



NORTH DAKOTA MEDICINE

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University of North Dakota School of Medicine & Health Sciences



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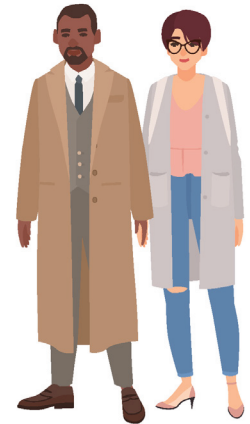
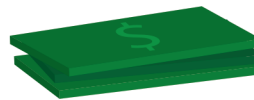
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NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES

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On the Cover:

Occupational Therapy students making good use of the new OT laboratory in the UND School of Medicine & Health Sciences.



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Features

A winning bet 6
UND's Department of Occupational Therapy moves forward with its doctoral program, and boosts North Dakota's health care workforce in the process.

Curriculum 2.0 8
Faculty at the School of Medicine & Health Sciences take a hard look at the medical curriculum in an effort to give students more clinical experience sooner.

'I know that voice' 12
Center for Rural Health Associate Director Jacque Gray's travel challenges reap rewards for rural people.

Barnes County aims for the "0" Zone..... 16
A Rural Public Health Department addresses obesity and opioids simultaneously to improve the health and wellbeing of its residents.

Human, all too human 20
North Dakota's Professional Health Program reaches out to medical providers and students in an effort to care for those who take care of us.

The second brain 28
Chester Fritz Distinguished Professor Colin Combs studies the gut in an effort to find new approaches to Alzheimer's disease.

Departments

Dean's Letter 4

Alumni Notes 11

Workforce 14

Alumni in Action - James O'Keefe, BS Med '80 18

Alumni in Action - Dan Snobl, BSPT '70 22

Students in Action - Megan Corn 24

Philanthropy 26

News Briefs 30

In Memoriam 32

Parting Shots 35

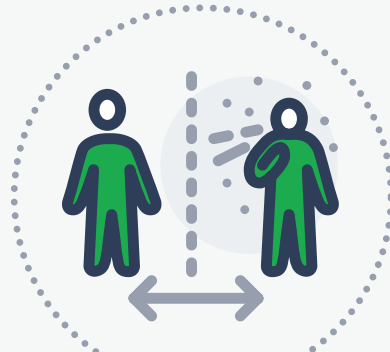
Please note that photos in this magazine showing groups of people together were taken before the COVID-19 pandemic had reached the United States.



REMEMBER THE 3 W'S



Wash
your hands.



Watch
your distance.



Wear
your mask.

We now are about three-quarters of a year into the pandemic and all of us are asking: Is this ever going to end? My last “normal” day was Friday, March 13, of all days. Talk about bad luck! Since then, Susan and I haven’t been able to visit two of our grandkids or their parents. Likewise, all of our meetings, patient-care encounters, and almost all of our other interactions are virtual, other than when we go to stores very infrequently (and even then at off-hours).

But what has sustained UND and the UND School of Medicine & Health Sciences has been the creativity, persistence, hard work, and adaptability of our faculty, staff, and students. We certainly would be in a much worse place were it not for their efforts. I am sure that all of you join me in extending a sincere “Thank you” to all of them.

That being said, the pandemic is running its predictable course. So, what’s the answer to my question? How (and will) the pandemic end? I do think it will end, but likely not for another six months to a year or so. There really only are four ways for a pandemic like this to end (or at least really recede): 1) the virus mutates into a more benign and less infectious form (no evidence of this so far); 2) more effective treatments become available (some encouraging news but no “game-changers” at this time); 3) herd immunity develops through natural infection (but remember that 60 to 70% of the population would need to get COVID-19 for herd immunity to have any effect, which would also put more strain on hospital resources and increase

deaths); and 4) a vaccine is developed and widely deployed in the state. A vaccine clearly is the most desirable option, but one that likely won’t be fully in place until the second or third quarter of 2021, if all goes according to plan.

What do we do until then? We likely are about halfway through this mess. The good news is that we likely are halfway through it. The bad news is that we have halfway to go. What to do until then? The answer: Don’t let our guard down! This is a very nasty bug, especially for the elderly and vulnerable. We all have a civic duty to protect our fellow citizens who are in the higher-risk categories. Let’s all follow the 3 W’s: Wash your hands; watch your distance; wear your mask as appropriate.

It is important to remember that we need to keep physically but not socially distanced. To try to help us remain connected, I have been calling individual students and meeting virtually with student groups. I’ve also held group meetings with faculty and staff. We call these meetings Java with Josh and ordinarily we meet over coffee to chat. Recently we’ve been doing it virtually. And in the fall we held our first-ever virtual Joggin’ with Josh run, with almost 200 people registered for the event – a new record!

UND also is reaching out to faculty, staff, and students in multiple ways. Recently, I joined President Armacost and the rest of the Vice Presidents for two virtual Town Hall meetings, one for faculty and staff and the other for students and their families. So, all of us at UND are trying to do what we can to



help us stay connected. But this goes for you too – please try to stay in touch with friends, colleagues, family members, and others, but do it virtually!

Also, please know that a lot of effort has gone into the preparation of two publications from the UND SMHS that now are being released and widely circulated. The first, *Vital Signs*, is a summary of the accomplishments of the faculty, staff, and students of the School over this past year measured against established metrics and goals. One of the fantastic accomplishments of which we are especially proud is that for the first time ever, external funding for research and related activities exceeded \$30 million. The second publication, the *Sixth Biennial Report 2021 – Health Issues for the State of North Dakota*, is the accepted definitive catalogue as to the state of health, health care delivery, and related issues in North Dakota. Both are available online at med.UND.edu/publications.

Finally, for those of you who can, please try to help support and encourage our students and faculty members by making a philanthropic donation to the School through the UND Alumni Association & Foundation. You can indicate a specific use for

your gift or leave it up to me by giving to the UND School of Medicine and Health Sciences Annual Fund. You can use the web to contribute at UNDalumni.org/SMHS. Or contact Jeff Dodson, UND SMHS Director of Development, at jeffd@UNDfoundation.org or 701.777.5512. Thank you for your consideration.

Best wishes from Susan and me for a peaceful, safe, healthy, and enjoyable holiday season – despite the pandemic!

Joshua Wynne, MD, MBA, MPH
Vice President for Health Affairs, UND
Dean, School of Medicine & Health Sciences



ADAPTING TO THE MARKET

OTD students Ben Germolus (left) and Sarah Schumacher explore adaptive ways of helping clients dress independently using a sock-aid.

About half way through a conversation with her department chair, the Graduate Director of UND's Department of Occupational Therapy (OT), Anne Haskins, was struck by a thought.

"Janet," she said abruptly, speaking to OT Chair Janet Jedlicka. "I think you're the only person who has been part of the OT program from start to finish, and at every level."

Musing for a moment, Jedlicka's eyes widened just a bit at the recognition that Haskins was probably right. The Bismarck native had gone from undergraduate OT training at UND and earning her doctorate in teaching and learning from the University of Mississippi to returning to UND, just as the OT program was shifting to the Master of Occupational Therapy degree. Then, as leader of the department, she coordinated the Transitional Master of Occupational Therapy (t-MOT) program and helped facilitate the development of the School's new Occupational Therapy Doctorate (OTD).

"I'd never thought of it that way," Jedlicka admitted with a laugh. "I hope that doesn't mean I'm getting old."

Skills versus content

Both Jedlicka and Haskins are fixtures in a department— and School—that has seen a lot of change this century. And both are

A WINNING BET

UND's Department of Occupational Therapy moves forward with its doctoral program, and boosts North Dakota's health care workforce in the process.

largely responsible for helping their program, which added the OTD last year, evolve into one of the premier OT programs in the Midwest.

As Jedlicka explained, a few years ago the department had a choice to make: reaccredit the master's degree by 2022, or use the accreditation deadline as an opportunity to make the transition to a terminal OT degree.

"At the time we made decision to go OTD, the [Accreditation Council for Occupational Therapy Education] declared that by 2027 the point of entry for OT programs needed to be the OTD degree," said Jedlicka. "We could have reaccredited our master's program, which was a strong program, but then we would have had to turn right around and start an OTD. So we just decided to move to a doctorate."

She pointed out that the transition to the OTD has been a true collaboration among faculty at both sites—Grand Forks, N.D., and the OT Program's sister site in Casper, Wyo. Associate Professor Sarah Nielsen, Ph.D., OTR/L, chaired the curriculum committee, which took the lead in organizing the course structure to ensure accreditation standards were being met. All faculty then took an active role in the team development of course content.

Furthermore, added Haskins, not only is the OTD what the market is demanding—students with an OTD are essentially guaranteed a job right out of college—but the move allowed the team to revise the OT curriculum in a way that is already producing more focused and independent providers for communities across the Midwest.

“In our previous curriculum a student would take a class on pediatrics and then one on OT for seniors, then a kinesiology class, a mental health class,” Haskins explained. “But now we have a subject-centered curriculum. So, a first-year student now learns about foundations of the *profession*—learning core values and cultural competence—before moving on to a model that focuses on broader concepts like evaluation and intervention for *all* populations.”

The intended outcome and value of this type of skills-based, subject-centered teaching and learning aligned with a “Eureka” experience Haskins had when she was a clinical provider.

“I remember having an ‘a-ha’ in practice years ago—I was in a stairwell at Heart of America Medical Center in Rugby, N.D., when I literally stopped and said ‘Oh—that’s how it’s all related!’” she recalled. “With the OTD we’re trying to get students to that ‘a-ha’ sooner, so they’re not just thinking ‘I’m with a child now so I only do child OT things.’ We’re showing students that those skills transfer across environments and age, regardless of population or individual.”

In other words, continued Jedlicka, whereas the MOT curriculum was more focused on domain knowledge and content, the OTD is all about critical thinking and clinical reasoning.

“Now, we’re teaching less content, but making students think critically about scenarios and helping them seek out information and generalize treatments about populations,” she said. “We’re teaching the big concepts and giving exemplars of how to *apply* them to different populations so they can see connections.”

The next generation

Two of those students are Heather Bowman and Benjamin Germolus.



A Baxter, Minn., native who was admitted to the inaugural OTD class in 2019, Bowman left her job as a medical social worker to go back to school. Although appreciating the need for social workers in the medical environment, Bowman (left) said she found herself drawn to OT for its emphases on client-centered, evidence-based, and holistic care.

“It was important for me to find a career where I could evaluate and intervene within many aspects of a client’s life—the client themselves, their occupations, or their environment,” Bowman

wrote from Casper. “I chose UND’s OTD program because of its emphasis on educational professionalism, interdisciplinary collaboration, community engagement, and its use of evidence-based research to inform practice.”

Germolus agreed. Having taken a winding path to an undergraduate degree at the University of Minnesota, the Bismarck native says he discovered OT during a serendipitous summer back in North Dakota.

“I worked as a summer camp counselor at Elks Camp Grassick—a camp for children and adults with disabilities [just south of Dawson, N.D.],” explained Germolus, also in his second year of the OTD program. “The camp employs a certified occupational therapy assistant and I stumbled upon an OT session while taking one of my campers to their own session. I was intrigued by the activities she was doing with the children, and the idea of helping others become more independent in the things they need to be able to do.”

Keep them coming back

For her part, Jedlicka said that she’s used to seeing students like Germolus and Bowman spread their wings and take off—only to return to North Dakota.

After all, that was her experience too.

After graduating from Bismarck Century High School in 1978 and UND in 1982, Jedlicka said she was convinced she was never returning to North Dakota.

“But in 2002 I came back—to work for UND. And it was the best move ever,” she admitted.

And now Jedlicka has that same conversation with students.

“I have a running bet with students that I started with one student way back,” she said. “She hated North Dakota—said it was the most boring place and that she was never going to live here.”

So Jedlicka made a bet: if the student lived outside North Dakota for more than five years, she’d buy the student lunch. But if she returned within five years, the (former) student would buy Jedlicka lunch.

“Everyone I’ve made that bet with, I’ve won,” she smiled.

Being a gracious winner, though, Jedlicka said that she’s never collected on all of those free lunches.

Such politesse is exactly the reason so many students are drawn to UND’s Department of Occupational Therapy. A terminal degree in a much-in-demand profession is nice and all, but it’s the grace, wisdom, and kindness of Jedlicka and her outstanding faculty that keep people coming back to the place where they began.

By Brian James Schill



CURRICULUM 2.0

Faculty at the School of Medicine & Health Sciences take a hard look at the medical curriculum in an effort to give students more clinical experience sooner.

To hear Dr. Rick Van Eck tell it, there is very little downside to the revision underway for the medical curriculum at the UND School of Medicine & Health Sciences (SMHS).

Maybe none.

“The initial, classroom-based phase of the curriculum, which previously took 24 months to complete, has been refined to 18 months,” explains the SMHS associate dean for Teaching and Learning

and Monson Endowed Chair for Medical Education, “meaning students get into the clinic sooner. This should increase our students’ learning overall, help improve their Step 1 [national exam] scores, and reduce their debt load.”

In other words, it’s a win-win.

Curriculum 2.0

After more than two years of research and planning, “curriculum 2.0,” as the School’s

senior associate dean for Medicine and Research Dr. Marc Basson calls it, is being rolled out in stages at the SMHS.

So why a revised medical curriculum now, starting with the medical student class of 2024? Quite simply, it was time, says Basson, not only because the practice of medicine has changed, but licensure requirements and even students have changed.



A NEW SYLLABUS

Medical students in class at the UND SMHS (photo taken pre-COVID).

“Our current students maybe don’t want to be in a classroom listening to lectures all day, like I did,” he tells *North Dakota Medicine* over Zoom. “They’re more self-directed and know what they want to do and often can study topics themselves.”

Student preferences notwithstanding, several other factors precipitated a review of the School’s medical curriculum, continues Basson, including the fact that there’s just more medical knowledge to learn today.

“When I went to med school, we didn’t even have a class in cell biology, let alone molecular biology—so things are just different now. This is really designed to give students more and better exposure

“But with these changes, we’re aligning ourselves with the most progressive schools.”

DR. PATRICK CARR, ASSISTANT DEAN FOR MEDICAL EDUCATION



in a way that’s relevant to what they think they need while also preparing them for what we think they need to pass the licensure exams and boards and become really good doctors.”

Add the fact that the School is preparing for a reaccreditation visit from the Liaison Committee on Medical Education (LCME) in 2022, which the School must pass in order to continue providing the state with much-needed health workers, and the timing just felt right, says Basson.

Forward-looking, faculty led

Plus, adds Van Eck, the science of teaching has changed a lot in two decades.

“We do so much more active learning [in the pre-clinical months],” he says, referencing also the new SMHS building, the very design of which influences student learning in productive ways. “This allows for better competency-based outcomes at the same time as it addresses critical needs like telehealth that don’t appear directly in program goals, but which are important for us to teach, as COVID-19 has shown.”

Leading the discussion on curriculum revision has been a small cohort of faculty and administrators. In fact, much of the heavy lifting for the project was accomplished by faculty themselves, says

Basson, who admitted that he will never be able to thank the faculty enough for their efforts.

One of these faculty leaders is Dr. Mark Koponen, associate professor in the School’s Department of Pathology.

“This gets the students into the hospitals and clinics sooner,” Koponen tells *North Dakota Medicine*, “and capitalizes on efficiencies in teaching the basic sciences, better integrating basic science and clinical practice. We’re more clearly defining outcomes and milestones, the final product of which will be more competent physicians entering their residencies.”

For Dr. Patrick Carr, assistant dean for Medical Education at the School and another key figure in the revision, the curriculum will help keep the SMHS among the more forward-looking medical colleges in the country.

In other words, while some schools are relatively new to things like patient-centered and problem-based learning, community medicine, and advanced simulation, UND has been doing these for decades. And these latest curricular changes will help keep UND at the forefront of medical education in the U.S.

REVISING UND'S MEDICAL CURRICULUM

	PREVIOUS	REVISED
CLASSROOM LECTURE	24 months	18 months
CLINICAL TRAINING	24 months	30 months
BASIC AND CLINICAL SCIENCE	Less Integrated	Much more Integrated
ACTIVE LEARNING	Some active learning	More active learning
ELECTIVES	Later (years 3 and 4)	Sooner (as soon as year 1)
ASSESSMENT	Specific to courses and clinical rotations	Longitudinal badging for competency-based assessment

“There are schools that were very progressive and backtracked a bit, and some that are very traditional still,” Carr explains, referencing a school where students take in lectures from eight to five every day for two years and see no elective courses until their fourth year. “But with these changes, we’re aligning ourselves with the most progressive schools. One of the hallmarks of these changes is that we have much more flexibility built into the curriculum, which is good.”

“Fitness for purpose”

“We go to these [Association of American Medical Colleges] meetings and presenters get up and say ‘we did this great thing this year and here’s our data on this from last year,’ and I’m sitting in the audience thinking—we’ve been doing that for 15 years!” muses Basson in response to Carr’s example. “We try to be modest, so we don’t talk about it very much, but I think what we do is better. Our students can learn better and we can make better doctors because of it.”

The data supports Basson’s claim.

As the School’s latest *Vital Signs* annual report suggests, UND medical students pass the “Step 3” exam—the last test before students are awarded a medical degree—at a rate above the national average, and are on par with the national

average for the Step 1 and Step 2 exams.

All of which is to say that even before the recent curricular revision the UND School of Medicine & Health Sciences had positioned itself to do best what it is most capable of doing: training very good primary care providers.

“Our school has a fitness for purpose, but this is not always known to the outside world,” concludes Dr. Minnie Kalyanasundaram, an associate professor in the School’s Department of Family & Community Medicine, one of the faculty responsible for helping revise the medical curriculum. “Were on the right track and things are looking good for the future. All systems are in place to tackle the pre-clinical and clinical education for our students, and that is the real strength of this medical school.”

Med students tend to agree.

“I like the idea of getting into the clinic sooner as this will help to develop those clinical skills sooner that are necessary for flourishing as a physician,” says first-year student Kole Hermanson, admitting that it’s all about trade-offs. “However, this comes at a cost—we have more classes in a week and more material in a given unified session that can lead to some students to be challenged by burnout.”

Zach Miller, a second-year med student whose class too has already seen some of the curricular changes, adds that while the condensed pre-clinical timeline can be stressful, it should benefit students in the long run.

“The restructuring involved a shortening of both the first- and second-year testing periods from a test once every eight weeks to once every four weeks,” he says. “I, for one, am very appreciative of the four-week model, as it improves my comprehension of the material and better prepares me for the Step 1 exam.”

And this, says Basson, is the takeaway.

“I’m pleased to say that although our [applicant] MCAT scores are somewhat lower than the national average, our Step 1 scores are not,” he smiles. “So we must be doing something right.”

By Brian James Schill

■ '20s

Brittany Bertsch, Family Med Residency '20, joined the team at Trinity Community Clinic-Western Dakota in Williston, N.D.

Dustin Evans, Surgery Residency '20, is now at Trinity Health in Minot, N.D., as a member of the surgical team.

■ '10s

Jennifer Dobis, MD '17, is now at Essentia Health West Acres Clinic in Fargo, N.D.

Erika Stein, MD '17, is now part of the medical staff at Northwood Deaconess Health Center in Northwood, N.D., as a family practice physician.

Rachel Marohl, MD '16, joined Great Plains Women's Health Center in Williston, N.D., specializing in obstetrics and gynecology.

Christopher Failing, MD '14, joined Essentia Health in Fargo, N.D., as a pediatric rheumatologist, seeing patients age 25 and younger.

Brett Oestrich, MD '12, completed his Interventional and Structural Cardiology Fellowship at the University of Minnesota.

■ '00s

Robert Guttormson, MD '04, joined the surgical team at Trinity Health in Minot, N.D. Guttormson is a board-certified general surgeon and a Fellow of the American College of Surgeons.

■ '90s

Stephanie Dahl, MD '99, was appointed to CCRM Fertility – Minneapolis in Edina, Minn.

Carla Zacher, MD '96, joined the Sanford Children's team in Bismarck, N.D. In addition to seeing children for well-child appointments, Dr. Zacher specializes in newborns, cystic fibrosis, asthma, and preventative medicine. She has been practicing in the Bismarck-Mandan community for over 20 years.

Anissa Irlmeier, PA '95, has joined Manning Regional Healthcare Center Family Practice Clinic in Manning, Iowa.

Myra Quanrud, MD '90, received a 5-Star Award from Professional Research Consultants, contracted by Essentia Health.



Brittany Bertsch, DO



Dustin Evans, MD



Jennifer Dobis, MD



Erika Stein, MD



Rachel Marohl, MD



Christopher Failing, MD



Robert Guttormson, MD



Stephanie Dahl, MD



Carla Zacher, MD



Anissa Irlmeier, PA-C



Myra Quanrud, MD



GLOBETROTTERS

Jacqueline Gray (right) with Keri Lawson-TeAho, who invited Dr Gray to speak at a Society of Indian Psychologists conference in New Zealand.

‘I KNOW THAT VOICE’

Center for Rural Health Associate Director Jacque Gray’s travel challenges reap rewards for rural people.

Jacque Gray, Ph.D., remembers her post-doc interview with the University of Oklahoma Health Sciences Center like it was yesterday. Thunderstorms in the Midwest delayed her flight out of Minneapolis, but eventually she landed safely late at night in St. Louis, where she was to catch the last leg of her flight. But when gate personnel started disappearing and the lights dimmed, Gray knew she wasn’t going to make the interview.

“They had booked me on TWA, and TWA ceased to exist at midnight that night,” Gray explained.

Though she was able to join the group for the interview later that day, Gray didn’t get the post-doc. But Oklahoma’s loss was the University of North Dakota’s gain when she was hired at the Center for Rural Health (CRH) at the School of Medicine & Health Sciences in 2004. She currently serves as a research associate professor for the Department of Population Health and the associate director of CRH for Indigenous Programs.

Since that fateful weather day more than 16 years ago, Gray has made a career out of helping bring health resources to those who need them most—such as those in rural areas—whatever the weather.

Weather Woes

One of Gray’s first trips came shortly after she started at CRH and was just a small taste of what travel would be like for her during her career. She presented on the psychological effects of trauma at the 2005 Dakota Conference on Rural and Public Health in Bismarck, N.D.

“I had no money to travel on, so I had to drive to Bismarck, present, and drive back all in one day by myself,” she said.

If you travel from the Midwest as much as Gray does, you’re going to run into weather issues. Among the most memorable such trips for Gray involved a visit to Anchorage, Ak., in April 2018.

Gray traveled to Alaska for a statewide training where she’d teach participants about elder abuse. The weather that week was beautiful—a solid 25 degrees warmer each day than it was in Grand Forks. But the flights home wouldn’t be as nice. Once Gray reached Minneapolis, the airport closed because of a blizzard.

“We were stranded there for two days,” she said. Gray ended up changing her flight from Grand Forks to Sioux Falls, S.D., where she was slated to speak at the Collaborative Research Center for American Indian Health Summit.



Taking Her Message Overseas

Gray's message hasn't been confined to just the 50 states. Keri Lawson-TeAho, a colleague from the Society of Indian Psychologists, invited Gray to speak at an Indigenous suicide prevention conference in New Zealand in 2014. More than 700 people attended, including the then-prime minister of New Zealand.

Gray spent a month interacting with faculty and students at the Center for Maori Health at the medical school in Wellington. She talked with students about the cultural aspects of treating patients and learned about Maori culture. She also presented on suicide prevention and student development.

"The second time was very different," she said of her month-long trip to New Zealand in 2015. "I actually flew into Auckland with their World Cup-winning soccer team. So here were all these people at the gate to welcome them, and I come out in the midst of all this to find a person I did not know who was taking me to the house I was going to stay at that night [with people] I also did not know."

Making Connections

As the principle investigator and director of the National Indigenous Elder Justice Initiative (NIEJI), Gray has traveled to remote areas across the U.S. to share her expertise as well. "It's important to see the situation to know what will work or not work for the people in their locations," she said.

NIEJI is a U.S. Department of Health and Human Services-funded project dedicated to addressing the lack of culturally appropriate information and community education materials on elder abuse, neglect, and exploitation in Indian Country.

While presenting on elder abuse prevention in Fairbanks, Ak., Gray was asked to bring her presentation to Nulato, Ak., for a 2019 conference there. Another person attending the Fairbanks conference said she had a house in Nulato, and Gray could stay with her. Knowing the community was comprised of no more than 400 people and didn't have a hotel, Gray agreed.

"As it turns out, her daughter was in the hospital, so she was there with her [at the time of the Nulato conference]," Gray said. "She arranged for a friend of hers to take the keys and open the house up."

Although Gray thought she was set, getting to Nulato was going to be tricky. The 700 people the conference attracted traveled by boat or small planes. Gray opted for the latter.

A small bus met the plane when it landed and took the

passengers to the school where the conference was to be held. Gray asked about the woman who was supposed to meet her there with the house keys, and the school's administrator said he would look into it. He discovered this woman was still in Fairbanks and hadn't been able to get a flight to Nulato yet, but she had given the house keys to the administrator's brother.

"After doing some more checking, the administrator came back and said, 'We have some good news and some bad news. The good news is I know where the keys are. The bad news is my brother has them. They're in his pocket. He's in Las Vegas.' He had gone on vacation and forgot he had the keys in his pocket," Gray said.

The school was set up as a makeshift hotel for the conference. People slept on classroom floors in sleeping bags they had brought with them. Of course, Gray hadn't prepared for these accommodations.

"They got people in the community to come up with a sleeping bag and a cot for me," she said.

Gray spent a week in Nulato with little connection to the outside world. The only internet was on a cycle from 5 p.m. to 9 p.m. so students could do their homework. "It took all evening to send a couple of pictures because the bandwidth was all taken up," Gray recalled. "It gave me a new appreciation for some of the struggles in the villages."

The classrooms were all down one hallway. In the middle of the school, food and coffee were served. It was during one of these meals that Gray realized she was something of a celebrity in local circles.

"I was standing in line for a meal one of the days and was talking to the people around me, and this woman standing in front of me turned around and said, 'I know that voice.' She says, 'Who are you? Are you someone famous? I know your voice,'" Gray said.

Eventually the woman realized she'd heard a webinar Gray had done.

"She had to give me a big hug. It was like I was a rock star because I had done a webinar, and I was in Nulato. Every time she saw me, she had to give me a hug and tell me how happy she was that I was there."

Gray said reactions like that make difficult journeys worth it.

By Brenda Haugen



SILVER LININGS IN THE VIRTUAL CLOUD

UND's Center for Rural Health hosts Primary Care Week 2020 to discuss telemedicine at a distance.

Photo courtesy Avera Health

Primary Care Week 2020 looked like many events did this year: virtual. And like many other events this year, the switch to virtual ended up being more innovative—and even fun—than many participants had anticipated.

November 2-6 marked this year's Primary Care Week, an annual event hosted jointly by the Center for Rural Health and the American Medical Student Association (AMSA). UND student AMSA representatives Emily Decker and Jonah Lund, both second-year medical students, led the charge for what looked like a very different Primary Care Week than in years past.

The week of events kicked off with a panel of Primary Care Department chairs from the UND School of Medicine & Health Sciences (SMHS). Chairs from the Departments of Family Medicine, Internal Medicine, Geriatrics, Obstetrics and Gynecology, Psychiatry, and Pediatrics shared their wisdom and insight into each of their respective areas of practice with audience numbers matching the 2019 in-person event. Dr. Chris Tiongson, chair of UND's Department of Pediatrics, shared his journey through practice and joined the other chairs in voicing the importance of primary care specialties as a whole.



FROM A DISTANCE

SMHS alum Dr. Brian Skow and a colleague demonstrate the virtual care that COVID has nearly made mandatory.

“General pediatricians are being referred to more and more as ‘community pediatricians,’” Tiongson said. “This implies that they are taking care of the health of all kids in the community, not just the kids they see [in their practice]. Advocating for kids means realizing the importance of the social determinants of health, among other things. So, by the time they are seeing Dr. Jurivich [a geriatrician and chair of UND’s Department of Geriatrics], we have them set up on a good path.”

A panel of practicing physicians from a variety of specialties, including family medicine, pediatrics, and obstetrics and gynecology, was next.

Diverging thematically from the panel of department chairs, the physician panelists talked about the path each took toward their current practice, and some of the obstacles and opportunities they faced along the way. This event drew an audience of more than double the previous year, and even allowed UND occupational therapy student Rebecca Rimel to participate from her department’s Casper, Wyo., campus in an effort to show how occupational therapy can be a part of the primary care team.

The Community Meet and Greet, which is usually a busy and bustling event at the SMHS, was another of the week’s virtual events and connected students with both urban and rural North Dakota healthcare facilities. Rather than hurried conversations while standing at a booth, though, participants were able to enjoy relaxed conversations in a one-on-one virtual meeting room setting. Alan O’Neil, CEO of Unity Medical Center in Grafton, N.D., typically attends this event in person, but this year he decided to give the virtual event a try.

“We had some great interviews, and we were really pleased with the event,” he said. “We’re looking forward to following up with these students.”

The week wrapped up with a session from UND SMHS alumnus Dr. Brian Skow, chief medical officer for Avera eCare based out of Sioux Falls, S.D. Dr. Skow outlined the work that Avera eCare is doing to assist healthcare facilities during the COVID-19 pandemic, particularly rural Critical Access Hospitals that offer almost exclusively primary care services.

“Rural hospitals are struggling to keep patients close to home,” said Skow. “Avera eCare can help provide virtual emergency and specialty care services that will eliminate the need for patients to be transferred out of the community.”

As Skow put it, telemedicine has come to the forefront in the past nine months as a preferred way to provide care, particularly in states such as North Dakota and South Dakota, both of which have experienced a surge in COVID cases.

Expanded use of telemedicine during the pandemic has increased healthcare workforce safety, decreased the no-show rate at appointments because patients can connect from home, and preserved vital personal protective equipment (PPE), which every hospital is monitoring closely.

“Who would have thought we needed a pandemic to shine a light on what telemedicine can do to support patients in their time of need?” he asked.

Celebrating Primary Care Week virtually also showed a variety of benefits for students and providers of all backgrounds. Along with introducing students to primary care professions, the week of events shared pathways to primary care careers and the resources available to primary care providers to help patients stay close to home.

And because Primary Care Week was virtual, it also was able to include a broader mix of presenters and audience members who otherwise may not have been able to attend.

By Stacy Kusler

BARNES COUNTY AIMS FOR THE “0” ZONE



A Rural Public Health Department addresses obesity and opioids simultaneously to improve the health and wellbeing of its residents.



ON THE MOVE

Andrea Winter, Women, Infants, and Children (WIC) program director and Barnes County ON THE MOVE coordinator, stands with one of the new mobile kitchen carts.

When one public health department noticed an increase in obesity and substance use disorder in the county it serves, it decided to take a proactive approach. The result: two federal grant programs through the Health Resources and Services Administration (HRSA).

City-County Health District (CCHD) is the public health department for Barnes County, N.D., and is located in Valley City. The primary functions of CCHD include providing prevention, immunization, school health, jail health, testing and education, opioid response, obesity prevention, and alcohol prevention services for the community.

Today, two HRSA grants making a difference for Barnes County residents are Barnes County ON THE MOVE and the Rural Opioid Prevention Education and Support Program (ROPES).

ON THE MOVE

Barnes County ON THE MOVE is a community partnership and public health program created to encourage the community to get active and eat healthy. Founded 20 years ago, it is still

going strong. Thanks to a three-year grant from the HRSA, even more work in programming, systems, and environmental change is being made possible today.

“A high percentage of people in the U.S. are obese or overweight,” said Theresa Will, administrator of CCHD. “Nationally, 69 percent of adults are overweight or obese, and in North Dakota, those percentages track a little higher. We wrote this grant to target people age 10-17 to decrease childhood obesity. We want to be able to make a difference.”

As a partnership, ON THE MOVE has expanded over the years. Originally, the program included three partners: CCHD, CHI Mercy Health, and what is now Sanford Health. Currently there are nearly 20 nonprofit or governmental organizations in the partnership. The immediate consortium for the current grant includes CCHD, Valley City Public Schools, and Barnes County Extension. Additional support comes from other ON THE MOVE partners, including Valley City State University (VCSU), the Open Door Center, CHI Mercy Health, and Sanford Health.

Recent successes of the program include placing heart rate monitors in all Barnes County schools, placing five mobile kitchen carts in every county school to help teachers/dietitians create healthy recipes in the classroom that fit into lessons in all subject areas, offering summer cooking classes for children ages 8-13 (virtually or in person), and partnering with VCSU student athletes to promote physical activity in grades K-6 in all county schools.

“We are seeing parents who want their children to be more active,” said Will. “The kids are now getting the info from many angles—parents, community, schools, physical education, even from individual teachers—in a small-dose manner. The message is getting across to the students.”

Rural Opioid Prevention Education and Support Program

For its part, the Rural Opioid Prevention Education and Support Program is in its third year of helping curb the opioid epidemic that has taken hold across the country, including in Barnes County. But the program is accomplishing so much

more. This remarkable eight-county partnership in North Dakota has shown promise and success at preventing alcohol and substance abuse.

“Five years ago we saw a need to begin working on alcohol and opioid prevention,” said Will. “North Dakota had received the State Opioid Response Funds, so we were starting with naloxone training and looking to get medication-assisted treatment and providing education on substance use and prevention. We did this work as an individual county. At that time, Fargo was seeing an increase in opioid overdoses, and we were right down the road.”

CCHD applied for the prevention portion of the grant and received funding from HRSA. The funding is a three-year grant, \$250,000 a year, through September 2021. Since part of the programming had to be delayed due to the current pandemic, some funds will remain and will likely be used in 2022.

For CCHD, a multi-agency approach was needed. ROPES is joined by the counties of Barnes, Dickey, Foster, Lamoure, Logan, McIntosh, Stutsman, and Wells. All of the counties involved are working on similar goals, including offering naloxone training and making sure overdose kits are available; collaborating with schools providing education on adverse childhood experiences; providing peer support, substance use prevention, and harm reduction services; and offering mental health first aid training.

The ROPES peer support program involves connecting a person who has experience with substance use disorder and is in long-term recovery to others needing help getting over the bumps they might be encountering with a similar disorder.

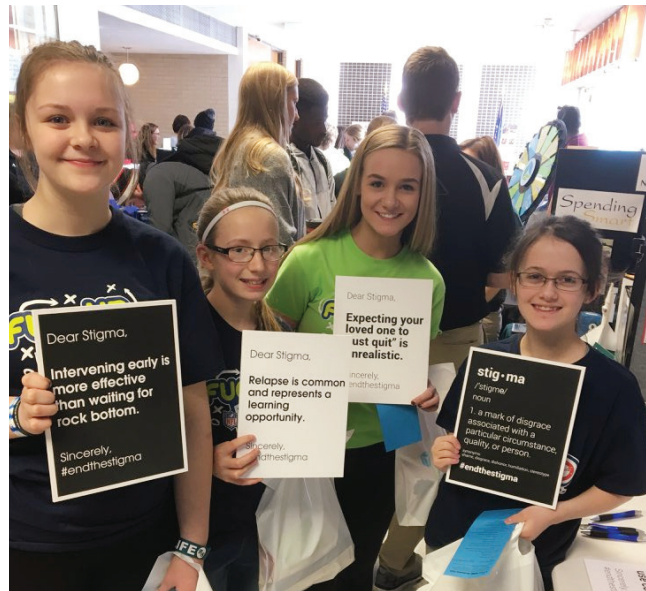
“Peer support can help with these things,” said Will. “Everyone needs to have a purpose, and we try to help them find that purpose. It really makes a difference to hear from someone, rather than talking to a nurse or other provider. Sometimes it seems impossible to get to that spot in recovery and move forward unless you have someone who has lived it and done it and can give them the encouragement they need.”

Mental Health First Aid has been another important part of the ROPES program. Public health units have been trained as Mental Health First Aid trainers. The training gives people the skills and tools they need to deal with a mental health or substance use problem immediately, until they are able to get additional help.

“It’s a great program for laypeople,” said Will. “It helps explain how to approach someone with a mental health problem. It

ROPES

ROPES program participants working to reduce the stigma of substance abuse at a Valley City State University wellness fair in 2019.



helps people understand what an auditory hallucination is, for example. There are a lot of great activities we do, and now we just started the Youth Mental Health First Aid for adults who work with youth, so we are looking forward to seeing the program grow.”

Syringe services is another piece of the program. People who are currently using drugs are able to see a nurse to request clean needles or equipment. The goal is to decrease hepatitis C and HIV transmission. Often, once persons find themselves talking with a nurse, they are able to access additional services simply because they came in for the syringe service.

CCHD works with South Central Human Service Center (SCHSC) to have an outreach clinic in Valley City. SCHSC has space in the CCHD building, along with counselors, a psychiatrist, and group sessions. This allows patients to stay and receive treatment in Valley City instead of having to travel to Jamestown.

SCHSC and ROPES share office space on the same floor, so when a nurse sees someone who is actively using drugs and talks with them about services or counseling available, a counselor can be there quickly to talk with the participant about moving forward in treatment, if they are ready to take that next step. CCHD is committed to taking care of the citizens throughout the county and region, and they are truly making a difference in the lives of many.

By Jena Pierce

ELIXIR, POISON OR BOTH?

Cardiologist and UND alum Dr. James O’Keefe (BS Med ’80) shares his knowledge of the benefits, and dangers, of alcohol use.

Almost universally, alcohol serves as the traditional cultural beverage used for celebration — and commiseration — for those living in rural and urban areas alike, particularly during the holiday season.

And alcohol impacts health in many ways. As a cancer-causing agent on the same list as asbestos, alcohol is linked to several malignancies in many organ systems. Yet, alcohol consumption has reported benefits.

Part of the culture

Perhaps no one knows better the nuances of this beverage’s consumption than UND School of Medicine & Health Sciences graduate Dr. James O’Keefe (BS Med, ’80), a preventive cardiologist at Saint Luke’s Mid America Heart Institute in Kansas City and Professor of Medicine at the University of Missouri-Kansas City.



Dr. O’Keefe (left) has sorted through these mixed messages of alcohol use more than once, publishing three meta-analyses of academic review papers on alcohol since 2007.

Speaking with UND’s Center for Rural Health earlier this year, O’Keefe shared that he thinks of

alcohol as a “sharp, double-edged sword,” a description he used in his 2007 review paper.

Growing up in a rural area in a largely rural state, O’Keefe said his interest in the positive and negative impacts of alcohol began very early as he observed alcohol use patterns in his own family. Of French and Irish descent — cultures where alcohol consumption is embraced — several family members had chronic misuse, but others who consumed regular small amounts lived to be near or exceed one hundred years of age.

“I used to be more glib about drinking because studies suggested that people who consume alcohol at not more

than seven drinks a week for women and 14 drinks a week for men tend to have a life expectancy higher than the general population,” a pattern similar to what he saw in his own family said O’Keefe. “This is mostly due to lower risks of cardiovascular events, like heart attacks. But for people who drink more than that, the outcome is not positive, with studies showing that at higher doses, it’s toxic — and not just toxic from a health standpoint but from a mental health and a social standpoint.”

Mostly a poison

As a cardiologist, O’Keefe identified his passion as the prevention of heart disease and improved cardiovascular health. Despite evidence for the protective cardiovascular effects of small amounts of alcohol, he said he more commonly sees the medical conditions caused by the toxic effects of periodic misuse and chronic overuse of alcohol: atrial fibrillation, chronic high blood pressure, alcoholic cardiomyopathy, and increased incidence of strokes and blood clots.

O’Keefe’s review papers also included information on studies related to alcohol consumption and cancer. In recent years, he said, there are more studies uncovering data that suggest even moderate alcohol consumption—one drink per day for women and up to two drinks per day for men—is linked to the increased occurrence of some cancers, including breast cancer.

And because alcohol misuse is often paired with tobacco misuse—and tobacco is a well-known carcinogen—cancers of the head, neck, and bladder are also seen more often in those who both smoke and consume alcohol concomitantly. In fact, the American Cancer Society (ACS) lists seven cancers where the link to alcohol is strong and emphasizes that it’s not the type of alcoholic beverage—beer, wine, or distilled spirits—but the amount of alcohol in those beverages that increases cancer risk.

Experts like O’Keefe are also keeping their eye on more research concerning the periodic misuse of alcohol, or binge drinking, which the Centers for Disease Control and Prevention calls “the most common, costly, and deadly pattern of excessive alcohol use in the United States” and is especially widespread in North Dakota.

WHAT IS A STANDARD DRINK?



12 Fl. Oz.
of regular beer
about 5% alcohol



8–9 Fl. Oz.
of malt liquor
about 7% alcohol



5 Fl. Oz.
of table wine
about 12% alcohol



1.5 Fl. Oz. shot
of distilled spirits
about 40% alcohol

Each beverage portrayed above represents one standard drink (or one alcohol drink equivalent), defined in the United States as any beverage containing .6 Fl oz or 14 grams of pure alcohol. The percentage of pure alcohol, expressed here as alcohol by volume (alc/vol), varies within and across beverage types.

Additionally, recent studies suggest that binge drinking isn't just a problem in college towns. Though not rural-specific, one 2017 study found that between 2001 and 2012, Americans age 65 or older increased their overall alcohol consumption by over 20 percent, while another study also found an increase in binge drinking in older adults.

“The Conversation”

Because clinicians are aware of the dangers of alcohol, O’Keefe maintains that it’s their duty to discuss alcohol misuse with patients, especially when the signs and symptoms present. He admitted that these conversations are sensitive and difficult, and he credits his mandatory psychiatry rotation during his residency for giving him an opportunity to learn about those topics. He said he specifically chose the drug and alcohol dependency unit, where he received “some of the most practical and useful knowledge that I gained during my training, because these are such common problems that it’s really helpful to have some training and background in that specialty.”

Furthermore, O’Keefe said he believes physicians shouldn’t miss “teachable moments” when they discover their patients are consuming excess alcohol.

“As physicians, we have an opportunity to influence behavior, much more so than others in a patient’s life who might say the

same thing,” he said. “I often use this approach with some patients: ‘Alcohol consumption is privilege. If you can’t do it in a responsible way with respect to your health, then you should not indulge in that particular privilege.’ When you see the results of alcohol misuse, it’s a teachable moment. ‘This drinking is really bad for you. It’s affecting your health. This could kill you if you keep it up.’ It’s just really important for physicians to talk to their patients when they see a problem and encourage them to get assistance.”

In addition to his clinical experience, O’Keefe said he feels confident about his team’s final recommendation in the 2018 paper: Healthcare providers should not advise nondrinkers to begin drinking. Problem drinkers should be advised to abstain permanently and seek professional help to attain this.

“I’m an experienced physician practicing now for almost 40 years,” he said. “I feel like I have a very well-informed and objective opinion on a topic that a lot of people have a hard time being objective about.”

A longer version of this story, originally published in The Rural Monitor by the Rural Health Information Hub in Aug. 2020, can be found at ruralhealthinfo.org/rural-monitor.

by Kay Miller Temple, M.D.

HUMAN, ALL TOO HUMAN

North Dakota's Professional Health Program reaches out to medical providers and students in an effort to care for those who take care of us.

"We're seeing a lot more mental illness and substance use disorders, and physicians are not immune from any of that," said Dr. Melissa Henke, explaining why she accepted the role of Medical Director for the North Dakota Professional Health Program (NDPHP) in 2018. "[Doctors] suffer from mental illness at the same rate as the general population. We're just better at covering it up and making excuses for ourselves."

Physicians are only human, too, after all.

In fact, given the intense stress of healthcare work, mental illness and substance use disorders impair providers more than

any other health condition, said Henke, a psychiatrist based in Bismarck, N.D. "And we don't want that to happen."

The NDPHP is a statewide service that helps connect physicians, physician assistants, and medical students to counseling, support, and treatment for mental health and substance use disorders. The organization also offers monitoring for enrolled providers.

Such services were initially provided by the North Dakota Board of Medicine (NDBM). In 2014, the NDPHP was created by the North Dakota Century Code (Chapter 43-17.1) as an

To learn more about the NDPHP, or to refer yourself or a colleague, visit ndphp.org.



NORTH DAKOTA PROFESSIONAL
HEALTH PROGRAM



independent nonprofit organization tasked with managing this work. The rationale for the change was that allowing the NDBM to manage a program for providers in need could either create a conflict of interest for Board members or discourage providers from seeking help if the support program in question was managed by providers' own licensing agency.

How it works

The independence couldn't have come at a better time, said Ann Leiseth, the NDPHP executive director.

"The NDPHP accepted their first participants in March 2015 and by 2018 we had 26 providers in the program," Leiseth explained from her office in Bismarck. "Now we have about 50 providers enrolled, so we've almost doubled in about 18 months. We're definitely growing."

According to Leiseth, the program works like this: participation in the program is voluntary for providers identified as "impaired," defined by the NDPHP as "the condition of being unable to perform one's professional duties and responsibilities in a reasonable manner and consistent with professional standards" as a direct result of substance use or mental illness.

Anyone who has concerns about a provider with a mental health or substance use issue, including the provider, can refer her or him to NDPHP. Participation is anonymous, so long as there is no threat to patient safety or a demonstrable violation of the Medical Practice Act.

"Seventy percent of our clients do not come through the Board of Medicine—they seek us out anonymously to get the help they need or are referred," Leiseth added, noting that the program boasts an 85 percent success rate.

"A lot of physicians think it's punitive, but it's not punitive—it's protecting us and protecting patients," noted one physician, who wished to remain anonymous, of the program. "It's a good program. It was a big plus for my recovery."

Beyond substance use

Henke said that substance use notwithstanding, NDPHP is attentive to the fact that suicide among physicians had been growing at an alarming rate and is connected to reports that physician "burnout" has been increasing for years—well before COVID-19.

The data on both matters are a tough pill to swallow. One study of medical students and residents published in the *Journal of the American Medical Association* in 2018 suggested that burnout among those specific cohorts was

nearly 50 percent—before providers had even established their own practices. Likewise, a much-cited meta-analysis by *Medscape* from 2018 stated that "the medical profession consistently hovers near the top of occupations with the highest risk of death by suicide."

To the tune of 300 to 400 physicians each year, added Henke, or as many as one doctor lost each day.

"One of our passions is helping reduce physician suicide," she continued. "It's a problem nationwide, and in a state like North Dakota, where a lot of these providers might be working in small towns, what a huge hit that is for a community. It's tragic. As providers, we come from the same backgrounds as everyone else. The demons that we live with are very much the same as everyone else."

Silver lining

The silver lining in all of this, both Leiseth and Henke noted, is that providers do seem to be seeking out the NDPHP, and North Dakota doesn't seem to be in a worse position than most other states on these issues.

"Were pretty even with the rest of country," Leiseth said, noting that state-by-state comparative data is hard to come by.

"We're lucky in a way in that we're more rural. With COVID-19, there are a lot more challenges in larger cities like Minneapolis or Los Angeles—they're seeing a larger trend in that direction [of provider burnout]."

That said, cautioned Henke, North Dakota continues to be a leader in binge drinking and opioid abuse.

"I suspect we're near the front of the pack with all these other negative factors," she admitted, repeating that physicians are as likely as non-physicians to get caught in such loops of substance abuse.

"Things seem to be piling on, for everyone," she said. "When we get a physician or student in our program, we already know their home life and social life are probably shot. Working is the one thing they know how to do in their sleep. But they're finally here because they're concerned that their substance use or mental illness is going to start affecting their work."

Which is when Leiseth and Henke step in to help make things right again.

by Brian James Schill

PUTTING THE ABILITY IN DISABILITY

Dan Snobl (BSPT '70), one of the first graduates of UND's physical therapy program, reflects on a career of helping those with disabilities reach their potential.

From a certain point of view, the world has former Minnesota Viking Dave Osborn to thank for Dan Snobl's physical therapy career.

Recruited by UND both to play football and wrestle, Snobl (BSPT '70) says that at football practice one fall afternoon in 1964 he zeroed in on the former UND running back.

"I fractured my wrist in three places trying to tackle [Osborn]," laughs the Mahnomen, Minn., native from his home in Marshall, Minn.

But because his post-tackle x-ray was negative, Snobl goes on, he simply wrapped the wrist and "kept playing my freshman year." Putting off the follow-up x-ray his physician recommended, Snobl began wrestling for UND that same academic year (eventually competing three seasons on a bum wrist).

When he showed up at UND's Memorial Stadium the next spring for football drills, he bumped into the team physician again.

"I came in and he asked, 'what'd that second x-ray ever show about your wrist?'" Snobl explains. "So, I went and got that done finally and it was still fractured in three places. I gave up football then and started concentrating on academics and wrestling."

Quite a way to find a career.

Although he had been interested in education,



NEW GRADS

Dan Snobl (center, back row) with Bud Wessman (back row, far right) and his inaugural PT program graduates in 1970.

the farmer's son found that his experience as a student athlete pushed him toward health care. He had considered being a physician. But a meeting with Bud Wessman, who was at the time just getting a new physical therapy program off the ground at UND, sold him on the young profession.

Before he knew it, Snobl found himself, by 1967, in UND's first ever physical therapy class—a cohort of nine students—and graduating in 1970.

"I always remember we had a one-classroom area then—for every class," Snobl continues, again with a laugh. "So if we got bored we'd switch the desks around and look at a different wall. Bud kept our interest level at such a peak it that was great to go to school. Learning was easy there—you just wanted to be there with him."

Practicing in Fergus Falls, Minn., immediately after graduation, Snobl explained that he ended up working with a paraplegic who had just returned to northern Minnesota from Southwest Minnesota State University (SMSU) in Marshall. The young man related to Snobl his experience at SMSU, a new institution in the region that was designed to be "barrier-free" for wheelchairs and other students needing physical accommodations decades before the Americans with Disabilities Act (ADA) came into being.

The man's story and determination struck such a chord with the new therapist that Snobl interviewed for a job at SMSU, where he was soon practicing.

He continued to do so for 37 years, eventually putting all of his professional energies into disability care and helping younger people with disabilities "transition" to an independent lifestyle.

UNIVERSITY OF NORTH DAKOTA PHYSICAL THERAPY

50TH ANNIVERSARY • 1967-2017

FIFTY YEARS LATER...

Dan Snobl (second from the right) and some friends at the UND PT program's fiftieth anniversary in 2017.

As Snobl puts it, back in the late-sixties the disability rights movement was just getting underway, particularly as people were being removed from long-term care facilities and other state institutions and into homes and communities. In the absence of something like the ADA, those former individuals began to take control of their situations and demand independence and reasonable accommodations, particularly in public spaces.

"We had the good fortune that our [SMSU] president was very visionary, and the community of Marshall also opened their arms to people with disabilities," Snobl says, explaining that those with disabilities were tired of being told "no" by society.

"That was our role [as PTs]—to ask 'Why are we saying no and is there another way we can look at these issues and figure out how to get things done?'"

Soon, Snobl's university counted as many as 200 students with disabilities, many utilizing wheelchairs, in its student body.

Beginning to specialize in disability therapy and service, Snobl, by now the director of Physical Medicine at SMSU, put pen to paper in an effort to document best practices in personal care attendance and transitioning.

"When I was going to retire, the students said that I had too much information in my head and they weren't going to let me walk out of there with it and wanted to get it written down," says Snobl in reference to the latter manual *Transitioning: Youth with Disabilities*. "So we sat down and put a manual together that dealt with young people with disabilities who were transitioning into higher ed and/or an inclusive lifestyle in general."

From applying to college and dorm living, to assistive technology, financial aid, and disability law, the nearly 100-page manual covers most everything a young adult living with a disability might need to move out of their parents' home and into college life.

"We made it very user friendly for students and parents, starting at seventh grade," Snobl says. "Our effort was to put these students in charge of managing their [individual education plan] and advocating for themselves. It was a very powerful tool."

Having made a transition of his own recently—retirement—Snobl has slowed down, but only a little. Living still in the Tracy-Marshall area with Mary, his spouse of 50 years, Snobl did make the journey back to Grand Forks for the UND Department of Physical Therapy's 50th anniversary in 2017.

Although he was the only member of his class to make the milestone event, Snobl feels that the trip was worth it, if for no other reason than to catch up with Wessman and take in the new UND School of Medicine & Health Sciences building.

"The other thing I was impressed with was they were bringing the med students, nursing students, therapists, and social workers, together," he said of the School's interprofessional healthcare course. "All the collaboration going on now in order not to create silos for any discipline is good. I think in health care especially, the way it's moving, there has to be that communication that goes back and forth to make sure the consumer is being heard."

Individuals and educational institutions interested in receiving copies of Transitioning: Youth with Disabilities at no cost can contact the Southwest Center for Independent Living at swcil@swcil.com or 507.532.2221.

by Brian James Schill

FIRST EVER

First-year medical student Megan Corn chats with North Dakota Medicine about moving to North Dakota, Indigenous People's Day, and being the School's first Indigenous class president.

Hello, Megan and thanks for your time. So: you're in med school! How is it going so far?

I hesitate to say it's not as bad as I thought it would be, because it's pretty challenging. But it could be worse. It's going well so far. Block I is done, which is good. But it is a lot of work. Every day I wake up at 7 a.m. and study until 10:30 p.m. I take a one-hour break for dinner and take a 30 minute run every day. I'm definitely regimented with my schedule, but it's not impossible. The first month was rough. But now that I have some tests under my belt, I know I can get through it.

And you're coming to us from Spokane, right? Why UND?

It's kind of a long story how I ended up here. I was born in Oklahoma, and was raised there for the majority of my childhood. My parents are both physicians, so we moved around a lot for their residencies and medical school. So, I lived in Texas, New Mexico, Arizona, and Oklahoma, all before the age of 10. We ended up moving to Spokane, Washington, for my high school. Then I got accepted to Cal Poly in San Luis Obispo, California. It's an engineering school. I went there and graduated with a biology major with a concentration in anatomy and physiology. I liked the engineering and biotech angle, so I did a minor in that. I also got a Spanish minor. I applied to nine med schools and UND accepted me.

I imagine UND's Indians Into Medicine [INMED] program was at least part of the draw for you?

Completely. North Dakota is number one on the list of "Great Eight" schools for American Indians and graduates a huge number of the Native docs in the U.S. That obviously was a huge pull for me. For the INMED interview we all come together and interview at once. It was an awesome weekend. Three days of getting to know my future classmates; they showed us the best of North Dakota. After the interview, they told us, "By the way, it'll get to -60 windchill here" [laughs]. But I'm so happy I'm here.



And you took part in establishing Indigenous People's Day at Cal Poly, yes?

Yes! Yesterday was Indigenous People's Day—so happy late Indigenous People's Day! It was my senior year and the event was open to the public and there was a lot of community outreach for the day. We got some funding from Nike, who sent us some of their "Indigenous" clothing line items for us to raffle off for our American Indian Science and Engineering Society and American Indian Student Association groups. There was a really good turnout from professors and students, and some people from the community came. We had speakers and some elders of the tribes came too.

As I'm sure you know, the City of Grand Forks, N.D., last year adopted Indigenous People's Day as a replacement for Columbus Day—as did UND, about the same time it was adopting its Land Use Acknowledgement. Was any of that in the background for you when you were interviewing here or looking into the community more broadly?

Completely. This school went above and beyond in the beginning for us. And the fact that it's not just the INMED program but the entire university and the town that's making

this shift to being more proactive and acknowledging whose land we are on and how we're able to have such fruitful land for all the farming that goes on here is great. That was a vital part for me—coming here and seeing that shift that was going on. Because I was in California and they're making that shift too, and being able to see that at UND was cool because I wasn't expecting it. Everyone has been so welcoming and cognizant of everything that's going on [with Indigenous issues] and that has been amazing.

And now you're the first UND med school class president with an Indigenous background!

Yeah. It's a lot of pressure. I'm trying to set a good example for anyone following in my footsteps. I wasn't considering the role leading up to the election, but there was a classmate of mine who was trying to talk me into doing it. So, last minute I spoke with another class's president and she said it's a lot of work, a lot of time, so I should know what I was getting into. That scared me away a bit, but the day of the election we were maybe 30 seconds from voting and they were asking for any more nominations and my friend nominated me. Then she got a few others to second the nomination, and I won the vote. It was an amazing feeling to know that people trusted me to lead and have a say in what happens for our class. That was an amazing day. Now, taking a step back and looking at what this means for me and all Indigenous people—it is a lot to take on, but I'm happy I was elected because it sets the tone for future classes not only here at UND but at other universities. My tribe saw it on the INMED Facebook page, so I did an interview with them too. Hopefully that can inspire other natives to attend medical school and maybe run for positions where they can make change.

COVID is impacting the American Indian community especially hard, as you know. What does it look like in Oklahoma for your friends and family?

The Cherokee Nation was greatly affected. I think the Chickasaw Nation has been less affected—I have heritage with both those tribes. I did hear the Navajo Nation has been greatly affected, which is heart-wrenching. My family has all been well so far, thank goodness, but in general there will continue to be less access to health care on reservations until change is made. No matter whether we have COVID or not, there are greater disparities [for American Indians], which needs to be talked about more and is something else I hope we can incorporate into our medical curriculum. We do some talks on the social determinants of health, but we could do more, because I still don't think it's covered enough given the impact these disparities have on people of color in the U.S.

And tribes there are also now having to figure out how to respond to the Supreme Court granting them a whole lot more territory, right?

I'm so happy with the decision, but I'm afraid that just giving the land back without any other resources could create a legal gray area [in terms of police jurisdiction]. There are all sorts of laws being ignored because of that already. I'm not sure what the outcome of that will be. I'm hoping it's for the better, and that it was well-intentioned, but it was a step in the right direction. It'll set the tone for the rest of America I hope.

*Interview conducted and edited for space
by Brian James Schill*



LOCKING DOWN PEACE OF MIND

UND alum Jon Bradbury [MD '98] helps the School of Medicine & Health Sciences kick off its Learning Community Locker Campaign.

As a first-year UND med student in 1994, Jon Bradbury (MD '98) knew he wasn't supposed to be working. Unfortunately, his bank account at the time was less-than-overflowing.

"I didn't qualify for any grants or anything like that, and I did have [student] loans," said the family medicine/urgent care physician from his home in Grand Forks. "So, I was bartending while I was in med school, which is definitely frowned upon."

Saying that he was "blessed to have my family pay for my undergraduate education," he was on his own for medical school and simply needed the income, even though he knew he was supposed to dedicating 110 percent of his time to medicine.

"The bottom line was that I needed that job, and the extra money helped."

Recruitment and retention

Hoping to help current and future medical students at the UND School of Medicine & Health Sciences avoid this exact situation, Bradbury and his wife Paula became the inaugural donors to the School's new Learning Community Locker Campaign recently.

The new School of Medicine & Health Sciences building in Grand Forks includes eight student-only Learning Community spaces where students of all disciplines study, collaborate, eat, practice clinical examinations, and even sleep at times (COVID-permitting). Each of these spaces include nearly 100 lockers where students can store their personal effects.

Earlier this year, the School and UND Alumni Association & Foundation began

approaching alumni, asking if they might be interested in sponsoring students through a gift to the Dean's Scholarship Endowment, accomplished through a locker "purchase." Any dollars given to this endowment go to scholarships for students of all SMHS majors.

"If there are people like me out there who can get even a modest scholarship to take a little pressure off them financially, that's important," Jon explained, adding that he thinks of the gift as part of a broader retention strategy for the state. "Sometimes giving people just small scholarships helps. It's not necessarily always about the dollar amount—it's that feeling of being given a reward, of being appreciated, and that's the kind of thing that might keep people in the area."

Noting also that it can be difficult for some programs to recruit out-of-state persons to get a professional degree in North Dakota, Bradbury said that such giving programs are how North Dakota can provide for its own healthcare workforce now and in the future.

"You typically don't move from North Carolina to practice medicine in Fargo or Grand Forks or Bismarck," he added. "So, we need to keep our talent here. And if we can do that by offering scholarships and keeping our med students happy, then I think we should do that."



Modest price point

Aside from providing financial assistance to students who may be in the situation that Jon was once in himself, donors to the endowment can have one of the SMHS learning community lockers named for either themselves or someone else—in *memoriam* or in honor of a family member who is either attending or graduated from the School.

The Locker Campaign also represents the School's effort to offer a more modest option for anyone interested in giving to the School. For \$5,000, donors get a plaque posted to one of the nearly 800 learning community lockers.

It was this price point that sealed the deal for the Bradburys.

"[The \$5,000 level] was really attractive for us, and will be especially so

for newer physicians or medical professionals," Jon continued. "The reality is we're not at that point where we can give a major gift. But to do a couple of smaller donations—that's a great place for us to start, and it's a great place for anybody that wants to start to give a little bit back to start."

Plus, said Bradbury, the lockers themselves are a huge step up from what he saw as a medical student 25 years ago.

Remembering how his first year of medical school took place in the since-demolished Old Science building on UND's campus, Bradbury noted that the move to the former St. Michael's hospital (now known as Columbia Hall) on North Columbia Road in the late-1990s felt momentous.

"When I started, at Old Science, boy, I tell you, if they had lockers, we didn't

know where they were," he laughed. "And then we moved into Columbia Hall. That was like the Taj Mahal to us."

But even the old hospital-turned-medical college lacked functional storage space for students, meaning students still had to lug around their coats, books, everything.

"We did have little lockers for anatomy lab, which we could hang our anatomy clothes in. But then those clothes stunk like formaldehyde, so we never put anything in there," Jon mused. "I would say that we pretty much just carried all our stuff with us."

Thanks to the Bradburys and countless other donors to the SMHS, though, such lugging is a challenge today's health profession students will never know.

by Brian James Schill

Jenn Leukens contributed to this story



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THE SECOND BRAIN

Chester Fritz Distinguished Professor Colin Combs studies the gut in an effort to find new approaches to Alzheimer's disease.

It is by now something of a cliché to suggest that humans have not one, but two brains: one in the head and one in the gut.

And now science is finally providing hard evidence for the notion of “gut feeling,” going so far as to suggest that the gut-brain axis is a very real thing. So real, in fact, that intestinal disease increasingly seems to play a role in neurodegenerative disorders like Alzheimer's.

That, at least, is the hypothesis that Colin Combs, chair of the Department of Biomedical Sciences in UND's School of Medicine & Health Sciences (SMHS), and his team are working under these days.

“In past few years there's been an understanding that bacterial changes in the intestine might be influencing the severity or progression of Alzheimer's,” said Combs, a Chester Fritz Distinguished Professor, explaining that the intestinal microbiome might even serve as a biomarker for brain health. “One of the things we've found is that some bacterial changes [in the intestine] are indicative of the disease state, and manipulating those bacteria, say with probiotics or antibiotics, has effects on the ways disease presents in the brain.”

According to Combs, recent animal models suggest that inducing so-called “leaky gut” and other inflammatory diseases of the bowel like Crohn's, ulcerative colitis, or irritable bowel syndrome (IBS) affects the severity and progression of Alzheimer's, and possibly other neurodegenerative disorders.

This is why his lab is looking to see if targeting the gut with things like probiotics, anti-inflammatory medications, and other therapeutics might not only reduce

“When the gut is leaky, immune cells in the intestine just behave differently, and there are changes in Alzheimer’s pathology that you can see in the intestine itself.”

COLIN COMBS, PH.D.



Alzheimer’s symptoms in animals with the condition, but possibly help prevent it in others.

“We’re interested in whether or not intestinal disease influences Alzheimer’s, yes, but what we’ve found is that whether or not you have intestinal disease, there’s an intestinal aspect to Alzheimer’s,” continued Combs, who has made the study of Alzheimer’s his professional focus. “When the gut is leaky, immune cells in the intestine just behave differently, and there are changes in Alzheimer’s pathology that you can see in the intestine itself.”

Meaning Alzheimer’s is likely much more systemic in nature than was previously thought.

So compelling is this hypothesis that in September the National Institutes of Health (NIH) awarded Combs a 4-year, \$1.4 million grant to explore all of this in more detail. The project, entitled “Communicating Intestinal Inflammation to the Brain in Alzheimer’s Disease,” focuses on improving researchers’ understanding of how the brain communicates with the gastrointestinal tract via the gut-brain axis.

Completion of the study will help verify the role of gut inflammation in Alzheimer’s progression and suggest clinically available therapeutic options as possible treatments for Alzheimer’s. In other words, agents involved in the treatment of in gut inflammation might be repurposed to combat the inflammatory component of Alzheimer’s without the need for crossing the blood brain barrier, as most current Alzheimer’s therapies do.

“Our preliminary data supports that [premise],” said Combs. “Addressing immune problems at the level of the intestine seems to communicate to the brain, changing some immune issues in the brain as well. So, if we can manipulate the disease by using therapies to fix the gut, maybe we can slow down the rate of progression or severity of Alzheimer’s.”

The SMHS is coming off its best research year ever in terms of dollars awarded. Researchers based in the school pulled in a record \$30.8 million in 2019-20 for projects focused not only on neurodegenerative conditions like Alzheimer’s, but cancer, Indigenous health, and various infectious diseases, including COVID-19.

Speaking of cancer, Combs added that there is an interesting link between Alzheimer’s and cancer.

“Cancer is actually a negative risk factor for Alzheimer’s,” he continued. “So, for whatever reason, if you have had any kind of cancer, it seems that you’re more ‘protected’ from Alzheimer’s. We don’t know exactly what that means yet, but it’s based upon the human epidemiology.”

For example, Alzheimer’s mostly affects women, said Combs, adding that mouse data on cancer suggests that although females often develop a more dramatic form of Alzheimer’s, they tend not to get colon cancer. But males, who tend to have a less severe Alzheimer’s, get more aggressive colon cancers.

“This tells you, again, that there’s something profound about the way the gut influences the brain, and inflammation in the colon specifically,” concluded Combs.

And that’s not just a gut feeling.

By Brian James Schill

UND Sports PT Residency granted 10-year reaccréditation



Gary Schindler, D.P.T., Ph.D.

The coordinators of the UND School of Medicine & Health Sciences (SMHS) Sports Physical Therapy (PT) Residency learned recently that the residency has been reaccrédited for a full 10-year accreditation period.

The accreditation was granted by the American Board of Physical Therapy Residency and Fellowship Education and will remain active through Jan. 31, 2031.



Dave Relling, P.T., Ph.D.

“Our residency program director, Dr. Gary Schindler, provided exceptional leadership for the program,” said Department of Physical Therapy Chair Dave Relling, PT, Ph.D. “Notably, the virtual onsite visitors this summer were impressed by the quality and number of various sports professionals that

Dr. Schindler has amassed as faculty for the program.”

The Sports PT Residency, the only such residency in North Dakota and one of only two PT residencies in the state, is a unique collaboration between the SMHS Departments of Physical Therapy and Sports Medicine and Altru Health System. The sports PT resident obtains most of her or his sport-specific practice hours at the UND Center for Sports Medicine while Altru Health System provides clinical training hours to address the rehabilitation of recreational athletes and orthopedic injuries.

The program has graduated five residents to date with a sixth currently working through the residency.

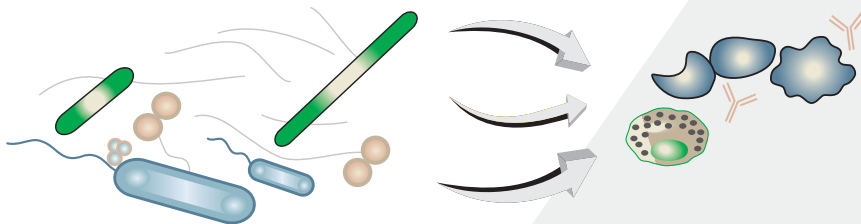
“The Departments of Physical Therapy and Sports Medicine have been so supportive [of the residency],” added Schindler, an associate professor in the PT department who holds doctoral degrees in both physical therapy and education. “That support, along

with our great mentors and faculty, are what make this residency a success.”

In addition to bringing physical therapists, athletic trainers, and physicians into the residency, Schindler actively recruited specialists in strength and conditioning, sports psychology, and sports nutrition. The sports PT faculty include experts from UND, the SMHS, Altru Health System, and Sanford Health.

“When Gary first came to me to pitch the idea of the residency, I thought it had the potential to be a good program,” said Steve Westereng, Ph.D., LAT, ATC, chair of the Department of Sports Medicine. “A large amount of work was completed, from many people involved in the program, to get the residency started and through the accreditation process. It is exciting to see how far it has developed from its inception as well as where program is headed into the future.”

UND Host-Pathogen Interactions group holds annual symposium to talk infectious disease—including COVID-19



The Center for Biomedical Research Excellence (CoBRE) for Host-Pathogen Interactions at the University of North Dakota held its annual Host-Pathogen CoBRE Symposium at the UND School of Medicine & Health Sciences recently.

The virtual symposium brought in experts from outside UND investigating microbial infectious agents and host responses to those infectious agents. Investigators from UND also presented research related to infection and immunity through oral and

poster sessions. Postdoctoral fellows, graduate students, and faculty spoke on topics ranging from staph and strep infections to respiratory syncytial virus (RSV) and the ongoing COVID-19 pandemic.

“Over the past six months we have all been reminded of the importance of infectious disease research,” said David Bradley, Ph.D., associate professor in the Department of Biomedical Sciences, a Principal Investigator (PI) on the CoBRE, and this year’s Symposium organizer. “This

is collaborative research, like what is going on in UND’s Host-Pathogen Interactions group, that will help find answers for the current COVID-19 pandemic, and future infectious disease assaults we might see.”

The fifth annual symposium couldn’t have come at a more significant time, added Jyotika Sharma, Ph.D., associate professor in the SMHS Department of Biomedical Sciences and lead PI of the CoBRE.

“Kudos to Dr. Bradley and Shannon Bupp for putting in the effort to get this event organized in the face of this unprecedented situation that we are in,” she said. “As early as March 2020, we had some of our researchers shift their focus to COVID-19. As the pandemic continues, I imagine we’ll see much more research emerging from our School on this novel coronavirus.”

Dakota Geriatrics Group celebrates Falls Prevention Awareness Week and works to reduce older adult falls



**Donald Jurivich,
D.O.**

Each year, thousands of educators, caregivers, health professionals, and older adults across the country focus their efforts on one goal: preventing falls. That is why Dakota Geriatrics joined the National

Council on Aging (NCOA) to promote Falls Prevention Awareness Week in September.

The UND-based, Dakota Geriatrics program is a partnership between the UND School of Medicine & Health Sciences (SMHS), the North Dakota State Division on Aging Services and Health Promotion, UND Center for Rural Health, Sanford Health Care, Good Samaritan Society, Alzheimer's Association, Memory Café, North Dakota State University, and South Dakota State University, among other organizations. The group came together when Dr. Donald Jurivich, chair of the Department of Geriatrics at the UND SMHS, was

awarded a \$3.75 million grant from the Health Resources & Services Administration (HRSA) to advance geriatrics education and healthcare transformation in the Dakotas.

Advanced age is a growing socioeconomic and health issue in North Dakota, whose population ranks fourth out of 50 American states and the District of Columbia for "oldest-old" status (citizens age 85 and up). Falls in particular are a leading cause of injury for people in this cohort. North Dakota has one of the highest rates for falls in the country.

But there are proven ways to prevent falls, said Dr. Jurivich.

"Falls are obviously a very serious issue for our seniors—and it's costly to families, health systems and insurers," he said. "Sadly, they're the leading cause of death and the most common cause of hospital admissions among older adults. And the cost of falls is in the billions annually, the burden of which is carried largely by

Medicare and Medicaid. That's why we need to work harder to prevent falls."

Across the country, groups like the Dakota Geriatrics program are hosting classes and seminars, performing thousands of falls risk screenings, and educating older adults about evidence-based falls prevention programs. South Dakota State University Extension, for example, has developed a video series to help strengthen the body at home and prevent falls. Additionally, Sanford Southpoint clinic in Fargo, N.D., a UND Geriatrics affiliate, provides the only clinic in the region to specifically evaluate and manage fall risk.

"Falls prevention is a team effort that takes a balance of education, intervention, and community support," said Kathleen Cameron, senior director of NCOA's National Falls Prevention Resource Center. "This is an opportunity to empower and educate everyone about their roles in preventing falls."

This symposium promotes interaction among researchers in the field and provides opportunities for learning about new tools, approaches, and resources to advance research in broad areas of infection and inflammation.

"Recent events have certainly reminded us that we live in a world together with other organisms, some pathogenic and some not," added Marc Basson, M.D., M.B.A., Ph.D., senior associate dean for Medicine & Research at the School. "I'm glad that, despite the current pandemic, we are able to showcase our investigators' creativity and efforts in helping us understand how we live with these organisms, and what to do when that cooperative living arrangement goes awry."



Vernon D. Azure, Sr., MD '88, age 66, of Belcourt, N.D., passed away on Tuesday, Oct. 27, 2020, at Altru Hospital in Grand Forks, N.D. Vern, son of the late William “Roger” Azure and Rosalie Laducer Azure, was born Aug. 7, 1954, in Belcourt, N.D. He was raised on the Turtle Mountain Chippewa Reservation and attended school in Belcourt until he graduated from high school in 1972. He was his class valedictorian. Vern married his high school sweetheart and soulmate, Margaret “Judy” Azure, July 14, 1973. Vern always had a dream of becoming a medical doctor. He was accepted at the University of North Dakota, and moved to Grand Forks in 1977 with Judy and their two young children. Vern graduated from the University of North Dakota School of Medicine in May of 1988. After completing his residency in family practice medicine in Minot, N.D., in 1991, he was able to fulfill his goal of returning to his Tribe, his home. He served his community, which he deeply loved, by working for the Indian Health Service until his retirement in 2018. He worked most of his professional career at Quentin N. Burdick Memorial Health Care Facility in Belcourt, N.D., as a physician, a hospitalist, and finally clinical director. He also worked part of his career at the Spirit Lake Health Center in Fort Totten, N.D., as a physician and clinical director for five years. He was not able to stay retired for long as he continued to serve his Turtle Mountain community as a *locum tenens* physician for National Medical Resources, Inc. until his passing. Vern had many joys in life. He was an avid outdoorsman who loved to fish and hunt with his son, grandchildren, son-in-law Wiley, and nephew Mark Azure. He was happiest when he was surrounded by family and loved family dinners and get togethers. He loved attending pow-wows, traditional ceremonies, and was strong in his Anishinaabe spiritual beliefs. He also had tremendous love for his friends, co-workers, and patients.

Jerome Bernhoft, BS Med '64, died on Aug. 13, 2020. In 1940, Jerome Conrad Bernhoft was born in Grafton, N.D., to Gudmunder Kristjan (Chris) Konrad Bernhoft and Kapitola Stefania. He grew up in Hensel, N.D., with his younger sister Jill (Jerry Baldwin, Fargo), until high school when his family moved to Cavalier, N.D. He graduated from the University of North Dakota in Grand Forks and then from Northwestern University Medical School in Chicago. While in Chicago he met Susan Noonan, a TWA flight attendant from Kentucky, on a blind date. They got married in 1966 in San Francisco, where Jerry had a one-year internship at San Francisco General Hospital. They then spent two years in Okinawa, Japan, where son Christopher was born in 1969 and Jerry served in the U.S. Army as a medical officer on the orthopedic service. That settled his mind on his eventual specialty, and he returned to an orthopedic

surgery residency at UCSF, during which time daughter Bridget was born (1970). After training, Jerry returned with his family to his home base, joining an orthopedic practice in Fargo, N.D., for 17 years. In 1990 the family moved back to the Bay Area where Jerry joined the San Ramon Valley Orthopedic Group, which later merged with another practice to form the Muir Orthopedic Specialists in Walnut Creek. Jerry’s strong integrity and loyalty earned him the highest respect of friends, colleagues, and his fellow golf addicts. The Bernhoft family would like to thank all of Jerry’s doctors, nurses, and Hospice caregivers for the compassionate care and support they gave Jerry and his family.

Andresa Carlson, MD '16, passed away Friday, Oct. 9, 2020. Andresa Kirstin Carlson was born on Oct. 13, 1987, in Fargo to Mary and David Carlson. She spent her first two years in Grand Forks while her dad pursued medical school. The family moved to Bismarck, where Grandma and Grandpa Carlson lived. For David’s fourth year of medical school, they returned to Fargo, where Grandma and Grandpa Tollefson and aunties Judy, Becki, and Martha and her cousins lived. During high school, she started working at Widman’s with David and Carol Kennedy—a job she thoroughly loved—and found another network of support and respect. She graduated from Fargo South High School in 2006 and started her college adventure at Concordia College in Moorhead. There she developed many strong and important relationships with faculty and staff. On Aug. 1, 2010, she started at the UND School of Medicine & Health Sciences in spite of suffering since she was three months old from dilated cardiomyopathy, a serious progressive disease. She was forced to drop out of medical school in February 2011 and received her heart transplant at St. Mary’s Hospital in Rochester on March 1, 2011. Then she started a saga of recovery and rejection and a regiment of meds. Andresa returned to medical school and graduated in May 2016. She spent an internal medicine internship year in Reno, Nev., and then moved to Newark, New Jersey, to complete an anesthesiology residency at Rutgers. In Reno and Newark, she was known for her expertise, composure, willingness to advocate for her fellow students and patients, her deep intellect, and compassionate empathy. Andresa’s dream job arrived with her contract with Minneapolis Anesthesiology Partners, a move to Minneapolis, and her position at Abbott Northwestern supervising multiple surgeries daily. She established herself in this short time as a physician committed to her patients and a true professional in her field. Andresa’s brilliance was evident, and her endless creativity took many forms, from singing in school groups and being selected for a national choir to taking part in an opera and a musical during high school. The world has lost a true light of integrity, kindness, intelligence, and skill.

David Gipp, a respected community leader, entered the Spirit World at his home with family members present on Sept. 11, 2020, following a lengthy illness. Gipp was known for his long and progressive tenure as the leader of United Tribes Technical College (UTTC). He was executive director and college president for 37 years. An enrolled citizen of the Standing Rock Sioux Tribe, he became recognized nationally as a strong voice and outspoken advocate for Native People, particularly in the field of tribal higher education. David Michael Gipp was born July 12, 1946, at Fort Yates, the son of Margaret Halsey Teachout and Francis J. Gipp. During his youth, he traveled with his family and attended boarding school at St. Paul's Catholic High School in Marty, S.D., graduating in 1965 as valedictorian. He attended the University of North Dakota (UND) in Grand Forks and earned a degree in 1969 in political science. As a founding member and first president of the UND Indian Association, he possessed a keen instinct for spotting injustice that reinforced his commitment to indigenous rights. Dave was trained as a journalist while serving in the Army National Guard. As a tribal planner at Standing Rock, he worked with North Dakota's tribal leaders when they formed the initial programs of the intertribal training center at Bismarck that became United Tribes Technical College. He briefly served on the board and in 1977 and was chosen to lead the college, a position he held until 2014. Dave's early professional work coincided with the advent of the "Tribal College Movement," a grassroots effort to establish colleges and universities that were governed by tribal people. As a planner, he helped envision the start of the community college at Fort Yates that is now Sitting Bull College. Dave was the first full-time executive director of the American Indian Higher Education Consortium, headquartered in Denver, Colo. He played an instrumental role in the national legislative effort to establish policies and laws for tribal college recognition and support. Dave's long record of service to tribal, state, and national organizations began in 1971 when his mentor, Standing Rock Tribal Chairman Melvin White Eagle, supported him in becoming the youngest and only Native delegate to North Dakota's second Constitutional Convention. He was a founding delegate and past president of the North Dakota Association of Tribal Colleges; a board chair and charter member of UND's Indians Into Medicine program; and a delegate to White House Conferences on such topics as Indian libraries, Indian education, workforce development, and justice in Indian country. In 1990, his contributions to tribal higher education were recognized with an Honorary Doctorate in Laws from North Dakota State University, Fargo. In 1991, he received the "Living the Dream, Let Freedom Ring" award from the Martin Luther King Federal Holiday Commission. The late Coretta Scott King presented the award for his work as

chairman of the committee that helped establish the "King Holiday" in North Dakota. The North Dakota American Civil Liberties Union named him a Champion of Liberty in 2008. He was inducted into the North Dakota Native American Hall of Honor at the State Heritage Center in 2017. Dave Gipp's Lakota name, Wica Kpe Is Nala (Wee Cha Kpe Eesh Nala), translates as Lone Star. He will be deeply missed by his brothers Robert (Lonna), Gerald (Ginny), and Miles Gipp; special friend and caregiver Francis Azure; and the many friends and colleagues who shared his passion for education and justice.

Mathew Malek, MD '15, age 31 of Detroit Lakes, Minn., was welcomed into the arms of Jesus on Sunday, Sept. 6, 2020. He was a loving friend, devoted husband to his wife, and a proud, adoring father to his three beautiful children. Over the last decade, he celebrated too many joys and accomplishments to be counted. Some of the greatest of those include the births of his three children, his graduation from USD's general surgery residency program and becoming a new face of outstanding care at Sanford Health in Detroit Lakes, and celebrating nine years of marriage to the love of his life. During his surgical residency years in Sioux Falls, he became a skilled surgeon as well as a mentor to those fortunate enough to work with him. He pushed his co-residents to strive for excellence in the operating room yet was compassionate and kind to every patient. He leaves an example of lasting love, empathy, and passion for a distinguished level of care with those who grew to know, love, and learn from him during his time in South Dakota. His legacy of excellence will continue through generations of future surgeons via the residency program he helped build. Mat had an inspiring faith in God, and that faith came through clear and bright in his love for his wife and children. He loved spending time playing hockey or scuba-diving and adored watching his young children play sports. Together with his family, he made lifelong memories of bike riding, fishing, and experiencing the joys of life at the lake. Mat's passion, love, and selflessness is alive and well in all three of his stunningly beautiful, endlessly kind children. Mat is survived by his wife Danielle and their children, sons Parker and Beckett, and daughter Annistyn; father-in-law and mother-in-law Dan and Bonnie Ness; brother-in-law Wyatt Ness (Jalyn Myhro); and sister-in-law Nikki Ness as well as many other family and friends.

Vernon LeRoy Yeager, Ph.D. in Anatomy '55, died Dec. 13, 2019. He was the son of Leona and Walter Yeager and was born on Nov. 20, 1926, in Williston, N.D., and grew up in Antelope, Mont. Dr. Yeager graduated from Antelope High School in 1944. After graduation, he enlisted in the army and while in the service earned two and a half years of credit towards a college degree. After his honorable discharge, Vern returned to Antelope where he worked with his father and brother in the family coal mine. On the side, he worked as a farmhand. After a year of hard labor, he enrolled at Minot State Teachers College in Minot, N.D., where he graduated summa cum laude and was valedictorian of his class. Dr. Yeager married Grethe Spoklie on Oct. 7, 1947, and they were blessed with four children. After Vern graduated from college, the family moved to Garrison, N.D., where Vern taught high school science and math courses. After three years of teaching high school, Vern decided to change careers. He studied at MIT in Cambridge, Mass., for a year followed by another year of study at the University of Wyoming at Laramie. At that time, he decided to pursue a Ph.D. in gross anatomy. He was accepted for study at the University of North Dakota School of Medicine and graduated summa cum laude in 1955. While a student at UND, he worked as an assistant to the head of the medical school and continued teaching gross anatomy there for 12 more years after graduation. In 1967, Dr. Yeager took a position teaching gross anatomy at St. Louis University Medical School in St. Louis, Mo. In 1968, he was recruited by the Rockefeller Foundation to help establish the Gross Anatomy Department at the new medical school, Mahidol University in Bangkok, Thailand. After successfully completing the job in Thailand, the family returned to St. Louis in 1971. Dr. Yeager continued teaching and doing research until his retirement from the former Dept. of Anatomy and Neurobiology in 1994 and remained as professor emeritus until 1998. Dr. Yeager had over fifty peer-reviewed papers published in basic science and clinical journals and received several awards during his career. He was the proud recipient of 11 Golden Apple Awards for outstanding pre-clinical teacher from eleven different medical school graduating classes. In addition, he received the Alumni Golden Award in 1980 from Minot State College in Minot, N.D. The American Medical Association awarded him the Hektoen Gold Medal. Dr. Yeager is survived by his half-sister, Delores Walsh; sister-in-law, Marie Fortney; and his four children, Tom Yeager, Donna Schuh (Ron), Susan Yeager, and Robin Yeager; as well as his two grandchildren, Carrie Schuh and Rose Hartman (Kurt), and five great-grandchildren.

Roger Sorenson, BS Med '52, passed away on Sept. 30, 2020, at home at age 91, attended by loving family members. He was born in Minot, N.D., to Harry Sorenson and Marion Covart Sorenson. He spent idyllic summers in Buffalo, Minn., with his maternal grandparents, and attended Minot High School, where he excelled in academics, athletics, and music. Roger was a member of the Sigma Chi fraternity at the University of North Dakota and graduated Phi Beta Kappa. He obtained his medical degree at the University of Illinois in Chicago and moved to San Francisco where he performed his internship at Mount Zion Hospital and met his future wife. He joined the U.S. Army Medical Corps in 1955 and did his residency in ophthalmology at Letterman Army Hospital, where his first two daughters were born. Roger practiced his specialty at Valley Forge Army Hospital in Pennsylvania for his last three years of service. He resigned his commission in 1962, after which the family returned to California, where their third daughter was born. Roger practiced ophthalmology in Inglewood, Los Angeles, Century City, and Santa Monica, while also spending time each month at the Tenth District PTA Clinic, where school children were referred for ear and eye problems. Roger retired after working for 50 years in the private sector. Roger loved jazz and blues music, played trumpet in a Dixieland band, wrote voluminous stanzas of poetry, and studied interfaith peace and justice solutions with the Worldview Exploration Seminar. He was an avid reader of poetry, philosophy, psychology, and science fiction, collecting many volumes. His latter years were spent in California, in Pacific Grove, Rohnert Park, and Rio Vista. He is survived by his wife of 65 years, Marlene; daughters Erica Sorenson, Shelley Sorenson, and Hillary Bussio; sons-in-law David Halperin and Tom Bussio; grandsons Riley Halperin and Michael Halperin; nieces Sarah Lee Davis and Kim Michel; sister-in-law Cynthia Milford; and several grand and great-grandnieces and nephews.





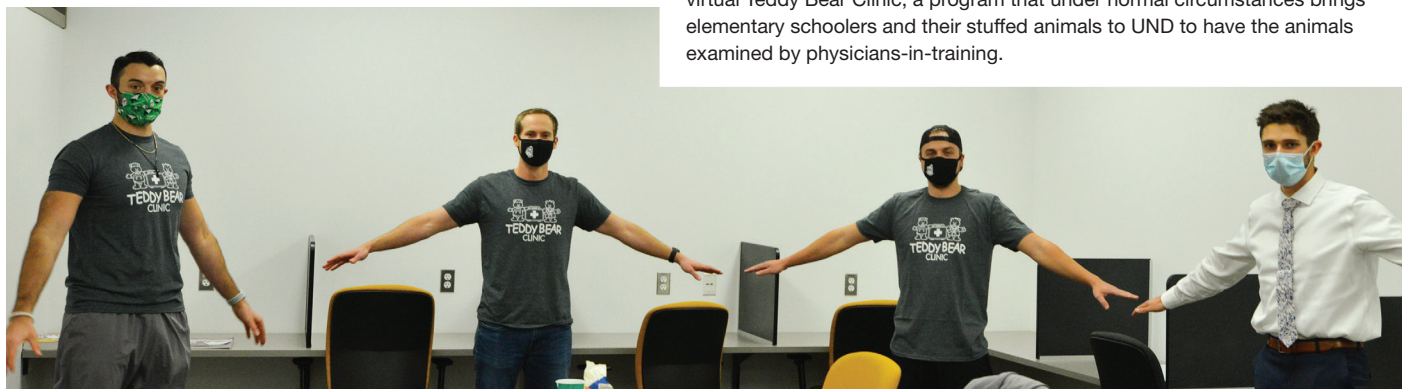
BEST WISHES

to former Director of the SMHS Office of Alumni & Community Relations Jessica Sobolik. Jessica is now Executive Director of the Unity Medical Center Foundation in Grafton, N.D.



FOR EVERY BEAR THAT EVER THERE WAS

UND medical students prepare to record their videos for the School's first-ever virtual Teddy Bear Clinic, a program that under normal circumstances brings elementary schoolers and their stuffed animals to UND to have the animals examined by physicians-in-training.



JOGGIN' WITH JOSH 2020

SMHS Dean Joshua Wynne and his spouse Dr. Susan Farkas pose for the first virtual Joggin' with Josh event in September 2020.



CELEBRATE PHYSICIAN ASSISTANTS!

The School virtually assembled dignitaries of the UND Physician Assistant Studies program in October to celebrate 50 years of the PA program at UND. Clockwise from the bottom-left are SMHS Dean Dr. Joshua Wynne, Jessica Sobolik, PA program founder Dr. Robert Eelkema, former department chair Mary Ann Laxen, and current department chair Dr. Jeanie McHugo.

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HAPPY HOLIDAYS

to all the amazing donors, staff, students, faculty, and other advocates of the UND School of Medicine & Health Sciences wherever you are! Thanks for all you do. Be sure to check out the special 2020 Honor Roll of Donors insert in this issue of *North Dakota Medicine*.