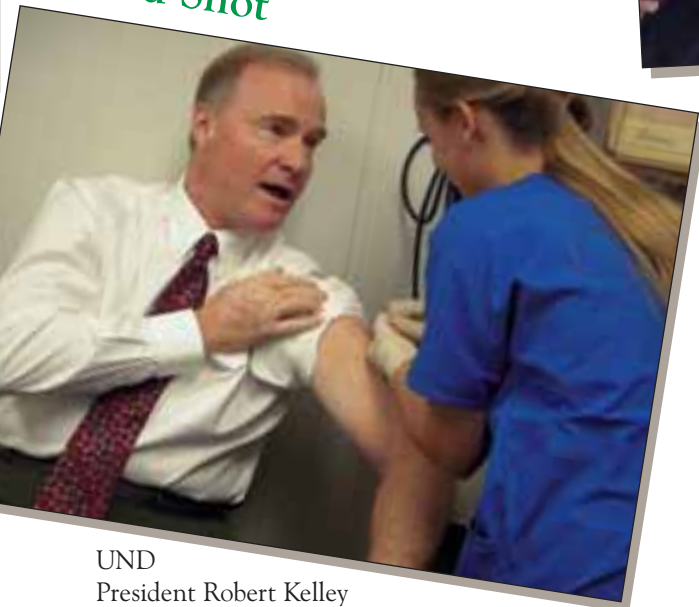
Robert Beattie, MD '89, chair of family and community medicine (right), greets visitors to the UND display at the Association of American Medical Colleges conference in November at San Antonio.

Alzheimer's Memory Walk



Occupational therapy students Amy Lundberg (left) and Sarah Gregory were among 38 participants "On the Move" in the Alzheimer's Association Memory Walk in September at University Park in Grand Forks. The group raised over \$1,000 to support people who have Alzheimer's and their families.

Flu Shot



UND President Robert Kelley receives his flu shot recently while visiting the UND Center for Family Medicine-Bismarck.

Malpractice Bowl



Competition between the medical and law schools was fierce at the annual Malpractice Bowl. Women med students won (6-0); the men lost by a hair (13-12)



Internationally recognized plastic and reconstructive surgeon, Allen Van Beek, MD (BS Med '66), (center) received the Sioux Award, the highest honor bestowed by the UND Alumni Association, during Homecoming activities this fall. The Westfield, ND, native became the focus of worldwide attention in 1992 for successful replanting surgeries on **John Thompson** (right) whose arms were severed in a machinery accident at the family farm near Hurdsfield, ND. The surgeon has said that his greatest challenge was reattaching a newborn's two fingers which were cut off during an emergency cesarean-section birth nearly 20 years ago; that patient, **Kristen Meckle**, is also pictured.

Van Beek, who is in private practice specializing in hand and microsurgery at Centennial Lakes Medical Center in Minneapolis, also gave a talk, "Handing Back Options," at the UND medical school during his visit to UND, and was honored at a reception hosted by the school. He is a long-standing member and past president of The American Association for Hand Surgery.

A clinical associate professor of surgery at the University of Minnesota medical school, he is a major force for developing microsurgery expertise in the Twin Cities. In 2003, he committed a year as president of the Plastic Surgery Educational Foundation, the research arm of the American Society of Plastic Surgeons, to promoting e-learning and e-communication for plastic surgeons to continue improving their skills and expertise.



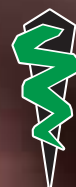
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Young Couple Doing "Good"



Drs. David and Monica (Sinner) Goodwin keep North Dakota and UND close. The Grand Forks and Casselton natives met in 1987 during their first year in med school and graduated as a married couple in 1991.

Today they have successful practices at the Central Lakes Medical Clinic in Crosby, MN, and home-school their five children, who range from 18 months to 15 years old.

Even with busy careers and a young family, David and Monica felt compelled to begin giving back to their alma mater. The Goodwins gave their first donation to benefit the UND School of Medicine & Health Sciences in 1992, just one year after graduating. They have consistently made annual gifts to support future physicians ever since.

"The Goodwins are an amazing example of individuals who have found a balance between family, careers, and good will. They are an example of the tremendous impact that can be made by those who choose to give regularly and generously," said UND Foundation Development Officer Bethany Andrist. "I hope others will be inspired to follow their great example."

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Experience Leads to Professorship

When Bob Arusell graduated in 1976 with the first four-year M.D. degree UND awarded, he never expected to be connected to the school 30 years later, this time as a mentor to new classes of medical doctors. Nor did he anticipate giving back to UND as an assistant clinical professor with his wife, internist Janelle Sanda.

Janelle, a Velva, North Dakota native, graduated from the School of Medicine in 1981 and today specializes in internal medicine and breast health services while Bob, who grew up in Steele, ND, is a practicing radiation oncologist, both at Meritcare in Fargo.

It's their experience in front of students that motivated them to establish an endowment to fund the Robert Arusell, MD & Janelle Sanda, MD Professorship in Medicine. They recognize the invaluable role faculty play in students lives and decided funding a professorship was an area where they could make a great impact to future students.

They will fund their professorship through stock and a testamentary gift to the UND Foundation.

"Dean Wilson and UND President Kelley both emphasize the importance of recruiting and retaining quality faculty to moving UND from great to exceptional," said UND Foundation Development Officer Bethany Andrist. "The commitment Bob and Janelle have made will surely play an important role in the school's growth."

Photo courtesy of Mike Smith, Meritcare photographer

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We'd like to thank former Director of Advancement and Alumni Relations Blanche Abdallah for her tireless work on behalf of the UND School of Medicine and Health Sciences. Under Blanche's leadership for the past four years, the school secured many millions of dollars and pledges to fund endowed chairs, professorships, scholarships for students and other endeavors. Her deep passion for connecting alumni to their alma mater is infectious, as exhibited by the memorable 2005 centennial celebration, which she largely orchestrated. After 15 years with the University of North Dakota, she is exploring new and exciting opportunities and we wish her every success.



J. Lloyd Stone Alumni Center
University Avenue
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Dear J. Lloyd Stone Alumni Center,

Ever since I was young, I always dreamed about being a doctor. I worked very hard throughout my school years to gain the knowledge and experience required to be accepted into medical school. Being accepted into the University of North Dakota School of Medicine and Health Sciences and successfully completing the first three years has certainly been one of my greatest accomplishments. Accordingly, I wanted to take this opportunity to thank you for your support in helping me make my dream of being a physician come true.

The generous Logan Hetherington Award granted to me will help fund my fourth year of medical education at UNDSMHS. I plan to graduate in the class of 2009, and I am currently interested in pursuing a career in primary care. My ultimate goal is to develop a practice here in North Dakota, for I have lived in North Dakota all my life and have come to love this state as much as the rest of my family does.

Rest assured that I will spend many hours studying to remain worthy of your kind gift. I would like to thank you again and tell you how much my parents and I appreciate your support in helping me through medical school.

In Sincere Appreciation,

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Several members of the National Advisory Council met in Arizona during the spring of 2008. Pictured (left to right): George Johnson, Jon Tingelstad, Richard and Donna Horne, John Jarrett, Bruce Porter, Kent Johnson, Wes Herman, Ernie Godfread, Kevin Fickenschler, H. David Wilson, Myron Wentz, Roger Gilbertson, Cecil Chally and David Monson.

Not pictured: John Berger, Thomas Berquist, Lloyd Everson, Jay Giedd, Mark Lundeen, Richard Olafson, Rodney Rohrich, Mike Unhjem

School of Medicine & Health Sciences living UND brand promise

UND adopted a brand promise recently, describing the University as “an environment filled with an innovative, creative, and entrepreneurial spirit.” Nowhere on campus is this more alive than the School of Medicine and Health Science. Students and faculty epitomize these characteristics each and every day in their approaches to rural health, groundbreaking research, and first-class patient care. It’s inspiring.

Equally inspirational is your commitment to supporting this spirit. Your spirit of philanthropy is vital to ensuring the school is able to attract the brightest students by offering abundant scholarships, retain world-class faculty who lead by example, and support the outstanding programs and community service work for which the school is so highly regarded.



- During the last fiscal year, the School of Medicine and Health Sciences partnered with 996 donors who committed more than \$11.5 million to support the school—that’s fantastic!
- 12 commitments were made to establish new endowments benefiting students, faculty, and programs (including two who have requested no publicity).
- **\$210,596 was awarded in scholarships for our medical students—an all-time record!**

Thank you for your continued commitment. You are such a huge part behind the innovative, creative and entrepreneurial spirit at the School of Medicine and Health Sciences. It couldn’t be done without you by our side.

Bethany Andrist

Bethany Andrist
UND Foundation
Development Officer, School of Medicine & Health Sciences

