



NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences



Holiday 2021
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NUMBER 4



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SCHOOL OF MEDICINE & HEALTH SCIENCES**

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ON THE COVER: Department of Biomedical Sciences professor Amanda Haage, Ph.D., in the lab at the School of Medicine & Health Sciences pre-pandemic.



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Please note that photos in this magazine showing groups of people together without masks were taken before the COVID-19 pandemic had reached the United States.

CHECKING OUR VITAL SIGNS



Every year around this time the School distributes its updated version of *Vital Signs*, the School's self-generated report card on how it has performed during the prior year. Vital signs, as you know, are the various measurements of bodily function like blood pressure, pulse, and respiratory rate that give practitioners a sense

of how the patient is doing; likewise, *Vital Signs* is one way we look at how well we are doing as a School. You likely have received a copy of it (or will shortly); but if you don't and would like to review it, please contact Kristen Peterson at kristen.peterson@UND.edu or 701.777.4305.

I thought that it might be useful if I provided both a summary and an overview of *Vital Signs* for 2021. The report starts with an overview of the School's finances, and then looks at our performance in the three fundamental areas in which we work – education, discovery, and service to the community. As a community-based school (meaning we don't own or operate our own hospital, unlike many of our larger colleagues around the country), I like to say that our community is all of North Dakota!

Our financial status is solid and strong, with a balanced budget and sufficient funding to carry out our various missions. For the biennium that ended in June, we had revenue generation of over \$200 million, the majority of which came from non-state resources such as grants and contracts (often federal), patient care revenues, reimbursements from hospitals, and tuition. We've worked hard, however, to keep tuition increases as low as possible in an effort to mitigate student debt – and

we've been successful. Our medical student tuition and fees are lower than those in nearby states, and lower than the regional average.

We've been able to further reduce student debt thanks to enhanced philanthropy on the part of our generous and thoughtful donors, who provide over \$2 million per year to support the School's activities, with the great majority going for student scholarships. And partly as a result of the School's successful campaign to limit student debt, more and more of our graduates are staying in-state for practice after graduation.

Currently, half of all the physicians practicing in North Dakota went to medical school at UND and/or attended an in-state residency. The percentage is even higher for family medicine doctors, where it is an amazing 78%! We are among the leaders in the country as to the percent of our medical school graduates who enter primary care, practice in a rural area, practice family medicine, or identify as American Indian.

On the discovery and scholarly front, the School's research programs have grown dramatically over the past decade. Thanks to the amazing efforts of our faculty and staff, the School has garnered almost \$300 million in external funding for sponsored research and other projects over the past decade. In fact, during this past academic year that ended on June 30, 2021, we received over \$38 million in sponsored funding, a 25% increase over the prior year and almost a doubling of the amount in 2019!

Of special note was the founding of the School's Department of Indigenous Health under the stewardship of Dr. Don Warne. This is the first department anywhere devoted to bringing together faculty and staff who have a special interest in issues related to Indigenous health and the important quest for health equity.

Finally, the School's service to the community of North Dakota and the region remains strong and committed. There is no finer example of this commitment to serving the people of North Dakota than our Center for Rural Health (CRH). This past academic year, the CRH received over \$10 million in funding, the majority of which was destined to support all of the state's 53 counties and over 100 individual communities. The CRH celebrated its 40th anniversary last year, and we are looking forward to another 40 years of service to the people of North Dakota.

Vital Signs ends with a tribute to the long-serving staff who are so critical to the ability of the School to carry out its missions. The senior honoree is Alyson White in the Department of Physical Therapy, who just celebrated 45 years with UND! Congratulations to Alyson and all the other dedicated staff and faculty who are vital to our operational effectiveness.

As you can see, the vital signs of the UND School of Medicine & Health Sciences are strong and reflect the wonderful energy, creativity, and spunk of our remarkable faculty, staff, and students – despite the enormous challenge of the pandemic. Well done – and thank you for all that you do!



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



EMOTIONAL SUPPORT ATTENDING

UND's Department of Surgery initiates a new Surgical Resident Wellness Program



'POSSIBLE IS NOT ENOUGH'

Co-director of resident wellness for the UND General Surgery Residency Program, Dr. Daniel Tuvin (center), with surgery residents in Fargo, N.D.

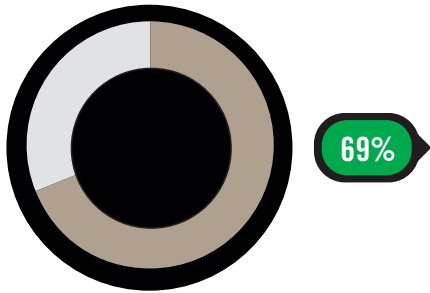
Photo courtesy Dr. Daniel Tuvin.

"I entered medical school and surgery residency with some idea of what I was getting into, but even that couldn't have prepared me," says Dr. Alessandra Spagnolia, who grew up the daughter of two surgeons and was initially skeptical of a career in medicine because of the work hours her parents kept. "Surgery residency requires long hours and an efficiency that I still haven't fully mastered. It keeps you away from friends, family, and special life events sometimes."

Even so, says Spagnolia, it was these very factors—the challenge of surgery—that eventually drew the third-year surgical resident to the field.

But the job is still stressful.

"Burnout in the medical community, and in surgery specifically, is very real," Spagnolia continues, referencing statistics like those from a 2018 study in the *Journal of the American College of Surgery* that reported "burnout" among surgery residents at an astounding 69%. "I have seen it in two forms: a transient ebb and flow that is somewhat normal, and a more chronic form that causes a person to drop out of residency, switch specialties, or worse. Regardless of the type, burnout has the potential for significant harm to our providers and patients."



“Among 566 surgical residents who participated in the survey, prevalence of burnout was 69%, equally driven by emotional exhaustion and depersonalization.”

Journal of the American College of Surgery

Jan. 2018

Resident Wellness

All of this is why Spagnolia is encouraged by the UND General Surgery Residency’s newly established Surgical Resident Wellness Program.

One of North Dakota’s oldest post-graduate medical residencies, the residency is a five-year program that accepts five new physicians each year—plus four preliminary residents—for a total of 29 residents. This makes the program also the largest single residency in the state, family medicine aside. As such, the program bears an outsized responsibility for resident wellness in a time when both burnout among and a shortage of physicians is getting major institutional and scholarly attention.

“Surgical residencies have always been stressful and difficult,” says UND Department of Surgery Chair Dr. Cornelius “Mac” Dyke, who helped get the new program off the ground and is critically aware of the shortage of surgeons nationally. “One reason work hour limits came into being was to address resident wellness and quality of care, and we’re paying more attention to [wellness]. By caring about things that are not just about achievements in the O.R.—looking outside the operating room—we’re hoping we can help people do better inside the operating room and throughout their career. We want people to succeed after they leave us, and taking care of them is a big part of that.”

As Dyke puts it, the program will help residents by better emphasizing things like team-building, counseling for residents needing assistance, and checking in on each other.

“We’re also going to improve our counseling on the profession itself, career development,” he says, “and need to address things like childbirth policy for female residents and time-off and leave for mothers—reducing the negative stigma of having a child during residency.”

On this last, Dyke’s colleague Dr. Kristin Korderas recalls an anecdote from her own residency.

“During my [surgical] training, I was in New Jersey and my Chief Resident’s water broke on rounds,” says Korderas, an acute care surgeon at Altru Health System in Grand Forks who also serves as co-director of resident wellness for UND’s surgery residency. “She was working hard up to that moment. She pushed it to the end and only took two weeks off so she could graduate on time. That’s not normal. Or healthy. We need to focus on creating better human beings, not just robot surgeons.”

Korderas’s co-director and colleague Dr. Daniel Tuvin agrees.

“Burnout is real. It’s not a sign of weakness, but of being a human,” insists the Sanford Health surgeon and assistant professor of surgery at UND. “We’re not machines. We have to have lives too. And it’s possible to have kids during surgical residency, but possible is not enough. We need to support residents and show and say that we want to create well-adjusted people, who also have excellent surgical skills. But we need to work on the human being part of it. We are better than we used to be, but we can do even better and let people have personal lives while in training.”

So it is, says Tuvin, that the UND residency hopes to help shape those humans through both wellness policy and programming.

“We’re planning to develop more extracurricular activities related to well-being for sure,” he says. “We want to make surgical education and surgery as a profession more accessible and produce surgeons that are part of society, so to speak, out in the community.”

The Old Culture

All three faculty—Dyke, Korderas, and Tuvin—suggest that part of what made such accessibility more difficult in the past was



PEACE OF MIND

UND surgical residents Drs. Alessandra Spagnolia (left) and Hunter Row take a break on location in Fargo, N.D.

Photo courtesy Dr. Alessandra Spagnolia.

the often “macho” (that is to say, predominantly male) Twentieth Century surgery culture that likely prevented some potentially very good physicians from either completing a surgery residency or choosing surgery as a specialization in the first place.

“The traditional way of learning surgery was unhealthy—you’re supposed to be able to work 120 hours a week and not complain and not get burned out,” says Korderas, adding that it’s her hope that the cultural shift will change medical students’ attitudes toward what can be a very rewarding profession.

“That old culture, we’re realizing now, doesn’t promote happy, good surgeons. The old way tends to promote burnout. And burned out surgeons aren’t good surgeons, so we really need to listen to what residents are saying and be advocates for them as people and be people they can come to for help.”

By helping change the culture, then, this “emotional support attending [physician],” as Korderas says some of her residents call her, has managed to turn four medical students toward surgery. And now she has a real, formal job title to go with the work she was already doing anyway.

“It’s good to be not just one-size-fits-all,” says Tuvin, admitting that greater diversity in the profession—whether race, sex, or national origin—is good for institutions and patients. “[Diversity is] not just a nice concept—it makes us better and is good for camaraderie.”

Such admissions give Spagnolia, who calls resident wellness programs much-needed, hope that the residency culture is opening up.

“This will allow our residents to focus on something else, even just for a bit, while in the company of friends and colleagues,” she concludes. “I know of other programs that focus on wellness more regularly and those residents seem to really enjoy it. I’m looking forward to many great things from UND’s resident wellness program.”

By Brian James Schill

A DIFFERENT KIND OF RODEO

Wyoming-based UND occupational therapy student Briana Kent fundraises for Hurricane Ida relief

“I don’t know if you’ve ever heard of a fishing rodeo, but those are the kind of rodeos we have down south,” smiles Louisiana native Briana Kent. “You know, going out and catching the biggest fish you can.”

The second-year Occupational Therapy Doctorate (OTD) student is laughing at the memory of the watery rodeos that mostly took place near her grandparents’ house on Grand Isle, Louisiana – and noting how different they are from the round-ups that surround her these days at UND’s satellite OT program in Casper, Wyo.

Although her “home” is technically Prairieville, La., Kent says that she spent the summers and most holidays of her youth on Grand Isle, a skinny, seven-mile long island in the Gulf of Mexico that serves as the state’s almost southernmost tip.

“You can barely see [Grand Isle] on a map,” she says. “But it’s kind of this little paradise that not many people know about.”

Disaster Relief

Today, though, Kent is almost afraid of what she’d see were she to make it back to her “little paradise.”

In late August 2021, Grand Isle, along with much of Louisiana, was hit hard by Hurricane Ida, the fortieth serious hurricane or tropical storm to hit the state since the year 2000. As of this writing, the Associated Press estimates global damage from Ida to be at least \$65 billion in U.S. dollars.



Photos courtesy Briana Kent and family.

“[Ida] hit Grand Isle bad, and the communities around there,” Kent says of the storm that boasted a larger diameter than even Hurricane Katrina. “They were right in the eye of the hurricane. Even though my family was okay, there was a lot of structural damage [to the community]. I was in touch with my family the whole night [Aug. 28]. They were calling me, giving me updates. Trees were falling everywhere. That Sunday morning, my dad sent me a link for a video camera on our street in Grand Isle. There was a pole with a camera on it. I watched the feed, but all I saw was water, so it was flooded by then.”

In the end, Kent says, flood waters reached as high as 12 feet on Grand Isle: “Because of the storm surge, the island was almost buried by sand – there was nearly three feet of sand across the whole island. That was devastating.”

Both seeing and feeling the devastation, even at a distance, the UND OT student jumped into action, getting to work almost literally the day after the storm by organizing

an online fundraiser for her community. Thus was “Briana’s Wyoming Fundraiser for Grand Isle” born on social media.

“The first thing [Casper-based OT faculty Nicole Harris] said to me was ‘If you need anything or want to do anything for your home and family, let me know,’” Kent continues, adding that all program faculty in Casper and Grand Forks have been very supportive. “I was going to send out resources to people so they could donate things like gas or food to me or other organizations, but I came to the realization that money would be the most valuable thing because I couldn’t ship gas or ice to Louisiana. So, that’s where the idea of a [social media] fundraiser came from.”

Setting the bar at a modest \$5,000, Kent, a first-time fundraiser, says that as of this writing she has pulled in just over \$1,500 – “a drop in the bucket.” But she’s still

at it, advocating for hurricane relief as her school schedule allows.

“My classmates are graduate students, and it’s hard to donate your student loans,” she jokes. “So my main goal was to just share the fundraiser far and wide so it can get out to people. Everyone has been very supportive in sharing the link.”

From Louisiana to Wyoming

So how does a kid from Louisiana end up in the least populous state in the Union anyway?

“My aunt lives in Buffalo, Wyo.,” explains Kent, who earned a bachelor’s degree in kinesiology from Louisiana State University. “She moved from Los Angeles to that tiny town a while back and just loved it. I went to visit her once and fell in love with it, sort of the way she did. So, I wanted to try to find a way to get back to Wyoming and ended up finding the OT graduate program here and applying through UND.”



Noting that she had “read a lot of good things about UND,” Kent jumped at the chance to get a doctoral degree from the only OT program in the state of Wyoming.

And one year in, so-far-so-good.

“I really like the environment,” she muses, admitting that she’s still considering her specialization options. “I thought I knew [what I wanted to specialize in], but since I got here my preference has moved around a bit. They do a good job of educating you on the different settings for practice, and for me, coming from a populated area to a more rural setting, my focus has changed a bit.”

Next steps

Assuming she can meet her fundraising goal, Kent says that all the money she raises for hurricane relief will be given directly to the City of Grand Isle through its leadership team.

“My dad contacted the City Council, and they recommended a personal fundraiser, and I just happened to be on Facebook,” she says. “When the event is finished we’ll

“...my main goal was to just share the fundraiser far and wide so it can get out to people.”

BRIANA KENT



send the money to the residents of Grand Isle through the council, who will distribute it in the way it needs to be. Anything helps. Even if we can help one or two families or get some folks some supplies, that’s useful.”

After all, says Kent, there aren’t many places on the planet that qualify as “paradise.”

“Grand Isle has a lot of palm trees and a beach right on the Gulf,” she notes of the island accessible by a single road: Highway 1. “I know you can go to Florida and get a beach, but Grand Isle is more peaceful—not so full of people. And I have a lot of memories there—fishing with my dad, holidays.”

TO CONTRIBUTE TO BRIANA’S FUNDRAISER FOR LOUISIANA HURRICANE RELIEF, SEE HER FUNDRAISING SITE ONLINE OR CONTACT HER AT BRIANA.KENT@UND.EDU.

So until Kent can make it back to her own version of paradise to help in-person, she continues both to fundraise for Louisiana and study occupational therapy theory and practice in Wyoming.

Maybe she’ll even take in a rodeo.

By Brian James Schill





‘FLIPPING’ ANATOMY AND PHYSIOLOGY

Department of Biomedical Sciences Assistant Professor
Amanda Haage talks ‘flipped’ classrooms and cell migration

Amanda Haage, Ph.D., is an assistant professor in the UND School of Medicine & Health Sciences Department of Biomedical Sciences. Among other duties, she’s responsible for teaching the two-semester anatomy and physiology courses to hundreds of UND undergraduate students each year. She sat down with North Dakota Medicine recently to discuss, “flipped” classrooms, cell migration, and student engagement.

Thanks for your time, Dr. Haage. You’re relatively new to North Dakota, yes? How did you end up here?

I grew up in southeastern Iowa, south of Iowa City. I stayed in-state for my education: a bachelor’s degree in biology at Wartburg College, and a Ph.D. at Iowa State. I got my doctorate there while my husband did his [Doctor of Veterinary Medicine]. Then we went to Vancouver, British Columbia, for my postdoctoral work for five years. When I went on the job market, we wanted to come back to the Midwest for lots of reasons—cost of living, speed of life. UND had an opening and I applied and ended up really liking it here, and I guess the feeling was mutual.

And you have research interests in both the active learning environment and cellular movement?

Essentially, my task when I got hired was to revise the anatomy and physiology [A&P] courses at UND. We used to have standalone A&P courses, taught by separate people. But the best practice nationally now is a combined A&P sequence of courses—A&P 1 and 2, taught together based on organ systems. I was asked to rebuild that from scratch. It was a huge course redesign, and we launched it in fall 2020—online. It’s been good. We’ve been asked to speak on our model at the Anatomy & Physiology Society and other conferences. The courses are pretty novel in that I really try to focus on direct application of the content. It’s active learning, completely flipped courses. I have recorded lectures students can watch, but they do activities that range from drawing different anatomical structures to reading and answering questions about cases studies.

Say more about that—how might an instructor “flip” an anatomy course in an active way to get beyond the traditional memorization and lecture-test format?

We know now that just lectures and tests aren’t the best

way to teach and help students retain information. Students need to do something with that information. So I ask a lot of different types of questions in different ways. Picture essays for students to consider, asking them to draw the structures and label them—the skull, or the bones in the ankle. Students diagramming out processes on paper: the mechanisms and pathophysiology. We ask students to describe how anatomy works and use the terms from a 200-level A&P course to think through how a disease process works in the body. So, they'd learn about the lungs and then we'd discuss chronic obstructive pulmonary disease—how does it work in the lungs and why? And it's the only Science, Technology, Engineering, and Mathematics (STEM) course approved as a “diversity” course by our [General Education Committee].

Nice. What do you do in anatomy and physiology to make it about diversity?

We have a lot of “culture and med” assignments, incorporating the social determinants of health and discussing what science is and means to different groups of people, and even the biological variation in humans—actual and perceived. For example, we discuss how skin color determines the traditional “race” categories that have been used to label people even though, genetically, humans of all backgrounds of course are all extremely similar to each other. We talk about the difference between biological sex and gender. I do a lot on mobility and disability. For example, there is a lot of variability in peoples' skeletal muscle systems that limits mobility and strength, fatigue, and so on. How our bodies differ and how they don't.

Right—because we're still evolving as a species in response to our environment.

Yes, and there's definite anatomical variation too. So, when we embed the fact that there's not a standard or “normal” in anatomy up front [with undergraduates], then it's easier to work with medical students on questions of pathology later. We can teach them early that there are always exceptions and always variations. One of my favorite questions to ask early on is if illness is subjective or objective. And who decides what “sick” means?

Susan Sontag has that great book *Illness as Metaphor* that explored these questions in the 1970s.

It's interesting. There's a population of students that really embrace all this. Some are less excited. But the application part for the clinical pieces is a much easier sell. Everyone sees the benefit of that. It does take some more convincing with the cultural side of things. We've had this long division between the humanities, social sciences, and what we consider “hard” sciences. But that's not really my philosophy [laughs]. Interestingly, at UND at least, the conversation is now around embedding our [general education courses] and broadening

the vision in them. I have a list of “culture and medicine” books I give students, like [Rebecca Skloot's] *The Immortal Life of Henrietta Lacks*, and others like that. It's a good list.

These discussions were once called “medical humanities”—maybe still they still are.

Yeah, I guess that's what I'd call it. I'm not an M.D., so I don't come from that angle. I started as an education major and went to the sciences and decided on graduate school in the sciences quite late. It's all about engagement and making this stuff relevant to students, instead of just straight memorization of bones, muscles, nerves. That's stuff we need to know, but, also, we need to be able to apply it.

And how about your lab-based research?

I study how cells sense their environment and know where to move and how and how fast. Neural crest migration is one of those contexts I've looked at. A lot of our cells in development don't start where they need to end up. One of those populations are the cells that make up your peripheral neurons that start in the neural tube on your dorsal side and branch out during embryonic development. Those cells travel through all these physical environments and need signaling. And they change. So, I study how our cells interpret their environment at that level. Cancer metastasis is the big clinically relevant issue here because that's a scenario where cells decide to move throughout your body. Why? What causes them to move? I don't view myself as a clinical-translational researcher. But I have hopes [laughs]. We have decent treatments out there for solid tumors, but with metastasis we don't know where those cells might be—they're too small and are hard to find. One of the potential outcomes of some of my work is determining how we can delay or prevent these cancer cells from moving, hopefully without destroying other tissues in the process.

That's an epigenetic project, or pharmaceutical, or something else?

Hopefully at the pharmacological level—preventing changes in protein interactions and shape changes that happen in response to those “go here and metastasize” signals. If we can essentially blind the cell to the stuff telling it to move, hopefully we can prevent or stop that metastasis before it starts. But in order to do that we have to understand how the cell “reads” or “sees” it's environment first.

Sort of like a “preventive” chemotherapy.

Hopefully! Or something that starts in combination with early diagnosis before we hit that crucial point of spread.

*Interview conducted and edited by
Brian James Schill*



Photo courtesy Sanford Health

COUNTRY ROADS, TAKE ME HOME

Dr. Mat Gerving on rotation in Dickinson, N.D., where he hopes to establish a practice.

ALL ROADS LEAD TO HOME

Internal Medicine resident Mat Gerving looks to use the RuralMed program to bring care to underserved parts of North Dakota

From a young age, Mat Gerving told people he was going to be a doctor someday. Early exposure to healthcare was thanks to his mom, who worked as a nurse while Gerving was growing up.

“I was a military kid until I was about 15 years old,” Gerving said. “There would be days when my mom would take me to work with her so I wouldn’t be home alone.”

Gerving and his family moved around a lot during his elementary days, but settled in Beach, N.D., when Gerving was a sophomore in high school. As he watched upperclassmen graduate, he noticed none of them had plans to pursue a medical degree.

“We didn’t have the school visits from health professionals or anything. It just wasn’t a thing,” Gerving said.

While not having footsteps to follow was intimidating, that didn’t stop him from dreaming big.

When graduation approached, the University of North Dakota (UND) was calling his name. Gerving had researched and found that UND had a reputable pre-medicine program, the first step in his path to becoming a physician. He made the 400-mile journey from the western-most county in North Dakota to the eastern-most county, to begin his undergraduate studies in 2012.

Enter Evelyn Boss, a health sciences advisor for the Student Academic Success and Career Engagement Office at UND who serves as an advisor for students entering any of the nine pre-health programs at UND. According to Boss, the pre-medicine program, specifically, sees enrollment of roughly 200 students per year. While pre-medicine is not a major itself, the curriculum can be applied to any other major at UND.

“Many pre-med students do go on to medical school, while others pursue different health careers,” she said.

Boss notes that it takes more than just good grades to earn the white coat. “Medical schools are looking for well-rounded applicants who demonstrate not only academic excellence, but also a dedication to service as well as experience in healthcare.” Gerving credits the help of the advisement services through the pre-med program with helping him earn his place in medical school. “I worked as a C.N.A. (certified nursing assistant) because I was encouraged by my advisor that it would help my medical school application,” Gerving said.

It certainly helped. He was accepted into the UND School for Medicine & Health Sciences (SMHS) in 2016 and joined 77 other students in the Doctor of Medicine Class of 2020.

Once Gerving’s goal of becoming a physician was under way, it was time to hone in on what type of doctor he wanted to be. During medical school, he had heard about the RuralMed program, which is a state-funded program that forgives medical school tuition in return for working in a rural North Dakota community for five years following residency.

Gerving wasn’t sure if rural family medicine was the path he wanted to take, but it wasn’t out of the question. As a third-year student, Gerving participated in Rural Opportunities in Medical Education (ROME), where he spent 28 weeks in Hettinger, N.D. It was during his ROME experience that he found his calling.

“I absolutely fell in love with rural practice,” Gerving said.

He noted that his time spent with internal medicine physician Dr. Joshua Ranum (’08) was pivotal in helping him understand,

and love, what rural medicine was all about. “I had such a good time during ROME,” Gerving said. “You get the cardiology questions, you get the [gastrointestinal] questions, you cover emergency room and run traumas, you do it all.”

After that, it just made sense to sign on to the RuralMed program to assist with reducing his education debt as he continued to pursue his dream, which now included a rural focus. It also helped him and his wife, Stephanie, breathe a little easier knowing medical school tuition was no longer a burden. The Gervings, who were high school sweethearts, have three children and another on the way. Both have family who still live in Beach, and moving to a rural community after residency, especially close to family, was an easy choice to make.

Gerving is now in the middle of his second year of an internal medicine residency at UND SMHS in Fargo. While kids, family, and residency keep him busy every waking hour, Gerving continues to keep his sights set on a rural future. Although his residency training is in the largest city in the state, he takes a special interest in patients who are transferred from rural areas. Gerving said he is always wondering how he can help patients get care closer to home.

“I am always asking the attending physician’s opinion on ways to keep rural patients from having to be flown to larger cities. Things like increasing access to telemedicine, training for rural physicians, and other technology are very interesting to me,” he said.

He wants other future physicians to think that way, too, noting that he encourages medical students who train with him to consider rural medicine. “I let them know that some of the smartest doctors I have worked with are rural medicine docs,” Gerving said.

While he is eager to finish residency in 2023, Gerving is taking advantage of his training and soaking up everything that will help him become a great doctor, and a rural physician leader. After residency, Gerving plans to begin his internal medicine practice in Dickinson, N.D., located just 60 miles away from grandparents and family in his hometown of Beach.

By Stacy Kusler



FLEXING OUR MUSCLES

Two significant programs at the Center for Rural Health (CRH), housed within the University of North Dakota School of Medicine & Health Sciences, include the State Office of Rural Health (SORH) and Medicare Rural Hospital Flexibility (Flex) Program. Both programs have a significant impact on Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), public health organizations, and hundreds of communities throughout the state of North Dakota. While the CRH was founded as the North Dakota Office of Rural Health in 1980, the federal SORH program came into being in 1991. Flex came on-line in 1999.

“The Center for Rural Health has developed a series of programs over its 40-plus year history,” said Brad Gibbens, acting director of the CRH. The Center’s mission is “to help build capacity at the rural level through programs such as the State Office of Rural Health, the Flex Program, the North Dakota CAH Quality Network and new RHC Network, workforce efforts, and emphasis on behavioral and mental health. The Center for Rural Health is the umbrella for all of these programs. SORH and the Flex Program work to complement each other and augment each other.”

State Office of Rural Health

CRH is designated as the SORH, a federal-state partnership that helps rural communities build their healthcare services through collaborations and initiatives with a wide range of partners across the state. SORH supports and contributes to work related to hospitals and facilities, has a focus on health workforce, provides grant development assistance, administers a number of state and federal grant opportunities, serves as the administrator of the North Dakota Rural Health Association (NDRHA), and collaborates with health agencies across the state.

“While SORH and Flex are individual grants,” said Kylie Nissen, SORH program director, “they collaborate, such as with the Community Health Needs Assessments. The RHC Network is funded by both programs, and often we share staffing for different projects. Flex has a deeper focus on hospitals and clinics, whereas SORH is much broader.”

Health workforce is also an important focus under SORH. Such efforts assist rural areas in meeting health workforce needs through educating students about rural health careers, researching workforce issues, and helping match healthcare professionals and rural communities. CRH has excelled over the years in creating natural integration and collaboration for different federal and state programs to benefit rural North Dakota, such as via the Health Workforce Initiative (HWI) and the Primary Care Office (PCO), both of which connect through SORH.

“We have many resources that directly help communities,” continued Nissen. “We promote workforce through the Rural Collaborative Opportunities for Occupational Learning in Health Scrubs Program. We help organize and facilitate the Dakota Conference on Rural and Public Health; we conduct critical health needs assessments, public health assessments, and special assessments as needed; we help create and execute implementation plans; and we offer resources through the Blue Cross Blue Shield of North Dakota Caring Foundation Rural Health Grant Program.”

Flex

The Flex Program is a state-based partnership that helps all rural hospitals stabilize and sustain their local healthcare infrastructure. Flex is a companion to the CAH designation



process. Hospitals receive CAH designation from the Center for Medicare and Medicaid Services.

“We develop a wide range of projects that focus on issues that are critical to RHCs and CAHs,” said Jody Ward, director of the Flex Program. “Their needs drive our work.”

The purpose of the Flex Program is to assist rural communities to promote patient safety and quality improvement, with a focus on financial and operational improvement. The Flex Program helps to sustain the rural healthcare infrastructure by strengthening CAHs thereby maintaining access to care for rural residents. The Flex Program includes focus on the following five core areas: quality improvement, financial and operational improvement, population health management and emergency medical services (EMS) integration, designation of CAHs, and integration of innovative healthcare models.

By applying these components of Flex, the program fosters the growth and sustainment of rural collaborative healthcare systems across the continuum of care. While a distinct program, the federal Small Hospital Improvement Program (SHIP) is under the Flex umbrella. SHIP has become a significant vehicle in transferring federal dollars for COVID related efforts to rural hospitals.

“All of these programs are part of community development,” said Gibbens. “All of them comprise the CRH approach to community development. It is really important for healthcare organizations and facilities to be engaged with their communities. The CHNAs help rural hospitals become more engaged in understanding what their community wants, and help to get the community involved in the process. This is what community engagement looks like. These are our primary programs that move toward community engagement and development.”

By Jena Pierce

“All of these programs are part of **community development. All of them comprise the **CRH approach to community development**. It is really important for **healthcare organizations and facilities to be engaged with their communities**.”**



**BRAD GIBBENS, MPA
ACTING DIRECTOR,
UND CENTER FOR RURAL HEALTH**



ROLETTE COUNTY PUBLIC HEALTH DISTRICT ROLLS ACROSS THE COUNTY



SAY AHHH

Exam Room 1 inside the the Rolette County Public Health District's new mobile health unit.

The Rolette County Public Health District's (RCPHD) new mobile health unit is providing modern day house calls. The 38-foot customized RV unit allows staff of RCPHD to travel across the county in a two-exam room clinic, reception area, and bathroom—on wheels. This innovation is allowing more people to get more vaccinations, providing fluoride varnish for children, and educating on preventative healthcare.

Barb Frydenlund, administrator of RCPHD, shared her excitement of this new endeavor.

“Fifteen years ago, I went to a conference and there was someone talking about their ‘health on wheels’ program. That caught my attention. We are a county with a lot of housing

units, we have very little infrastructure, our schools are overflowing, and there isn't [physical space] for us. A mobile health clinic would be amazing.”

Rolette County Public Health District

Rolette County is located in north-central North Dakota, near the Canadian border. The sparsely populated county includes the Turtle Mountain Band of Chippewa Indian Reservation.

First established in 2001, public health at the county level is relatively new to Rolette County. Merle Boucher, a then Rolette County legislator, led the way for all land in North Dakota to be covered by local public health services that same year.

ON THE ROAD AGAIN

The Rolette County Public Health District's roving office-health clinic.



"We were one of the last four counties [in the state] to get local public health," said Frydenlund. "We are a very unique county. We have a large Native American reservation. We have a lot of health needs and very limited taxable land, and a comparably low tax levy on that land."

When Frydenlund joined RCPHD in 2003, the office had two staff members and an annual budget slightly over \$100,000. Twenty years later, RCPHD has 16 employees and a budget of just under \$2 million.

"I have been blessed to have a very supportive board of health," said Frydenlund, calling the late Wade Burgess, a UND alum, her program's "top champion." "He was a physical therapist and director of physical therapy at our local hospital. He was the only Rolette County Board of Health president until he passed away in 2020. He was instrumental in the development of public health in the county. Together we had a big vision and we made things happen. It helped bring our program to where it is today."

Frydenlund also credits Dr. Duane Glasner, RCPHD health director and a retired long-term physician in the county, for much of the success of RCPHD. With Glassner's support, she was able to dream about one day having a mobile health unit to help serve the residents of the county.

Laying the Groundwork

Frydenlund knew early that her office couldn't afford a project like a mobile unit. Still, she always kept the idea in the back of her mind. So a few years ago she reached out to staff at the UND Center for Rural Health (CRH) to find out what resources might be available. And when she presented at various state health department meetings, she would talk about the needs of the county and the lack of funding and infrastructure available.

**"Together we had a
big vision and we
made things happen."**

BARB FRYDENLUND //

ROLETTE COUNTY

PUBLIC HEALTH ADMINISTRATOR

Brenda Weisz, the chief financial officer for the North Dakota Department of Health, listened. In October 2020, Weisz called Frydenlund and shared that the state had \$300,000 in CARES Act funding they wanted to give to RCPHD to put toward a mobile health unit, if they were still interested in pursuing the project. Frydenlund quickly accepted.

"Barb contacted me early on about their needs," added Brad Gibbens, acting director at CRH. "One thing we do to help communities is seek funding options. Unfortunately, at that time, options were limited so the CARES Act money was great timing. Access to quality health services and outcomes is a goal, so the mobile clinic idea is a great way to bring services to people when they can't go to the service. It is very practical."

"The Center for Rural Health has been so supportive of us," Frydenlund continued, "and we feel so connected. For public health, you need to look at the culture of the community, being culturally competent, and knowing what the needs are. One size does not fit all. The needs are very different."

It was the needs of the county that first attracted Frydenlund to the idea of a mobile health unit.

“This has been a 15-year professional dream that came true. Wade passed away two days before we received word we would get the funding. The mobile clinic will be dedicated to Wade. We are naming it ‘Wally,’ which was Wade’s nickname. Without his support all along, this would not be happening.”

Clinic on wheels

The mobile health unit has two slide-out wings to create a reception area; two exam rooms, with doors for privacy; a bathroom; and is accessible for people with disabilities. It was designed and built by Mission Mobile Medical, based out of North Carolina.

The mobile health unit is an extension of the clinics, located in Rolla, and a satellite clinic in Dunseith, N.D. Every supply at the clinic is in the mobile unit, which has a generator, wifi capability, and a vaccine-quality refrigerator.

The unit was delivered on August 3, 2021, and has been on the road ever since.

“It has been used primarily for vaccinations, at this point,” said Frydenlund. “We have an aggressive Health Tracks program through the North Dakota Department of Human Services, providing preventive health for newborns and individuals up to age 21 who are eligible for the North Dakota Medicaid program. That program will use this heavily. We also have one of the largest dental fluoride varnish programs for students, and this unit will be used for those visits. The uses are endless once you have it and can see what can be done.”

The biggest barrier to service for the county is transportation. Rolette County has a relatively young population, with a high poverty rate. Forty percent of children live in poverty. The unemployment rate is around 13% in the county.

“We could see we needed to do more to reach our residents,” explained Frydenlund. “Someone might have a car, but they might not have gas money, or they have a flat tire. We decided we needed to go to the people, since they could not come to us. I look at it as a full circle from when physicians used to make house calls. We are meeting the people where they are to take care of them.”

Rural mobile clinics

Previously, RCPHD had an established schedule of outreach clinics set up throughout the county, usually at a local office or wherever they could find space. Supplies would have to be packed, transported, and unpacked. When staff would go into a school, they were displacing someone from an

office, or using a school library. The mobile health unit has simplified everything. A monthly schedule is shared in the local newspaper and on social media, so people know when and where they can be seen locally.

“We have been in parking lots of grocery stores, schools, housing units—anywhere we can park,” shared Frydenlund. “This has also enhanced the opportunity to provide public health education to students, when we visit schools. One of the programs we will focus on is epidemiology/immunology education in some of the schools, to help students understand vaccines, how a virus happens, mutations, and how it all links together.”

The mobile health unit is usually staffed with a registered nurse, a licensed practical nurse, and a support staff member. RCPHD has five registered nurses and one licensed practical nurse on staff. The services offered at each location depend on who is staffing the unit. When the mobile unit is scheduled to be in the community, there are certain services that are offered.

Mission and services

“At the beginning, our biggest mission was to increase immunization rates in Rolette County and to make it very accessible,” continued Frydenlund. “There was not a lot of preventative health happening. It was a foreign concept in the county that we have spent 20 years growing. Our immunization program has grown tremendously, for children and adults. We have continued to add programs to meet the needs of our county.”

Noting that public health providers do not decline services based on an inability to pay, anyone in the county can use RCPHD services. When possible, they charge a fee for service and bill third party insurance companies. Funding comes from multiple sources. Two-thirds of funding comes from grants or fee for service. Seven percent comes from state aid while 5-7% is the local mill levy.

North Dakota law limits the local mill levy to five mills for public health. In Rolette County, that amounts to \$112,000 annually.

By Jena Pierce

HEALTH JUSTICE

INMED director Don Warne receives Helen Rodríguez-Trías Award for Social Justice from American Public Health Association

Don Warne, M.D., M.P.H., director of the UND School of Medicine & Health Sciences (SMHS) public health and Indians Into Medicine (INMED) programs and the school's associate dean for diversity, equity, and inclusion, has been awarded the 2021 Helen Rodríguez-Trías Award for Social Justice from the American Public Health Association (APHA).

"APHA joins your colleagues in recognizing your commitment to Indigenous, underserved and disadvantaged communities," wrote APHA Executive Director Georges Benjamin, M.D., in his notice-of-award to Warne. "Your work related to the development and application of community focused research has furthered the achievement of health equity and social justice. As an educator and mentor your contributions public health have extended to diverse populations across the country."

The Helen Rodríguez-Trías Social Justice Award is presented to an individual who has distinguished herself or himself professionally by working toward social justice for disadvantaged populations. It is named after the late Helen Rodríguez-Trías, past president of the American Public Health Association and a pediatrician who "strove to meet the needs of underserved and disadvantaged populations, especially women and children" noted the APHA.

"I am deeply honored to receive this award in Helen's name," said Warne. "In our work at UND, the programs and community outreach are a team effort, so I see this honor as a team award for our public health, INMED, and Indigenous Health faculty, staff, and students."

Since coming to the SMHS in 2018, Warne has led efforts to found or expand multiple Indigenous health initiatives at UND, including the Indigenous Trauma & Resilience Research Center (the result of a five-year award from the National Institutes of Health totaling more than \$10 million), the region's first Practice-Based Research Network known as the American Indian Collaborative Research Network (AICoRN), and the world's first Department of Indigenous Health and doctoral program in Indigenous health.

Warne is a "respected academic leader with a history of building and leading graduate education programs in public health, medicine, and Indigenous health," added Grand Forks Public Health Director Debbie Swanson and Melanie Nadeau, assistant director of the SMHS public health program, in their nomination letter sent to the APHA earlier this year.



Donald K. Warne

"His welcoming spirit is present in every classroom, community event, public arena, and in his home," the pair wrote. "He demonstrates inclusion in all his interactions with students, colleagues, neighbors, and community residents. Dr. Warne is a public health colleague, extraordinary teacher, social justice advocate, and worthy of this award nomination."

An enrolled member of the Oglala Lakota Tribe in Pine Ridge, S.D., Warne received his Doctor of Medicine degree from the Stanford University School of Medicine in 1995 and his Master of Public Health degree from Harvard University in 2002. A prolific scholar and grant writer, Warne is also Senior Policy Advisor for the Great Plains Tribal Chairmen's Health Board and former Senior Fellow of American Indian Health Policy for the Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico.

"Dr. Warne's leadership, mentorship, and dedication are helping to create a healthier future for Indigenous populations, reducing the gap that exists in disease rates, quality care, and access to service," wrote North Dakota Governor Doug Burgum in a letter supporting Warne's nomination. "His unwavering commitment informs public policy, empowers healthcare professionals, saves countless lives, and raises awareness of the struggles Native Americans and other Indigenous people face on a daily basis throughout the world."

By Brian James Schill

AMERICAN INDIAN HEALTH DISPARITIES IN THE 21ST CENTURY

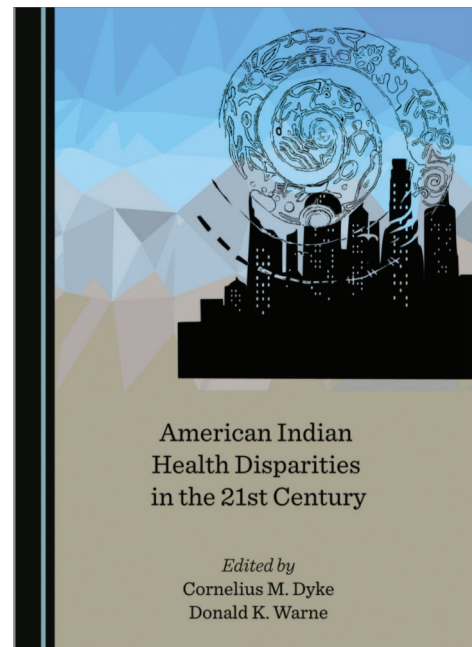
Two UND faculty publish world's first book on health disparities in Indigenous populations

“The COVID pandemic is a microcosm of the health disparities affecting American Indian/Alaskan Native peoples. SARS-CoV-2 has hit poor, underserved, and vulnerable populations especially hard throughout the U.S., and persons of color are disproportionately affected.”

So begin editors Donald Warne, M.D., M.P.H., and Cornelius “Mac” Dyke, M.D., in the first chapter of their new anthology *American Indian Health Disparities in the 21st Century*. Published by Cambridge Scholars on Indigenous People’s Day 2021, the first-of-its-kind book describes in often painful detail the disparities in both incidence and outcomes between the American Indian/Alaska Native (AI/AN) community and the rest of the population living in the United States—for the same conditions.

The book was almost ready for release when COVID emerged last year to both delay publication and put a capstone on the physicians’ argument that for reasons historical, structural, and socioeconomic, AI/AN communities suffer poor health at much greater rates than non-Indigenous populations—and have been doing so for centuries. COVID, which has “struck AI/AN communities particularly hard,” was only the latest example.

“It is vitally important to identify and quantify health disparities in the American Indian population so we can prioritize interventions and determine the best path forward to improve health outcomes,” said Warne, director of the UND School of Medicine & Health Sciences Indians Into Medicine (INMED) and public health programs. “I appreciate all of the co-authors for their efforts in developing this important resource.”



Part of the project’s genesis, added Dyke, chair of the School’s Department of Surgery, was the database he’d built of such disparities in cardiac patients years ago.

“When I came [to North Dakota] I noticed that we were taking care of a lot of American Indian patients,” said Dyke, who reached out to Warne—who was then at NDSU in Fargo—for help. “It seemed to me that [Indigenous] patients were sicker and had more comorbidities by the time they got to me in the hospital for cardiac surgical problems. But I wanted to prove that, so I started a database where we looked at 1,200-plus

patients who underwent cardiac bypass surgery and went to see what the population was of American Indians versus non and how they presented and how they did after surgery.”

As Dyke explained, analysis of the data was both encouraging and troubling: while the difference in outcomes between Indigenous and non-Indigenous patients was not statistically significant, AI/AN patients tended to be “older, sicker and presented later,” suggesting poorer general health and much less access to not only healthcare but things healthy food and exercise or wellness programs.

Exploring these disparities is a host of mostly North Dakota-based authors, including some current UND School of Medicine & Health Sciences residents and medical students, like second-year student Kole Hermanson.

“This book looks at disparities through the lens of many different specialties in medicine, and importantly examines the primary literature to explain these inequalities,” noted Hermanson, who contributed to the book’s chapter on cardiovascular health. “Cardiovascular disease is now a leading cause of death among AI/AN communities and is a contributing factor for a significant reduction in life expectancy. The most fascinating aspect of this fact is that 60 years ago American Indians were perceived to be ‘immune’ to cardiovascular disease. It was not until the Strong Heart study [which began in 1989] that the disparities in cardiovascular disease were better understood.”

Such historical misperceptions, and the misdiagnoses they produced, have contributed to the disparities the book explores and hopes to reduce, said Hermanson.

“I was very excited to be invited to be a part of the project,” added Lynn Mad Plume, diversity & equity coordinator for INMED whose own chapter, “Violence and Injury in American Indians,” examined injury and violence outcomes in AI/AN populations. “Not only was it one of my very first publications

in the Indigenous Health space, but it was also an opportunity to give back. All the book’s profits will go toward our INMED programming, ensuring we continue to create opportunities that improve the lives of Indigenous peoples. Although the book highlights negative outcomes, the final chapter stresses the importance of utilizing strengths-based approaches for Indigenous Health.”

Additional chapters in the book address disparities of infectious diseases in American Indian populations, plus AI-AN disparities in cancer, behavioral health, traumatic injury, and women’s health.

“With mostly local authors and people at different hospitals in the state, and some of our INMED students,” concluded Dyke, “we were able to put together a nice book. It’s short, but it’s a place where people can go as a first step if they want to learn more about all of this.”

And chances are, there are many physicians, researchers, and students who will soon be doing just that.

Readers interested in the book can find it at Cambridge Scholars online at: [cambridgescholars.com/product/978-1-5275-7358-1](https://www.cambridgescholars.com/product/978-1-5275-7358-1).



Cornelius M. Dyke



Donald K. Warne

By Brian James Schill

PAYING IT FORWARD

Announcing the creation of the Wadhvani Family Endowed Chair of Translational Research

TRANSLATIONAL RESEARCH

Dr. Gopal Das (left) and his brother Mukesh Wadhvani (right) address event attendees at the signing and establishment of the Wadhvani Family Endowed Chair in Las Vegas, Nev.



The UND School of Medicine & Health Sciences (SMHS) and UND Alumni Association & Foundation (AAF) are proud to announce the creation of the Wadhvani Family Endowed Chair of Translational Research. The new position, which is expected to make an immediate impact on UND's research enterprise broadly, is the result of a significant gift to the School by former SMHS faculty Dr. Gopal Das.

On Oct. 6, 2021, Dr. Das, along with members of his family, met with representatives of the AAF and SMHS in Las Vegas, Nevada, to formally establish and recognize the creation of the Wadhvani Family Endowed Chair of Translational Research. Dr. Das made the gift commitment via his estate plan, along with agreeing to provide supplemental annual funding for the position.

The establishment of the Wadhvani Family Endowed Chair of Translational Research will enable the UND SMHS to recruit a nationally recognized leader interested in reducing the time often required to “translate” novel discoveries in the laboratory to the direct care of patients in the clinic, whether in the form of new pharmaceuticals or other therapeutics. The SMHS has managed a doctoral program in clinical and translational science since 2016.

“We are so appreciative of Dr. Das for his generous donation to establish this endowment in the School of Medicine & Health Sciences.”

**DEANNA CARLSON ZINK
CHIEF EXECUTIVE OFFICER
UND ALUMNI ASSOCIATION &
FOUNDATION**



HONORING THE NAMESAKE

Dr. Joshua Wynne bestows the Wadhvani Family Endowed Chair medal, engraved with the University Seal, to Dr. Das.



“We are so appreciative of Dr. Das for his generous donation to establish this endowment in the School of Medicine & Health Sciences,” said DeAnna Carlson Zink, Chief Executive Officer of the UND Alumni Association & Foundation. “Faculty endowments are a powerful tool for recruiting and retaining top-notch faculty, which enhances the educational experience for UND students. Thank you, Dr. Das. Your gift will impact students well into the future, and they will benefit from hearing the story of how you became a successful physician and educator despite very humble beginnings.”

The Wadhvani Family Endowed Chair will prepare the next generation of researchers and health care providers from a variety of disciplines to deliver cutting-edge clinical care to the people of North Dakota and the region by giving them the practical experience necessary for the production and evaluation of new discoveries. The

Endowed Chair position will move the School of Medicine & Health Sciences forward in the world of translational studies, build additional excitement at UND around research generally, and provide permanent support for a leading physician-scientist working towards advancements in clinical medicine.

Discovery remains a key part of the mission of the SMHS, which in fiscal year 2021 took in more than \$38 million in grants and other awards for biomedical research, mostly from federal agencies such as the National Institutes of Health and Centers for Disease Control and Prevention. Over the past decade, the School has been awarded nearly \$300 million in external funding for sponsored research projects dedicated to studying cancer, Alzheimer’s disease, rural healthcare, and various infectious diseases—including COVID-19.

“Securing financial support for such endowed chairs is one of the two principal goals of the School’s philanthropic focus, the other being the mitigation of student debt,” added Dr. Joshua Wynne, dean of the School of Medicine & Health Sciences and UND’s vice president for health affairs. “Thanks to the generosity of our donors and the strong support we get from the North Dakota Legislature, we’ve been successful in reducing medical and other student debt by quite a bit. The Wadhvani Family Endowed Chair will be a powerful tool to aid us in recruiting, and retaining, the best and the brightest faculty to UND. And securing and retaining the best faculty translates into the best science and discovery, and the best teaching of our students.”

By Brian James Schill

PERCEPTIVE PRECEPTOR

Dr. Dev Mannuru voted inaugural clinical preceptor for the UND Preceptor Recognition Student Scholarship Program



Devendranath Mannuru

Dr. Devendranath “Dev” Mannuru, internal medicine clerkship director and associate program director for the UND School of Medicine & Health Sciences (SMHS) internal medicine residency, has been named the inaugural clinical preceptor for the SMHS Preceptor Recognition Student Scholarship Program.

The new Preceptor Recognition Student Scholarship Program is funded by a \$100,000 endowment at the UND Alumni Association & Foundation that produces approximately \$3,750 annually for medical student scholarships. It allows fourth-year medical students to select their favorite “preceptor” (or clinical instructor) based on their third-year clinical rotations.

Come graduation in May 2022, a scholarship will be given in Dr. Mannuru’s name to the second-year student who earned the highest scores in the first 20 months (Phase 1) of their class’s four-year curriculum. Current third-year medical students will get an opportunity to “pay it forward” as well by selecting a different preceptor next year, and a student from the MD Class of 2025 will receive a scholarship in that new preceptor’s name in May 2023, and so on.

“I am honored and blessed to be voted as the inaugural clinical preceptor,” said Mannuru, a physician at Sanford Health

in Fargo who cites medical education and safe and effective patient-centered care as goals of his practice. “I feel genuinely content that students feel my educational efforts are beneficial to them and are shaping them to be compassionate and skilled physicians. I want to thank my wife and children for their support. Without them allowing me to do this work, I will not have the additional time to educate learners. Finally, I would like to thank UND and Sanford for providing the opportunities to educate learners. I will continue to share the knowledge and skill with all learners and develop great physicians ahead.”

After completing his internal medicine residency at Bronx-Lebanon Hospital Center, an affiliate of Albert Einstein University, in Bronx, N.Y., Mannuru took up a job as a hospitalist at Hartford Hospital in Hartford, Conn., where he taught residents during their inpatient rotations.

In 2014, Mannuru began as a clinical assistant professor in the Department of Internal Medicine at the SMHS and was promoted to clinical associate professor in 2017. He has been core faculty for the Internal Medicine and Transitional Year Residency Programs since 2015, and was named the statewide internal medicine clerkship director in 2018.

Mannuru has received numerous awards for teaching, including the Outstanding Teacher of the Year Award for the SMHS Southeast Campus in 2020, Alpha Omega Alpha Volunteer Clinical Faculty Award in 2018, and Internal Medicine Clerkship Teacher of the Year Award in 2017.

Mannuru is among the 1,300 part-time or volunteer clinical faculty in more than 30 communities throughout North Dakota who help to educate the nearly 300 medical students and residents based at the SMHS.

“Student debt remains a high priority for our School,” added Dr. Marc Basson, senior associate dean for medicine and research at the SMHS. “We are excited to have this dual opportunity to both recognize an outstanding faculty member of Dr. Mannuru’s caliber and to be able to identify a high-performing student and offset their debt.”

Individuals or organizations looking to support UND’s Preceptor Recognition Student Scholarship Program can do so by visiting: UNDalumni.org/smhs.

By Brian James Schill

Jeff Dodson

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Brian Schill, '00, '05

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ADOPT-A-PA STUDENT PROGRAM LOOKS FOR DONORS



Similar to the Adopt-a-Med-Student Program, the Adopt-a-PA Student Program seeks generous donors to provide our more than 30 second-year Physician Assistant Studies students who are about to begin their clinical experiences with their first professional white coats.

We're half-way there, but need your help!

Similar to our Adopt-a-Med-Student Program, the School encourages donors to write letters to students to be included in students' coat pockets. The program's goal is to provide a lasting, supportive connection between students and donors.

To participate, gifts of \$100 per student can be:

1) Mailed to the UND Alumni Association & Foundation at 3501 University Ave., Stop 8157, Grand Forks, ND 58202 (please include "PA White Coat" in the check's memo line). Or,

2) Submitted through undalumni.org/smhs. Under Comments, please put "PA White Coat."

Letters to students can be included in Option 1 above or emailed to kristen.peterson@UND.edu. All gifts and letters must be received by Jan. 3, 2022. Any gifts received after that date are greatly appreciated and will be included in the 2023 Adopt-a-PA-Student Program.

If you have any questions, please contact Kristen Peterson at 701.777.4305 or the email address above.

LAB SCHOLARS

Department of Medical Laboratory Sciences awards scholarships

The Department of Medical Laboratory Science (MLS) at the UND School of Medicine & Health Sciences has awarded scholarships to several medical laboratory science students for the upcoming academic year. Funds for the scholarships are given from various private sources, endowments, and scholarship funds. Scholarship winners for the 2021-2022 academic year include:

Marcia and Gary Anderson MLS Scholarship Award

Kelley Lynch, Rogers, Minn., and
Adelaide Pierson, Pequot Lakes, Minn.

Janice and Clifford d'Autremont Scholarship Award

Brody Aberle, Lisbon, N.D.; Cassidie
Luther, Thompson, N.D.; and Sara
Muehlberg, Wahpeton, N.D.

Dr. Cyril J. Dillenburg Memorial Medical Scholarship

Kelley Lynch, Rogers, Minn.

Jean Holland Saumur Award

Morgan Kainz, Dickinson, N.D.

Janice Schuh-Horysh MLS Scholarship Award

Morgan Kainz, Dickinson, N.D.; Grace
Ramberg, Tioga, N.D.; and Jacob Tupa,
Larimore, N.D.

Duane and Judy Lee Scholarship Award

Hannah Stewart, West Fargo, N.D.

Miltza (Mitzi) Luper Biochemistry Award

Emily Dahl, Moorhead, Minn.

Eileen Simonson Nelson Scholarship Award

Sydney Metz, Grand Forks, N.D., and
Starbuck, Minn.

Mary Noble Award

Kerry Toups, Thibodaux, Lou.; Alex
Decker, Grand Forks, N.D.; Sadiyo
Aden, Grand Forks, N.D.; Thy P. Nguyen,
Westminster, Calif.; Caylee Osborne,
Grand Forks, N.D.; and Sydney Metz,
Grand Forks, N.D., and Starbuck, Minn.

The Ralph and Hazel Rohde Award

Grace Matter, Thief River Falls, Minn.

Mary Stanghelle Coleman MLS Scholarship Award

Jacob Tupa, Larimore, N.D.

David and Linnea Veeder MLS

Scholarship

Lauren Hillman, Grand Forks, N.D., and
Laila Kanterevic, Fargo, N.D.

■ '90s

Oscar Fernandez, FMR '94, is now at the Cavalier County Memorial Hospital and Clinic in Langdon, N.D. as a full-time family practice physician.

■ '00s

Todd Schaffer, MD '02, has been named the new President/Chief Executive Officer (CEO) of Sanford Health's Bismarck Hospital.



Todd Schaffer, MD

■ '10s

Charles Lenz, MD '12, has joined the Sanford Heart Team at Sanford Clinic in Bismarck, N.D.

■ Chelsea

Traverse, MD '13, is the new Barnes County Health Officer in Valley City, N.D.



Chelsea Traverse, MD

■ '20s

Shelby Knox, MPA '21, is now at the Tioga Medical Center in Tioga, N.D.



Shelby Knox, PA-C

Roller named Associate Dean of UND School of Medicine & Health Sciences Southwest Campus in Bismarck

Dr. Luke Roller, clinical assistant professor of radiology with the UND School of Medicine & Health Sciences (SMHS), has been named Associate Dean for the School's Southwest Campus in Bismarck.

In taking the new position, Roller is vacating his position as chair of the SMHS Department of Radiology and taking that of the recently-retired Dr. A. Michael Booth, who was associate dean in Bismarck for more than two decades.

"I love North Dakota, I love Bismarck, and I love being a doctor," said Roller. "I am eager to bring my enthusiasm and expertise to the development of medical students in this region. I am humbled to succeed but definitely not replace Dr. Mike Booth. He has been a pillar of the Bismarck community for 30 years. On behalf of the people of Bismarck and western North Dakota, I thank him for his service."

After earning his M.D. degree from UND's SMHS in 2012, Dr. Roller went on to complete residencies in both diagnostic and interventional radiology at the University of Minnesota. An accomplished clinician and clinical educator, he is certified by the American Board of Radiology and a member of the American College of Radiology, Radiological Society of North America, and Society of Interventional Radiology.

"Dr. Booth has been a committed advocate for students and for quality of education in his role as campus dean," added Dr. Marc Basson, senior associate dean for medicine and research at the SMHS. "He has helped students on the Bismarck campus navigate numerous personal and professional challenges and was instrumental in managing the Bismarck campus adaptation to the pandemic. Although I'm happy for him that he is retiring, he will be sorely missed. I also look forward to working more directly with Dr. Roller."

As the primary representative of the SMHS and the School's Office of the Dean in North Dakota's state capitol, the associate dean in Bismarck develops and meets curriculum goals and objectives for the School, provides a resource for volunteer/clinical faculty, recommends campus physicians for clinical appointment, and serves as a student advocate who organizes third- and fourth-year student clinical rotations in the community.

For his part, the retiring Dr. Booth started as a clinical instructor in the SMHS Department of Surgery 32 years ago – in 1989 – having moved to Bismarck that same year. He joined the SMHS clinical faculty in 1989 and rose to the rank of clinical professor of surgery. Prior to becoming the associate dean for the Southwest Campus in 2014, Dr. Booth served over a decade as the Southwest Campus Director for Surgery.

"If you looked up 'Campus Dean' in the dictionary you'd see Dr. Booth's picture," smiled Dr. Cornelius "Mac" Dyke, chair of the SMHS Department of Surgery and former Assistant Dean of the SMHS Southeast Campus in Fargo. "He knew all his students well, he cared for their well-being, and he helped each and every one fulfill their goal of becoming a physician and entering their field of choice. He will be missed by those of us who worked with him, but mostly he will be missed by his students."



Luke Roller, M.D.



Michael Booth, M.D.

UND's Host-Pathogen CoBRE awarded \$10.7 million renewal from NIH

The UND Center of Biomedical Research Excellence (CoBRE) in Host-Pathogen interactions (HPI) recently learned that it will continue to receive National Institutes of Health (NIH) funding through the project's Phase 2. The renewal amounts to more than \$10.7 million to UND for the multi-year project.

The long-term goal of this CoBRE is to develop a deeper understanding of host responses to viral, bacterial, and parasitic insults leading to acute and chronic inflammatory diseases. The vision of the Center's faculty is to continue to inspire interest in the study of host-microbe interaction and perform paradigm-shifting science that supports the notion that disease development is an interplay of the interaction between a susceptible host, foreign insult, and conducive microenvironment.

"In Phase 1, this Center made significant progress by expanding the number of investigators studying various aspects of infectious and inflammatory diseases

from the initial group of nine labs to 18 labs," explained Colin Combs, chair of UND's Department of Biomedical Sciences, praising the strong leadership of current biomedical sciences professor David Bradley and former faculty Jyotika Sharma and Brij Singh. "Since the funding of Phase 1 in 2016, this core group of CoBRE investigators, among others, made significant contributions to the field by producing 169 publications, \$23,617,386 in extramural funding, and 74 speaking engagements – local, national, and international."

Now, with Phase 2, added Bradley, the Center will continue to "promote research on host-microbe interaction by building on the success of Phase 1 and a talented team from the Department of Biomedical Sciences." This team includes professors Catherine Brissette, Nadeem Khan, Bibhuti Mishra, and Masfique Mehedi. The Phase 2 CoBRE will include Mehedi and three additional junior investigators: Abraam Yakoub, Shahram Solaymani-Mohammadi, and Kumi Nagamoto-Combs.

These CoBRE investigators work in an integrative, collaborative, and multidisciplinary manner on research encompassing diverse aspects of host-pathogen interactions. Phase 2 projects, in particular, focus on COVID-19 infections, intestinal dysbiosis in food allergy, gastrointestinal infection and inflammation, and viral interaction within respiratory tissue.

The Center will also enhance the innovative research capabilities of the SMHS and UND by supporting three existing Phase 1 Core facilities (histology, flow cytometry, and imaging) and establishing a new Computational Data Analysis Core. The Center will also serve to attract new investigators to the group by supporting pilot grant mechanisms. The project's ultimate goal is to transition the HPI CoBRE to a sustainable academic center that will serve as a conduit for increased interaction between investigators from diverse backgrounds with a thematic interest in pursuing research on various aspects of host-microbe interactions.

North Dakota Rural Health Clinic Network launches statewide

A new network for certified Rural Health Clinics (RHCs) throughout the state of North Dakota has been developed through the Center for Rural Health (CRH) at the University of North Dakota School of Medicine & Health Sciences. The North Dakota Rural Health Clinic Network will make a difference for healthcare in the state by bridging knowledge and expertise across health systems.

"The Rural Health Clinic Network will be an opportunity for RHCs to share information about best practices, Medicare conditions for certification, and any other common themes among ND RHCs," said Anna Walter, project coordinator for the Network.

The Rural Health Clinic Network was created this summer to provide a platform for North Dakota RHCs. Participants will receive support for conditions for certification, quality and performance improvement, and improved communication and collaboration among healthcare providers to best serve the rural health organizations and their communities.

There are 54 RHCs in North Dakota. The model for the Network is based on the Critical Access Hospital (CAH) Quality Network that has been in existence at the CRH since 2007. The CAH Quality Network has been wildly successful and has all 36 CAHs in the state as members.

Funding is provided by the North Dakota Medicare Rural Hospital Flexibility (Flex) Program and the North Dakota State Office of Rural Health program. Flex is a federally funded Health Resources and Services Administration grant that provides for the creation of rural health networks, promotes regionalization of rural health services, and improves access to hospital and other services for rural residents. SORH is a federal-state partnership that helps rural communities build their healthcare services through collaborations and initiatives with a wide range of partners across the state, with funding provided through the Federal Office of Rural Health Policy.

INMED faculty Nicole Redvers wins AASHE Sustainability Award

The Association for the Advancement of Sustainability in Higher Education (AASHE) has named Nicole Redvers, ND, MPH, assistant professor in the UND School of Medicine & Health Sciences (SMHS) Department of Family & Community Medicine and Indians Into Medicine (INMED) program, has won the 2021 AASHE Sustainability Award in the campus sustainability research category, recognizing outstanding scholarship in higher education.

The AASHE Sustainability Awards provide global recognition to the individuals and organizations leading the higher education sustainability movement. With the help of volunteer judges, this program raises the visibility of high-impact projects, research, and student leadership that helps to disseminate innovations and inspire continued progress toward environmental, social, and economic health.

“I am truly honored by AASHE’s recognition of our work advocating Indigenous voices from around the world on this important topic,” said Redvers. “Indigenous Nations have much to offer the world as we work towards greater health and wellness for individuals, communities, and the planet. As one of the finalists for this award, I hope we can

continue to amplify the work of Indigenous scholars in higher education working toward a sustainable future for us all.”

The individuals and institutions recognized for this award were selected based on overall impact, innovation, stakeholder involvement, clarity of purpose, and other criteria specific to each award category. Winners for this and other AASHE award categories were named and celebrated during a virtual awards ceremony on Thursday, Dec. 9, 2021.

Redvers was named a finalist for the award in part for research she published in the journal *Medical Teacher* under the title “Indigenous perspectives on education for sustainable healthcare.”

As Redvers and her co-authors note in the article, the developers of sustainable healthcare education principles must reflect on the “epistemological difference” between Indigenous and Western systems of thought as they construct systems of healthcare and health education. The authors go on to suggest that “environmental sustainability measures need to directly acknowledge and prioritize traditional systems of knowing while including safe decolonizing spaces for

learning premised on equity and allyship through an Indigenous planetary health lens.”

Redvers added that she is “proud of UND SMHS” for all it has done for Indigenous health and education, and for being recognized for its “outstanding support of Indigenous health scholars.”

“The higher education sustainability community continues to show themselves as leaders in the global sustainability movement,” said AASHE Executive Director Meghan Fay Zahniser. “This is never more evident than through the many entries received for the AASHE Sustainability Awards. I am proud to recognize the innovation and leadership demonstrated by this year’s finalists.”

To learn more about AASHE’s Sustainability Awards programs, visit: aashe.org/get-involved/awards.



SMHS researchers awarded \$278,000 grant for work in data science

An interdisciplinary team of North Dakota biomedical and public health researchers has been awarded a National Institutes of Health (NIH) grant of \$287,000 to establish a data science program. The program will develop a virtual data science curriculum that introduces Tribal college students to computational approaches and critical resources needed for advancing knowledge in biomedicine and public health.

The Virtual IDeA for Data Science Education (IDSE) Initiative, a program hosted by the School of Medicine & Health Sciences (SMHS), will partner with area Tribal

colleges to begin to address the growing demand for data science education by providing a 10-week training academy that will introduce students to the foundations of data science and analytics. Pathway programs, such as the IDSE Program that introduces students to computational approaches, access to resources, and career opportunities in data science, are needed to address the under-representation of American Indians and Alaska Natives in the biomedical research workforce.

Data science is essential for advancing knowledge of factors that drive disparities,

and uses a variety of data sources for leveraging information that can lead to improvements in clinical decision-making and public health. Given the major role that data science plays in analyzing these health inequities, addressing the disparities within the field itself is critical.

The Initiative builds on the NIH-funded North Dakota IDeA Network of Biomedical Research Excellence (ND-INBRE) and Centers of Biomedical Research Excellence (CoBRE) program for Indigenous Trauma & Resilience Research, which are both housed at the SMHS.

UND Deeded Body Program hosts triennial interment service in October



On Friday, Oct. 1, an interment ceremony honoring the memory of people who donated their bodies for the benefit of medical education was held at the University of North Dakota School of Medicine & Health Sciences (SMHS) plot at Memorial Park Cemetery in Grand Forks.

“This service is a way to give thanks to both the donors and their families, and a way to express honor for the gift we have been given through their donation,” said Mandy Meyer, Ph.D., associate professor in the departments of Occupational Therapy and Biomedical Sciences and director of the Deeded Body Program at the SMHS.

“The education these individuals have given is invaluable to our future health care providers; they truly teach students about the form of the human body and in many ways are students’ first patients.”

The School conducts the interment ceremony once every three years to inter

the cremated remains of donors who have chosen to be interred in the UND School of Medicine & Health Sciences plot. Family members of donors being interred have been invited, as have the School’s faculty, staff, and students, who often look forward to the opportunity to show their respect and appreciation for the donors who have contributed to their learning and scholarship.

Along with musical performances by SMHS students, Meyer and Meghan Rodriguez, an alumna of the School’s graduate program in biomedical sciences, spoke from a faculty perspective about the value and significance of the Deeded Body Program. UND clergy participating in the service included Chad Brucklacher of Christus Rex Lutheran Campus Center and Luke Meyer of St. Thomas Aquinas Newman Center. Susan Jenó, Ph.D., professor in the SMHS Department of Physical Therapy, gave closing remarks.

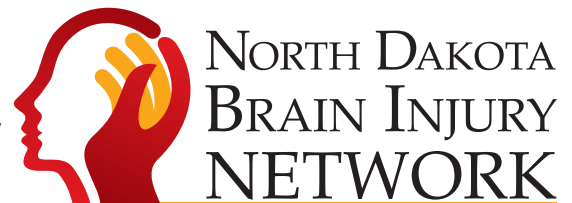
North Dakota’s Brain Injury Network and Department of Human Services announce partnership

A new state partnership in Traumatic Brain Injury (TBI) has been funded between the North Dakota Department of Human Services (DHS) and the North Dakota Brain Injury Network (NDBIN). The five-year, \$1.5 million project has the goal of building upon past accomplishments to move TBI services in the state from evolving to that of an established comprehensive system of support for individuals with TBI in North Dakota.

The funding is provided to DHS through the Administration for Community Living and will fund the program through August 2026. Annually, \$200,000 is provided by ACL with an additional \$100,000 matched through the state.

“We are excited for the opportunity to continue the ongoing development of North Dakota’s system of care for individuals with brain injury, their family members, service providers, and the community,” said Rebecca Quinn, program director for NDBIN.

Objectives of the grant program include continuing to develop the existing Brain Injury Advisory Council, establishing a Brain Injury Voices program, expanding the existing resource facilitation services to create a network of support for Native Americans with brain injury, and partnering with behavioral health and criminal justice providers to implement standardized screening and referral protocols.



NDBIN is funded by a contract with the North Dakota Department of Human Services to provide information and support to individuals with brain injury and family members and to assist them with navigating the service system. The NDBIN program office is located at the Center for Rural Health within the University of North Dakota School of Medicine & Health Sciences.

Rick D. Erickson, PA '93, age 61, Moorhead, Minn., passed away unexpectedly on Aug. 2, 2021, in his home. Ricky Dean Erickson was born Feb. 6, 1960, in Devils Lake, N.D., to Tilford and Dorothy (Hartfiel) Erickson. He graduated from high school in Devils Lake and obtained an Associate of Arts degree from Lake Region State College in 1980. In 1983 Rick obtained an Associate degree in nursing from NDSU, followed by his Physician Assistant Certificate from the University of North Dakota Medical School in 1993. Continuing his education, he obtained a Bachelor of Science degree from UND in 2000. Rick worked for 13 years as a physician assistant in Carrington, N.D., and later worked in Northwood, N.D. In 2004, he began his career as physician assistant at Essentia Health in Fargo. Rick was well-known at many of the Fargo-Moorhead area long-term care and transitional care facilities for providing excellent services to the individuals for whom he cared. On Feb. 14, 2018, Rick married the love of his life, Marsha Larson, in a ceremony performed by Pastor Fred Crowell at their home in Moorhead. On May 20, 2018, the couple renewed their vows with Pastor Crowell in a formal ceremony at their church, the Moorhead Seventh-Day Adventist Church. Relationships were a priority to Rick, and he had a deep love for his family, his friends, and all the individuals he cared for over the years. From a young age, education was important in Rick's life, and he loved to learn and to share his knowledge with everyone he knew. He had a passion for reading and could often be found with a book or a newspaper in his hands. He also enjoyed watching sports, especially basketball and football. His favorite teams were the NDSU Bison and Minnesota Vikings. Rick had a love for animals, especially his Siamese cats, Yin and Yang. Rick will forever be missed by his wife Marsha; step-children Steven, Stephanie, Zachary, and Nicholas; grandchildren Avery, Anthony, and Jemma; sister Debbie (Ed) Fuller; nieces and nephews Amy, Erika, Aaron, and Adam; great-nieces and great-nephews Ari, Skye, Elise, Ellowyn, Maggie, Kade, and Jace; mother-in-law Darlene Hartson; brother-in-law Michael Knowlen; and sister-in-law Deborah (Michael) Dickson. He was preceded in death by his parents and his sister, Bonnie Pritchert.

Jon Kaspari, MD '79, of Battle Lake, Minn., and formerly of Hickson and Fargo, N.D., passed away Wednesday Aug. 25, 2021, surrounded by his loving family. Jon was born on May 1, 1953, in Wheeling, W.Va. His formative years were spent in Sheldon, N.D. He attended NDSU for his undergraduate degree. He attended UND for medical school and his pathology residency. Jon practiced at Dakota Hospital and MeritCare of Fargo prior to retiring at the lake in 2016. There he continued his medical practice by doing emergency medicine in Wadena and Alexandria, Minn. He was a well-respected

and beloved physician by staff and patients alike. Jon lived life with passion for his family, his huskies Lucy and Cheney, his horses, and his hobbies. Jon was an avid pilot, sailor, and loved life on the boat in Florida. Jon is survived by his wife of 44 years, Brenda, his three daughters Andrea Gadberry (Matt), Leah Kaspari (Tom Kemmer), and Katherine Kaspari; and five grandchildren, Jack, Lola, and Cash Gadberry, Isabelle McKay, and Rex Kemmer. In addition, he leaves eight brothers and sisters and a sister-in-law: Rob Kaspari (Jean), Tom Kaspari, Chris Kaspari (Julie), Joe Kaspari (Laura), Sarah Baker (Ray), Leah Rocholl (Scott), Jane Schuh (Troy), Ruth Edgerton (Kyle), and Donita Kaspari. He leaves a brother-in-law Michael Anderson (Jill) and a sister-in-law Teresa Bertsch (Nolan) and many nieces and nephews. He also leaves a beloved aunt, Marilyn Selkirk. He was preceded in death by his parents David and Sally Kaspari, his brother Michael Kaspari, his infant brother Paul, his mother and father-in-law, Bob and Addie Anderson, and his uncle and mentor Bob Selkirk.

David Cameron Lees, BS Med '56, passed away on Aug. 18, 2021, at home in Sun City West, Ariz., surrounded by family. Born on Sept. 15, 1932, to Gladys Mae and John Raymond Lees in Fargo, N.D., David was a hearty boy, as confirmed by his second-place award in a Fargo healthy baby contest (a fun fact recently conveyed by his sister). He was an excellent student and exceptional multisport athlete throughout high school and college. David was a member of the National Honor Society and Theta Chi fraternity, and attended North Dakota State University in Fargo, N.D. It was there, during a trip to the movies, that he met his future wife Alyce Rose Jacobson, when she sold him his ticket. That was it for him. She was the one. They dated while he attended the University of North Dakota, Grand Forks, N.D., and married in 1956 after he graduated. Their first child, Kim, was born while Dave attended Northwestern University Medical School, Chicago, Ill. After completing a medical internship in Duluth, Minn., he served as a flight surgeon in the U.S. Air Force stationed at MacDill Air Force Base, Tampa, Fla. Following the birth of a second daughter, Allison, and a medical residency at the University of Minnesota in Minneapolis, Minn., David began his practice as an obstetrician in Bloomington, Minn. He and Alyce rounded out their family with a third daughter, April, and moved to Edina, Minn., where they bought an older house, and with sweat and creativity turned it into their dream home. In addition to the many babies Dave delivered, he was a gifted surgeon, who continued to learn and apply advanced surgical techniques during his career. Dave raised his daughters to take a proactive approach to life. He was a loving father, husband, grandfather, and great-grandfather. Stoic and

courageous, he provided a consistent voice of reason for his household. Dave enjoyed playing tennis, racquetball, and golf, as well as spending summers at the cottage in northern Minnesota. He had a quirky, sometimes sarcastic sense of humor, and was an accomplished joke teller. He kept up with technology throughout his lifetime and loved texting with his granddaughters on a regular basis. He delighted in solving complex problems and puzzles for fun. Both creative and analytical, Dave played musical instruments, including the piano and cornet, enjoyed drawing and sculpting, and was a lifetime connoisseur and supporter of the arts. Dave eventually settled in Sun City West, Ariz., where he provided full-time care for his ailing wife. His unending loyalty to her sustained him through his own long-undiagnosed cancer, which quickly manifested after her passing. While his decline was abrupt, his family is comforted to know he is reunited with his true love. David is greatly missed by the family he left behind, including sister Judy Herborn (Dan); three daughters: Kim Lees Rymer (Todd), Allison Lees Heater (Bobby), and April Lees Nilsen (Mark); grandson David Tricio (Stephanie); granddaughters Josi and Kate Nilsen; great grandson Gavin Tricio; and many nieces, nephews, and extended family. Dave was preceded in death by his wife of 65 years, Alyce Rose Lees, and two brothers, Jack Lees and Doug Lees.

Davonne Loup, BS Med '76, USN Retired, passed away at the family home in Seabeck on Feb. 16, 2021. Dr. Loup was born in Bismarck, N.D., in 1953, daughter of David and Eleanor Loup. She lived in North Dakota throughout her school years and graduated with a B.S. degree from the University of North Dakota. She graduated from medical school at the University of Kentucky. Subsequently she completed a residency in obstetrics and gynecology at the National Naval Medical Center where she later completed a residency in clinical pathology. She served in the U.S. Navy for 24 years. After retiring from the Navy, she worked numerous temporary positions for several years, mostly in Washington. Dr. Loup was highly respected by her colleagues, residents, and patients. She was an avid gardener and trout angler. Her knitting, crochet, and needlepoint work was top notch. Dr. Loup's intellect, sense of humor, generosity, and thoughtfulness will be missed by her friends and family. She is survived by her husband Dr. Carl Westphal; brothers Doug and Matthew; and nieces Julia and Anna, all of whom were much loved by her.

LeAnn Rachel Ostby Watson, BS MT '65, age 82, fierce and inspiring mother, grandmother, aunt, sister, and friend, passed away Aug. 28, 2021. Born on her family homestead of Greendale Farm in Douglas, N.D., she was the seventh child of Ole N. Ostby and Erna Christine Roeder Ostby. The story is often told that at just over three pounds, she passed the cold North Dakota winter in a shoebox with a hot water bottle. Small but spirited, she insisted upon passionately living life to the fullest, always ready for adventure. In her words, she "never wanted to miss anything." From Israel to Norway, our traveling muse inspired her children and everyone she knew to continue to explore and learn. She modeled the intention of embracing the present as a gift despite age and circumstance. Her pioneering spirit led her to become a woman in the medical field in the late fifties despite expectations to the contrary of her peers and professors. LeAnn studied Medical Technology, receiving her B.S. from the University of North Dakota, and her M.S. in Administration at Central Michigan University. She excelled in her field, working as the director of clinical laboratory at the Greenville Hospital System, director of the Stem Cell Laboratory at Cancer Centers of the Carolinas, and HPC laboratory specialist at The Blood Connection. She often said she learned the most about life through her cancer patients, who found joy in the present. She is survived by her children Ted A. Watson, Jr., Ward L. Watson (Wendy), and Sonya C. Watson; grandchildren Amelia A. Watson and Faith C. Watson, Boulder, Colo., Niskua R. Watson, and Naika A. Watson; beloved sisters Carol Foree, Modesto, Calif., and Lora Bendickson, Minot, N.D.; sister-in-law Patti Ostby, Garrison, N.D.; and numerous nieces and nephews. She was preceded in death by spouse Norm B. Pigeon; former spouse Theodore A. Watson, M.D.; brothers Norman and Vernon Ostby, Garrison, N.D.; and sisters Shirley Birkholz, Garrison, N.D., and Audrey Mohn, Champaign, Ill.



IF YOU GO OUT IN THE WOODS TODAY

Medical students and their buddies for the 2021 Teddy Bear Clinic in University Park.



OUT FOR A STROLL

SMHS Dean Joshua Wynne (top-right) and friends for the 12th annual Joggin' with Josh in Sept. 2021. Also walking were Associate Dean for Health Sciences Dave Relling and Chair of the Department of Physical Therapy Cindy Flom-Meland (bottom-right)



THE ULTIMATE GIFT

Mandy Meyer, associate professor in the departments of Occupational Therapy and Biomedical Sciences and director of the School's Deeded Body Program, addresses donor families at the SMHS Interment Ceremony at Memorial Park Cemetery in Grand Forks, Oct. 2021.



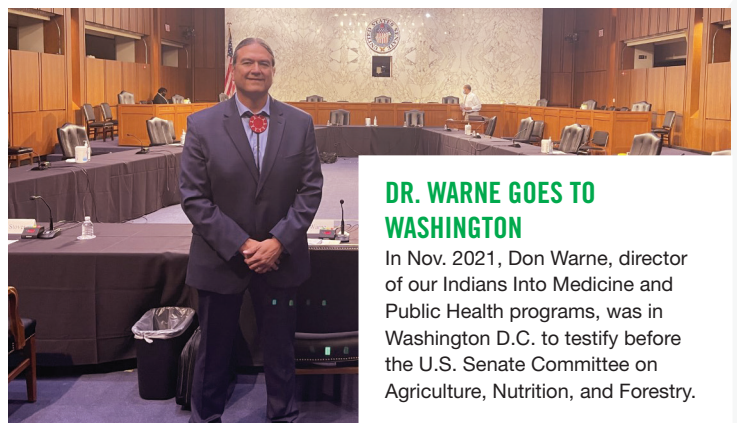
FARE THEE WELL

A "drive-by" farewell was held for Jacquie Gray, associate director of Indigenous Programs at the UND Center for Rural Health and program director of the National Indigenous Elder Justice Initiative, who retired in Sept. 2021 after 22 years with us!



EXPOSITION

High schoolers from the Red River Valley region check out an SMHS Simulation Center manikin at the Northern Valley Career Expo in Oct. 2021.



DR. WARNE GOES TO WASHINGTON

In Nov. 2021, Don Warne, director of our Indians Into Medicine and Public Health programs, was in Washington D.C. to testify before the U.S. Senate Committee on Agriculture, Nutrition, and Forestry.

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