



# NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

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# NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

UNIVERSITY OF NORTH DAKOTA  
SCHOOL OF MEDICINE & HEALTH SCIENCES

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**ON THE COVER** UND students-soldiers drill outside of the university's Main Building (since demolished) ca. 1908.

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## Features

<b>The Other Great War</b> .....	6
SMHS faculty discuss the 100th anniversary of the influenza epidemic of 1918-19, which took the lives of 27 UND students—including one medical student.	
<b>Anchors Aweigh</b> .....	8
Former Navy Surgeon General Donald Hagen chats with North Dakota Medicine about Vietnam, growing up in North Dakota, and caring for three American Presidents.	
<b>En Garde</b> .....	10
SMHS grads serving in North Dakota's Army National Guard describe their experiences in Iraq and Afghanistan—and how neither place is as different from home as one might think.	
<b>Not too far from the tree</b> .....	18
Brothers Eric, Jared, and Trevor Schommer describe their different paths to and from the UND School of Medicine & Health Sciences.	
<b>From Hué to Wounded Knee</b> .....	22
BS Med grads from the 1960s talk about studying medicine with a war on, and one graduate who never made it home.	

## Departments

<b>Dean's Letter</b> .....	4
<b>Faculty in Action - Bryan Delage, MD</b> .....	12
<b>Center for Rural Health</b> .....	14
<b>Workforce</b> .....	16
<b>Alumni Notes</b> .....	17
<b>Students in Action - Seth Tramm</b> .....	20
<b>In Memoriam</b> .....	25
<b>Philanthropy</b> .....	28
<b>News Briefs</b> .....	30
<b>Parting Shots</b> .....	34



# EDUCATION, DISCOVERY AND SERVICE



Academic institutions (like the UND SMHS) typically have tripartite missions that include education, discovery, and service. In fact, each of those areas is mentioned in the purpose statement that was written for the School and is enshrined in the North Dakota Century Code (the codified laws of the state). One of the big initiatives of the School in the service arena obviously is our multi-pronged effort in health care workforce development, especially in rural areas.

But the range of service activities of our faculty, staff, and students is much larger than just workforce development, as this edition of *North Dakota Medicine* demonstrates. The contributions and sacrifices members of our School community have made through military service is especially noteworthy.

While reading the articles that follow, I was reminded of my own military service years ago. I was in the U.S. Army for two years as a physician in the midst of my medical training. This

was between the time I was a resident in internal medicine and when I was a cardiology fellow. The Vietnam War was winding down, and, sad to say, the public's general attitude toward service members was not always positive. Although not the direct recipient of any negative comments when I was in the service, I wince when I think back to those turbulent days. During my two years in uniform, I gained a much clearer understanding of the dedication, sacrifice, and commitment of my fellow soldiers.

I was stationed for two years in the Republic of Korea (aka "South Korea"), where the U.S. had 40,000 or so troops in place. My first year was as a battalion surgeon for an air defense artillery unit (1/44 ADA) that used H.A.W.K. missiles to defend the country. I was the only physician on-site in a fairly remote region of Korea, but was assisted by upwards of a dozen corpsmen and medics. That experience solidified my understanding of and belief in an integrated team approach to clinical care delivery—it was an early precursor of our current emphasis on interdisciplinary education and care. After the first year I transitioned north to Seoul, the capital of Korea, for my second year of service, where I was stationed at the largest military hospital in the country (the 121st Evacuation Hospital). I was one of six internal medicine specialists stationed there, and I also ran the dependent, field officer, and disability clinics. That experience also has relevance today. For example, we often had to admit soldiers to the hospital (say, for pneumonia) because they were too sick to go back to the barracks where there was no one who could help them. But they really were not sick enough to need to be in the hospital. Fast forward to today, where much care is delivered by non-physician mid-level providers, or virtually via telemedicine. If only we had those resources available then!

My entire experience in the military was notable from several vantage points. First was getting to know—even a little—another country and culture that initially I knew nothing about. The same goes for military life—I really had no frame of reference regarding military service. Suffice it to say that I



learned a lot—and my admiration for the sacrifices of the men and women in uniform only increased during and after my own service. That admiration continues to this day. When I say to an active duty soldier, “Thank you for your service,” I really mean it—and hope that you do as well. I also had a chance during that time in the military to start thinking about health care delivery, especially in rural regions such as the four H.A.W.K. missile sites that I mentioned earlier and were scattered across rural Korea, each with only about 100 servicemen living at each one. Talk about a small “town!”

Little did I have any inkling that I would eventually end up in my current position; but my experiences in Korea decades ago have helped inform some of my thoughts about where we need to go here in North Dakota to improve our already-excellent health care delivery enterprise. That said, as you may know, our state typically scores well on health outcomes and costs, in comparison with other states. I’m proud that my prior military service still is paying dividends here in North Dakota. As a result of the hard work and dedication of our faculty, staff, and students, your UND School of Medicine & Health Sciences continues to be a leader in educating the next generation of health care providers and generating a health care workforce well-schooled in interdisciplinary approaches to health care delivery—just like in Korea decades ago!



Joshua Wynne, MD, MBA, MPH  
UND Vice President for Health Affairs and Dean





# THE OTHER GREAT WAR

“Months of boredom punctuated by moments of terror.”

This is how one young British officer described his experience of the First World War to the *Times* of London in 1914.

Little did this officer know then that the war would drag on for another four years, killing a minimum of 15 million soldiers and civilians.

And little could he have known that such figures actually pale in comparison to the carnage of 1918-19, during which an outbreak of influenza (also known pejoratively as “Spanish flu”) that began just as the war was winding down killed some 50 million people worldwide, including thousands of North Dakotans.

Like the Great War, the great influenza outbreak—which was its own sort of terror—marks its 100th anniversary this academic year.

## Flu-U

“The reported number of deaths from the Influenza epidemic in North Dakota was 1,378,” wrote Stephen L. McDonough, MD, in his 1989 history of public health in North Dakota *The Golden Ounce*, describing how 100 cases of flu were reported in New Rockford and 125 in Fargo only days after a likely ill soldier on leave visited family in the state. But, he adds, “This figure probably significantly underestimates the true mortality.”

Whatever the flu’s actual impact on North Dakota, of those several thousand deaths were 27 UND student-soldier members of the Student Army Training Corps (SATC), who succumbed to the pandemic on the UND campus as they trained for the fight in Europe only months before the Armistice ending World War I was signed.

Many months before a relative peace was official, UND had become a military training camp for 470 young men in 1918. Davis and Budge Halls (now both demolished) became barracks, and students were housed in close quarters.

When the campus was hit hard by infection, Gustafson Hall (then the Phi Delta Theta fraternity house) became a makeshift hospital. According to Louis Geiger, who wrote *University of the Northern Plains*, a history of UND, 320 of the 470 trainees became ill, with six dying in a single day.

Medical student Walter Pennington Belyea, a native of Lakota,

SMHS faculty discuss the 100th anniversary of the influenza epidemic of 1918-19, which took the lives of 27 UND students—including one medical student.



Walter Belyea

N.D., was among the 27 students who died from influenza that year.

A student in the two-year Bachelor of Science in Medicine program at what was then known as the UND School of Medicine, Belyea died at the age of 23 at UND on Oct. 26, 1918, unable it seems to escape his fate even as the war was winding down.

“Probably the death of no student in the history of the University has caused more universal sorrow than that of Walter Belyea,” noted UND’s *Quarterly Journal* that year (vol. 10, 1 Oct. 1919), explaining how although disqualified for military service by “a serious lameness,” the medical student volunteered as a nurse to care for the members of his company who were ill, whereupon he caught the bug. “His sterling character, superior ability, and unflinching kindness and courtesy won him friends among all who knew him.”

## Ideal case study

But Belyea, about whom little is known, actually died from pneumonia, triggered by a case of the flu, reported the *Quarterly Journal*. Even so, the epidemic, which McDonough says likely sickened more than 200,000 North Dakotans, accelerated efforts by governments and health providers not only to improve their clinic and hospital protocols and public health regimes, but their search for vaccines for multiple illnesses.

“The real advances [in prevention] didn’t occur until we learned the actual cause of influenza in 1931,” explained Paul Carson, MD, who noted that the U.S. military developed the first approved vaccine for influenza after the Great War. “Later, in 1966 came the drug amantadine, and in the 1990s, came point-of-care diagnostic tests. All of these things helped foster better surveillance systems to track the disease, and more aggressive vaccine campaigns.”

A Clinical Professor with UND’s School of Medicine & Health Sciences and Professor in the Department of Public Health at NDSU, Carson calls 1918-19 a “game-changer.”

“Influenza is a huge focus for state and national public health systems,” he continued, explaining how medical schools still use the epidemic as a case study in the classroom. “We





## TO THE SHORES OF TRIPOLI

Members of the Student Army Training Corps drilling on the UND campus ca. 1918. Photo courtesy Curt Hanson, UND Special Collections.

teach 1918 as a model for pandemic diseases with the full realization that influenza, or other viruses like Ebola, have the potential to cause worldwide pandemics with high lethality. Scientists have been so interested in this that they unearthed corpses of persons who died of the 1918 flu and were buried in the permafrost in the Arctic to try and retrieve remnants of the virus for genetic sequencing. They used this information to reconstruct the virus in a high level biosafety lab to study it further in hopes of gaining information about how to prevent a future pandemic.”

UND too is contributing to such research.

As home to a host-pathogen research “core” dedicated to exploring how disease-causing microbes or viruses sustain themselves within host organisms on a molecular and population level, the School has made infectious disease one of its research emphases.

“Since bacterial infection following influenza is the cause of significant global mortality, we’re investigating the role of pandemic influenza virus on the development of secondary bacterial diseases such as bacterial pneumonia and sepsis,” said M. Nadeem Khan, PhD, assistant professor in UND’s Department of Biomedical Sciences. “Specifically, our lab focuses on better understanding influenza-mediated inflammation in airway tissue damage, and its relationship with increased susceptibility of bacterial infections. A better understanding of the host and influenza interactions will eventually lead to the development of therapeutics to counter influenza and influenza-associated bacterial diseases.”

### Convincing folks to vax

Carson added that the anniversary of the epidemic brings into stark relief the value of vaccines today in the face of a growing movement by some Americans to limit—or eliminate—vaccinations.

“Vaccines have been one of the most important and effective public health interventions we have ever seen, preventing millions of unnecessary cases of disease and death,” said Carson, who also serves as director of the NDSU Center for Immunization Research and Education. “Vaccines have become victims of their own success. Thanks to vaccines, most people have never seen diseases today like polio or measles, so they have come to fear the alleged harms of the vaccines themselves rather than the diseases they prevent. Most people don’t realize these diseases still circulate the globe and are only a plane ride away.”

According to Carson, although influenza still kills thousands of people in the United States annually, and hospitalizes over 200,000, immunization rates remain poor one-hundred years after the most devastating epidemic on record—even among populations especially prone to worse outcomes.

“Only about 65 percent of people over the age of 65 are immunized, only 39 percent of adults with high risk medical conditions are immunized, and only 50 percent of pregnant women are immunized during flu season,” he said. “This is of great concern to me as these are all individuals at high risk for bad outcomes should they contract the flu.”

This development should be of great concern for us all: influenza pandemics in the future are very likely, said Carson, and the risk of a new highly lethal strain continues to loom as a concern to those working in public health.

Should such an event unfold, the world might just find itself reversing the British soldier’s assessment: “Months of terror punctuated only by mere moments of boredom.”

*By Brian James Schill  
Jan Orvik contributed to this story*





# ANCHORS AWEIGH

Former Navy Surgeon General Donald Hagen chats with North Dakota Medicine about Vietnam, growing up in North Dakota, and caring for three American Presidents.

Never one to miss a chance to promote his own Commonwealth in front of a room full of colleagues, Owen Pickett, former representative of Virginia's maritime second district, took the floor in the House of Representatives on Capitol Hill one morning in June 1995.

"Mr. Speaker, I rise today to recognize and honor a truly outstanding naval officer and physician, Vice Admiral Donald F. Hagen, for his devoted and distinguished service," Pickett preached in a speech recorded by the *Congressional Record* in one of UND's proudest moments. "It is a privilege for me to recognize his many outstanding achievements and commend him for the superb service he has provided to the Department of the Navy and to our great Nation as a whole."

Pretty high praise for a guy from Fortuna, N.D.

## High praise, low profile

Although most of the men and women serving in the United States Navy today have probably never heard the name Donald F. Hagen, MD, the institution they've dedicated themselves to, as Pickett suggested, would not be what it is without him.

Of course, such a statement sounds too self-important to the Nodak-born Hagen, who graduated with a Bachelor of Science in Medicine degree from the UND School of Medicine & Health Sciences in 1961.

"Hopefully you can delete 90 percent of what I just told you," the former Surgeon General of the Navy told *North Dakota Medicine* with a chuckle over the phone from his home in Florida.

But the facts speak for themselves: much improved medical education for naval officers, more gender-balanced crews at sea, a deployable hospital system that literally saves lives on the battlefield, and an insurance system still used by most active duty soldiers, retirees, and their dependents.

All of this and more occurred under Hagen's watch.

"The Inspector General of the Navy, the Assistant Secretary of the Navy, and I and a few other people were in my office," Hagen continued, describing the origin of the Pentagon's Tricare insurance program in the 1990s. "We were trying to figure out what to do about health care costs and delivering care. So we decided to propose a new option with three levels of care. We brought it to the Army and Air Force, discussed it with them, and it became a Defense Department project. But the concept started in that office."

Around the same time that he was helping provide more comprehensive health care for veterans, Hagen made it part of his mission to make the Navy fully co-educational.

"When I began [as Surgeon General], women were not able to be assigned duty on combat ships at sea," Hagen said, explaining how without maritime combat experience, female naval officers had very limited opportunities for promotion within the institution. Since such a scenario was obviously unfair, "we decided women should be allowed to be assigned to those ships."

Oh—and he worked with the Navy to eliminate smoking on all naval vessels, greatly improving the general health of the servicemen and servicewomen under his care, and played a key role in providing health care to three Presidents.

## South Pacific

All in a day's work for Hagen.

Still, many of the more compelling parts of the physician's biography went unsaid in Pickett's short speech.

When he was a teenager, Hagen's parents sent him to live with an aunt and uncle in Williston, N.D.—where his family still farms—so that he could attend high school there. After earning a Bachelor of Arts degree from Concordia College in Moorhead, Minn., Hagen went on to the UND School of Medicine & Health Sciences and earned a BS Med degree. He



then migrated to Northwestern University, where he received his medical doctorate in 1963.

“As a kid from North Dakota, I guess I’d always imagined being somewhere with tropical islands,” Hagen explained of his decision to follow his uncle in joining the Navy. “I loved it immediately.”

Then came Vietnam.

By the mid-1960s, Hagen found himself serving as a battalion surgeon for the Marines in Chu Lai, Vietnam, and as a general medical officer for the Marine Corps Fleet Force in Hawaii.

“One day [in Hawaii], a hospital ship came to port and I got to be on it and thought, ‘Wow,’” Hagen recalled. “So I decided to stay in the Navy and be on a hospital ship because it was absolutely beautiful.”

Accepting a role as General Medical Officer with the USS *Repose* (AH-16), Hagen went back to Vietnam over parts of 1966 and 1967.

“It was really rewarding to take these casualties on the ship and see these young Marines who had been in the dirt and fighting come into this clean environment and get well under a much different circumstance,” said Hagen. “People said to me, ‘Why would you go to war as a doctor?’ Well, I went to take care of the sons and daughters of America who were in Harm’s way.”

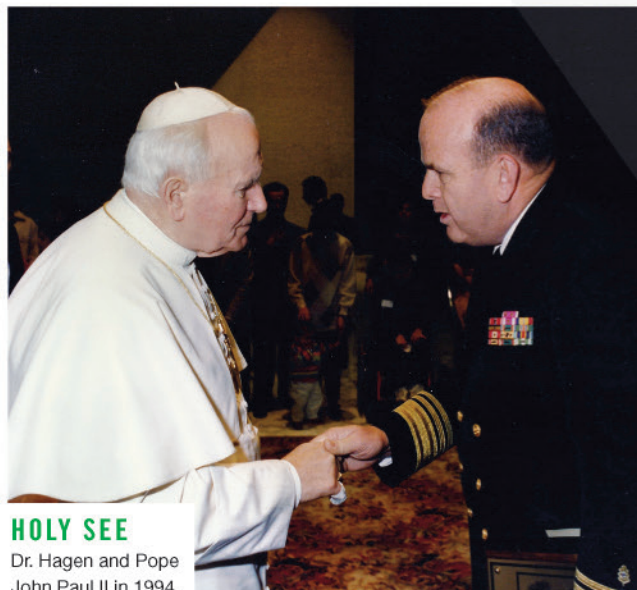
After some R&R in San Diego, Hagen was asked to return to Vietnam in 1968 to provide direct medical support to American soldiers on the front lines.

“[The commanders] said, ‘We need someone like you in the Delta.’ So they sent me to the Mekong Delta to oversee the medical support for the Riverine Force there,” continued Hagen. “From there, I often went out to care for Vietnamese people in the villages too.”

### Mr. Hagen goes to Washington

Although trained in general medicine, Hagen’s wartime experiences turned him on to surgery. So after the war, he entered surgical residencies in Queens, N.Y., and Portsmouth, Va., respectively. Climbing the naval ladder throughout the 1970s, Hagen later served as Chief of Surgery for U.S. Navy hospitals in both Pensacola and Jacksonville, Fla., and Yokosuka, Japan. After a variety of posts in Washington D.C., he became Commander of the National Naval Medical Center in Bethesda, Md., in 1988, and then Surgeon General of the Navy in 1991.

“As the Surgeon General responsible for wartime and peacetime health care overall, I had oversight and management of all hospitals for the Navy and Marine



### HOLY SEE

Dr. Hagen and Pope John Paul II in 1994.

corps worldwide,” said Hagen, who played a role in naval deployments throughout the late-1980s and early-1990s, including those in Iraq, Haiti, and the former Yugoslavia.

“During the Balkan war, we had a hospital on an airstrip in Zagreb—the U.S. wasn’t really involved in the war yet, but we were treating casualties from other United Nations countries. So I went there during Christmastime 1994 and met Pope John Paul II at the Vatican, who was very interested in Yugoslavia and its people.”

### Standing down

Although he retired from the Navy in 1995, Hagen soon found himself serving as Executive Vice Chancellor for the University of Kansas Medical Center in Kansas City and Wichita for 10 years.

Re-retiring to Florida in 2010, at age 68, Hagen still found it difficult to sit on the sidelines.

“Somebody found me down here and asked if I’d be on a board of directors for a local health care system,” Hagen laughed. “So I said ‘yes’ and have done that for four years. That was good because it kept me in touch with medicine. I just turned 80 last year, though, so it’s probably time for me to quit.”

But even as Hagen’s ship sets sail into a more authentic retirement, Pickett’s words continue to ring true about a former kid from North Dakota who dreamt of deep waters and dedicated service: “A man of Vice Admiral Hagen’s talent and integrity is rare indeed and while his honorable service will be genuinely missed, it gives me pleasure to call upon my colleagues from both sides of the aisle to wish him and his family every success as well as fair winds and following seas.”

*Semper fortis*, Vice Admiral.

By Brian James Schill



# EN GARDE

SMHS grads serving in North Dakota's Army National Guard describe their experiences in Iraq and Afghanistan—and how neither place is as different from home as one might think.



## OVER THERE

Dr. Craig Lambrecht and friend in Babil province.

Nearly 5,000 miles separate Bismarck, N.D., from Iraq's arid Babil province.

Despite this distance, the two locales are more alike than not—at least if the arbiter in question practices emergency medicine.

"There are similarities—both are rural areas, far from tertiary medical centers," admitted Craig Lambrecht, retired member of the North Dakota Army National Guard and former president of Sanford Health – Bismarck, from his office in the state's capitol city. "We rely on first responders here, just like on the battlefield. And both regions focus on stabilization and getting the patient to a definitive care environment where care can be delivered. This might mean air evacuation or providing care right there in the field."

Lambrecht's colleague Todd Schaffer agreed.

"We do everything [in rural North Dakota]—ER work, nursing home patients, clinic patients, hospital patients," said the physician over the phone from Bismarck, comparing his medical training in North Dakota with his Guard experience abroad. "That really served me well to get ready for combat where you may be the only person responsible for the health and well-being of anywhere from 1,000 to 3,000 soldiers."

Both physicians-soldiers should know: they are among the several UND School of Medicine & Health Sciences (SMHS) graduates who followed up their medical training in North Dakota by practicing medicine on the battlefields of Iraq and Afghanistan with the Army National Guard and/or Army Reserve in the past two decades. And both credit the experience with molding them into the health professionals they are today.

## Adrenaline junkie

A native of Wishek, N.D., Lambrecht joined the Guard in 1983, just after learning he had been accepted into the UND School of Medicine & Health Sciences MD program.

After graduating in 1987, the future health system president began an emergency medicine residency in Wisconsin. It was there that Lambrecht learned his unit was being deployed to Kuwait.

"I was in my senior year of residency when the first Gulf War broke out in 1990," he said. "I wanted to volunteer because I thought I had skills that could be beneficial. Our residency director Joseph Darin, who was a Vietnam trauma surgeon, told me to go—even though I wasn't yet fully trained in emergency medicine. So, I went."

Lambrecht was sent to Texas for a month to train and was literally on the runway waiting to take off for Kuwait when the conflict ended and his team was told to stand down. He was given a similar opportunity a decade later, though, when the United States again found itself in the Middle East.

Deployed to Iraq in 2004 and 2006, Lambrecht served as the senior medical officer and field surgeon for his Guard unit at an outpost 80 miles south of Baghdad called Scania.

"Well, I'm an adrenaline junkie," Lambrecht admitted. "From a medical training standpoint I was eager to make a contribution. What I had no idea about was the emotional component unique to soldiers in an environment like that—where you're getting shot at and have to shoot back. That's the stuff you don't realize until you're there and it really affects you."





Such experiences also affect how medicine is practiced back home, said Lambrecht, describing how the military has always led the way in updating best practices in the emergency setting.

“For example, tourniquets are crucial to the survival of people on field,” he said. “But if you look at what happens in the civilian setting, you hear that people are trained to be careful—not to have tourniquets on too long or too tight or the extremity won’t be viable, and so on. Well, if you have someone bleeding out you just have to tie off whatever you can. And because of the experience we had in Iraq and Afghanistan [with urban warfare and roadside bombs], the pre-hospital and emergency worlds are attuned to what we learned there. So a simple thing like protocol for tourniquets has shifted a bit back home.”

Lambrecht calls this “freedom” to do what is needed for people on the battlefield a breath of fresh air.

“That was one of the joys—it sounds strange—of practicing in a war environment: you just get to do the right thing, now, with extraordinarily well-trained people that just own the situation and run to the point of contact. It is an incredible environment to practice medicine in.”

### State Surgeon

For Carrington, N.D., native Todd Schaffer, who has served in Iraq, Afghanistan, and Ghana, the poverty of resources in such surroundings made him a better physician as well.

“You bring that mindset home after practicing in an austere environment,” he said. “Here we have literally every technological advance at our fingertips—CT scan, MRI, blood work back in an hour. Over there—say Ghana—there was no blood work, no X-rays, nothing. You had what the patient told you and your exam skills. In Afghanistan, you might be able to draw blood, but you might not get results for a week or ten days, if at all. So you learn to prioritize and ask if you really need something, which makes you better with your exam skills.”

After graduating from the SMHS in 2002, Schaffer, who enlisted in the N.D. Army National Guard in 1992, began a family medicine residency in Grand Forks. Earning his full commission in 1999, Schaffer went on to play many roles overseas—including battalion surgeon and staff physician—before taking on more responsibility as commander of the Guard’s State Medical Detachment. In addition to practicing privately in Bismarck, today he is the N.D. Army National Guard’s State Surgeon, a role previously held by Lambrecht.

“I always had the idea in my mind that I’d join the Guard,” continued Schaffer, who earned a degree in pharmacy from NDSU before matriculating with UND’s medical school. “I like going into the field, rolling in the mud and dirt. So I decided to join in part to help with school, but mainly to serve my country. I truly believe we need to give back.”



### WHEN IN ROME...

Dr. Schaffer in Baghdad, Iraq, in 2004.

Although not involved in direct combat operations “outside the wire” in Iraq and Afghanistan, Schaffer’s team nonetheless took much fire, and he treated a variety of injuries and health conditions on soldiers and civilians.

In the Army you have to “care for everything from common complaints—ankle sprains and back pain—to more serious things like combat trauma,” he quipped, explaining how he wasn’t presented with too many surprises, perhaps with the exception of leishmaniasis, a parasitic disease spread by sand flies. “I’ve been extremely pleased with everything I’ve encountered [in the military]. The Guard has shaped itself into an operational unit at the forefront of units ready to go out at a moment’s notice. What we do is not about us—we’re there to support the soldiers and help them do their job.”

Exactly the sort of thing you might expect a physician in Bismarck to say about any patient, civilian or otherwise.

*By Brian James Schill*





**SEISMIC SHIFT**

Post-earthquake Haiti in October 2018, as captured by students and faculty from UND and NDSU.

# LESS THAN NOTHING

UND and NDSU partner to give medical and nursing students life-changing, hands-on fieldwork experience in Haiti.

It was an email that brought relief to many anxious folks in North Dakota:

“Back in Port-de-Paix, after visiting affected hospitals, condition well-controlled now. Some deaths and serious injuries, but all seen and treated. We will resupply and try to get some HaitiOne supplies to them, and then return to [Mission of Hope] tomorrow with two other cities to visit on return trip in the Nord Ouest region. Back to our regular mobile teams by Wednesday.”

So wrote Bryan Delage, MD, assistant professor in the Department of Family & Community Medicine at the UND School of Medicine & Health Sciences (SMHS), of his team’s on-the-ground efforts in Haiti in October 2018.

Despite the patchy Internet, Delage had managed to send a hasty update to family, friends, and colleagues back home in the wake of a magnitude 5.9 earthquake that struck just outside of Port-de-Paix on Haiti’s northern coast.

Not as bad as 2010, Delage told everyone, but bad nonetheless.

**Interprofessional competence**

As part of an interprofessional team participating in a joint UND-NDSU Global Health elective in Haiti, Delage had spent the previous day helping train Haitian providers in screening for cervical cancer with Adam Hohman, DNP, FNP-BC, from

the NDSU School of Nursing; NDSU doctor of nursing practice (DNP) student Carly Hanson; and Genevieve Thompson, paramedic with Sanford Health Education and Fargo-Moorhead Ambulance.

A partnership between the UND Department of Family & Community Medicine and the NDSU School of Nursing, the elective course allows fourth-year medical students and second-year DNP students to bolster their interprofessional competency and critical care skills in a resource-poor environment.

“Things were going well,” said Delage, “until the earthquake shook the island. Adam and I have military experience and were asked by [host organization] Mission of Hope if we would participate in the response. Of course we said ‘yes.’ We provided some of the first boots on the ground to the region in terms of damage assessment for our partner organization to pass on to the government—but didn’t have to provide much medical care.”

First visiting Haiti with his daughter in 2013, Delage said he connected with the Mission of Hope and its partner organizations, Innovating Health International and HaitiOne, out of a desire to improve health on a global scale.

“I’d done [Individual Readiness Training] missions before in Ghana and Hawaii,” continued Delage, who was a member of



the Army National Guard from 1989-2004 and the Air National Guard since 2004, and manages a team based in the Haitian city of Titayen—which translates to “less than nothing.” “I’ve always been interested in participating in humanitarian efforts overseas, with an emphasis on increasing peoples’ access to quality medical care.”

### Damage report

Hohman confirmed Delage’s account, explaining how for as long as he can remember he has felt an obligation to run toward disasters to help. Although this was his first trip to Haiti, the Air Force reservist had already seen two deployments to Iraq and one to Germany to assist in the Iraq and Afghanistan wars.

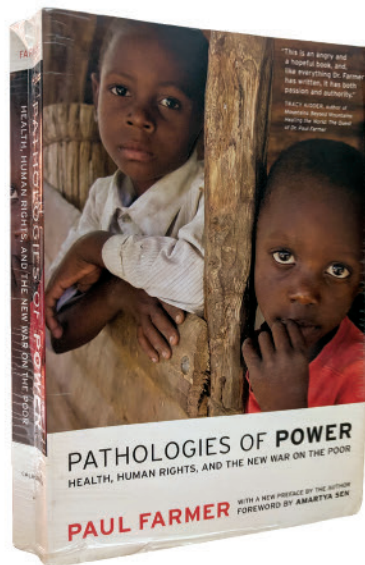
“Nearly 90 percent of people in Haiti have no access to quality health care,” said Hohman, a former volunteer with the Red Cross who was also on the ground in Washington, D.C., in 2001, providing aid in the wake of the 9/11 attack on the Pentagon. “I felt my skills in critical care transport would translate well to an environment like Haiti.”

Describing how his team’s job was to engage in rapid field assessments of the impact the quake had on the region’s medical infrastructure, Delage later wrote to his colleagues at the SMHS that his team began by visiting a hospital in Port-de-Paix rumored to be damaged and absent supplies.

“The patients had all been seen, and they had closed their surgical center, which was the most damaged building on their campus,” Delage later wrote. “We left supplies to care for wounds and to restock, and moved on to LaPoint, about 10 miles from Port-de-Paix. The hospital there was intact with some buildings showing cracking, but no collapsed buildings. They had received about 130 patients, admitted 30, and had five deaths. They had sent out four patients by Mission Aviation Fellowship to other hospitals, and had performed 12 amputations. We then traveled to the last hospital along the coast that was close by. After leaving supplies for dressings for the management of patients with amputations, we traveled to Saint-Louis-du-Nord, but their hospital had no damage, as it was made primarily from shipping containers. They had seen 50-60 patients and had two deaths.”

### “The Uses of Haiti”

Although not spending time in the typical classroom, students enrolled in the travel course—MED 9555—are required to both prepare for the experience and reflect upon it.



Part of that coursework, said Delage, includes reading one or more book chapters by Paul Farmer, MD, the founding director of Partners In Health and chief of Social Medicine and Inequalities at Boston’s Brigham and Women’s Hospital. A winner of the MacArthur Foundation’s so-called “genius award,” Farmer has written extensively on Haiti, often in ways that problematize Western nations’ role in helping create or prolong the humanitarian crises that have become chronic in the country.

Describing how political and economic forces have “structured” both disease risk and violence in Haiti, creating a population that suffers from the highest rates of maternal and infant mortality and lowest life expectancy in the hemisphere, Farmer writes in *Pathologies of Power* that “Working in contemporary Haiti...one learns a great deal about suffering.”

“We read from the Tracy Kidder book on Farmer [*Mountains Beyond Mountains*] and his book *The Uses of Haiti*,” added Delage. “He describes well how our own foreign policy has global impacts that are not always good. I’ve both seen and spoken with Haitians who say [Farmer’s] critiques are fairly accurate.”

Referencing both Farmer and the 2010 quake—the tragedy of which was multiplied when United Nations peacekeepers

reintroduced cholera in to the country that year, creating an epidemic that killed tens of thousands of people—Hohman recalls his shock upon seeing one especially grim feature of the Haitian health “system.”

“You know how other places have isolation rooms or triage spaces for people with pneumonia or flu?” he asked. “Well Haiti has these ‘cholera containment rooms’—for a disease we’ve not really seen in the U.S. for 100 years.”

According to Hohman, such experiences help him to reconsider regularly both his nursing practice and his instruction back home.

“From a teaching point of view, working with patients whose language is different from mine really allows me to work on my exam skills,” he said. “It helps me learn to be more flexible and reminds me and our students that you can provide safe and effective care even without fancy equipment. That’s important for students especially to see.”

By Brian James Schill



# CALLED TO SERVE

Air Force veteran Shawn Larson comes back home to North Dakota and finds a place at the Center for Rural Health.

Shawn Larson's time in the military taught him a great deal about the world, other cultures, and himself. While the experiences he had in the Air Force were extremely valuable, Larson knew a lifelong military career wasn't his calling. So when he saw an ad for a job at the Center for Rural Health (CRH) at the UND School of Medicine & Health Sciences, and after meeting with CRH staff, he knew he had found his place.

Originally from Rolla, N.D., Larson's family moved to Devils Lake, N.D., after he finished fourth grade. As a junior in high school, Larson decided on a military career.

"I guess you could go back to the movie 'Top Gun' because that kind of got me started on planes and jets," he said. "I knew I wanted to be in the Air Force."

Larson began serving his country in August 2000. Initially, he wanted to fly jets, but that's not the path he took. "I went in to do what was called 'crew chief.' That really caught my attention because 'chief' was in the title," he said with a smile.

The 18-year-old soon found he'd have to work his way up to being worthy of the title. Essentially he did general aircraft maintenance on the C-130 line of military transport aircraft in a training squadron in Little Rock, Ark.

Being from North Dakota, Shawn had noted on his application's "dream sheet" that he wanted to be stationed in Minot or Grand Forks. But after he was stationed in Arkansas he found out that a computer error had wiped his "dream sheet" clear. At that point he was already assigned to Arkansas and nothing could be done. He was based in Little Rock his entire military career.

"It was quite a shock when I got to Arkansas," Larson said, adding that he hadn't done much traveling before this point in his life. "Geographically and culturally it was quite different."

Larson worked on C-130s and climbed his way up the ranks. He eventually reached the point in his career where he was flying with his wing commander. Larson was the dedicated crew chief, basically meaning "that aircraft was my baby. When [my wing commander] would fly, I would fly with him," Larson said.



## MAINTENANCE TEAM TROPHY

Shawn Larson and the Maintenance Team trophy from the 2011 Air Mobility Rodeo at McChord Air Force Base in Washington state. The event is held every two years and gathers heavy planes (cargo and tankers) from different U.S. bases around the world and pits them against each other in competition.

Since Larson was part of a training squadron, his flights mainly involved training air crew and flying for hours around the state. Then they'd land, and Larson would make repairs on the aircraft. Larson also flew along to air shows on occasion, taking care of the plane.

"That was fun," he said.

Larson served overseas as well. He had two six-month deployments in Iraq and spent a couple of weeks in Qatar. Though it was hot, Larson realized he was living an amazing experience, though he did miss the amenities of home. Because other countries' militaries were based in the same area, Larson had the opportunity to work with people from Italy, France, and Great Britain.

"It was really fun working with the British in particular, because I was able to solve some of their problems," he said.

Although Larson was named Crew Chief of the Year in his squadron shortly before his decommissioning, he knew a lifelong military career wasn't the right path for him. Previously



promoted to staff sergeant, Larson made tech sergeant right before he left the Air Force in July 2012.

"I had always wanted to come back, and I wanted to come here [to Grand Forks] specifically," Larson said. "I needed to get back home."

Larson finished his Bachelor of Arts degree in communication at UND in August 2016. He was working as an operations specialist with a credit union when he saw an opening for a project coordinator at the CRH. He said he immediately clicked with staff and felt comfortable.

"This is just the best," he said.

Among his responsibilities as project coordinator, Larson manages the day-to-day operations for several projects, including Scrubs, the Blue Cross Blue Shield Rural Health grants, Dakota Conference, the Community Health Needs Assessments, and National Rural Health Day.

Larson said he's enjoyed the projects he's worked on, and he understands how the various projects help rural communities. He said he loves being part of the process to help rural communities, reaching out to them with a message designed to meet their needs while also cultivating relationships.

"I grew up in a rural area, and that, to me, was a big thing," he said.

He also enjoys traveling across the state. Larson recently attended the Carrington, N.D., Scrubs Camp.

"It was outstanding!" he said. "It's neat to get back in the mind of an eighth grader."



### SERVING NORTH DAKOTA

Shawn Larson working at the Center for Rural Health

Many of the skills he honed in the military have led to success at the CRH. From Arkansas to Iraq, Larson gained experience dealing with a variety of situations and personalities. "You learn how to tailor your message to the individual," he said.

He also learned how to deal with deadlines and to move quickly and be innovative. "That's where I shined," Larson said. "Some of this stuff is already in you, but [military service] just really brings it out."

Larson also wants to do work that is important. While he served his country in the military, Larson also feels that he is serving rural communities in North Dakota with the CRH.

"Every little thing that I get started in refreshes that feeling. It's fun," Larson said. "And then you realize this is constant. This is going on throughout the year. You are going to have a constant refresher about why you are doing this and why you're having so much fun."

He also loves that he's encouraged to come up with new ideas to continually make the programs better. He said he looks forward to work every day and being around so many positive role models at the CRH who are passionate about what they do.

"I don't think you should ever stop having role models for your life," Larson said. "It keeps me at the top of my game, I think."

*By Brenda Haugen*



### PART OF A TEAM

Crew Chief Shawn Larson (right), Assistant Crew Chief Senior Airman Blake Lyles (left), and Wing Commander Colonel Mark Czelusta pose for one last photograph after the decision was made to retire their plane.



# BRINGING IT ALL BACK HOME

Dr. Robert Rotering completes the circle, going from North Dakota to the Caribbean and Middle East, and back home again.

The shortest distance between two points is a straight line. But the path Dr. Robert Rotering traveled from his roots in Amidon, N.D., to practicing medicine in Tioga, N.D., a distance of 196 miles, was anything but a straight line.

Robert Rotering, MD, is the chief medical officer at Tioga Medical Center (TMC) in northwestern North Dakota, a position he has held since 2016. For the 15 years prior to that, though, Rotering traveled the world. He started in Grenada, following the U.S. invasion there in 1983, providing medical care and services to people in need through a global humanitarian relief organization called “Project Hope.” He found the experience so fulfilling that he subsequently practiced medicine in exotic places such as Brunei and Dubai, practicing in emergency rooms, small clinics, and large clinic and hospital settings. He was in Saudi Arabia both during Operation Desert Storm in 1990 when Iraq invaded Kuwait, and for Operation Desert Shield after the war in 1991.

“At one point, I was the chief of surgery for an entire country,” Rotering recalled. He worked in places where the medical teams would wash their surgical gloves and reuse them in 110 degree temperatures with the doors open and flies buzzing.

All of that is to say that for nearly his whole career, Rotering worked in places most people would want to avoid.

Why?

“Service,” he said. “I have always been driven by a desire to serve where I was needed. Service is the personal reward I get from my experience of the medical profession, which is helping people along life’s way. It’s the reason I went into medicine. Serving where I am needed is the ultimate reward I get.”

## Starting Small

Rotering’s hometown of Amidon had a population of only 10 people back when he was growing up (22 currently), and was the smallest county seat in the U.S. From these humble roots, he went on to St. Mary’s University in Minnesota and then to Rush Medical College in Chicago on his way to becoming a general and cardiothoracic surgeon. His training led him to a residency at the University of Utah, where he was the chief surgical resident and witnessed the first artificial heart transplant.



Still, Rotering wanted something more.

“I’ve never been interested in a competitive practice environment. I always wanted to be in a place of need,” Rotering said.

Then, a well-placed poster caught his eye as he was finishing his cardiothoracic residency, completely changing the trajectory of Rotering’s career in medicine. The poster advertised “Project Hope,” and the text “Doctor, Teacher, Friend to the World” was exactly the “something more” Rotering was looking for. He called the number on the poster, and the rest is history.

Flash forward to 2015. After working in developing nations for years and helping thousands of people by providing medical care, Dr. Rotering had checked off several items on his bucket list. So he headed back to the U.S., again in search of a place where he was needed. His search narrowed in on his home state of North Dakota.

“I thought about the possibility of going back home to a place I loved, and always missed, to be of service,” he said.



### Continuing Service

Through a call to the University of North Dakota School of Medicine & Health Sciences (UND SMHS) Department of Family & Community Medicine, Rotering found out about a need at TMC.

“Throughout my career, my desire to follow a calling to service has withstood. To find an opportunity to do this in my home state is really full-circle for me,” he said. He started his new adventure with TMC in February 2016.

Part of Dr. Rotering’s practice at TMC involves teaching health profession students, including medical, nursing, and physician assistant students. It is both a service to students and a part of his job that he and his colleagues at TMC enjoy and embrace.

“We have students from many schools and professions on a continuous flow here at TMC, and it’s positive for us all-around,” Rotering said.

It’s a positive for the UND SMHS and the health profession students as well. Students have responded with high ratings of their experiences at TMC, and some have even requested to go back to TMC again.

According to Drs. Bryan Delage and Kamille Sherman, co-directors of the Rural Opportunities in Medical Education (ROME) program at the UND SMHS, when administrators and physicians open up their facilities to students they see both short- and long-term benefits for their communities.

“Teaching facilities that see the value in teaching are much more likely to attract providers to that facility down the road,” Delage said. “Furthermore, the providers have higher satisfaction in their jobs and oftentimes benefit from the challenge and interaction with students.”

Sherman added that quality preceptors can leave a lasting impression on students.

“Dr. Rotering’s broad understanding of medicine, garnered from his global experiences in healthcare, allow him to serve a rural community in a unique way,” she said. “His example of integrating evidence-based practices into rural practice proves to our medical students that high-quality care can be delivered in a rural community.”

Dr. Rotering’s time spent with students always includes questions about his background and subsequent fascination about a life of practicing medicine abroad. If students show an interest in going down a similar path, he recommends they “go do it, and then come home. The opportunities in North Dakota and in rural areas are exceptional in terms of the important things in life. It is the best place to be in the nation, hands down. It’s a great place to live and to practice medicine.”

*By Stacy Kusler*

### ■ '00s

**Michael LeBeau, MD '02**, has been named the new president of Sanford Health Bismarck in Bismarck, N.D. LeBeau has been with Sanford for more than 10 years specializing in kidney care as a nephrologist. The New Town native and INMED graduate succeeds SMHS graduate Craig Lambrecht, MD, in this position and has been instrumental in the organization’s growth in central and western North Dakota.

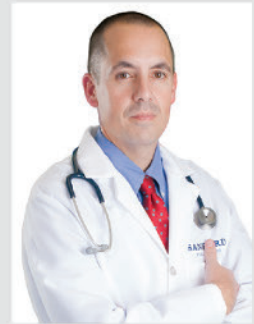
### ■ '10s

**Ashley Schultz, PA-C '18**, is now at Tri-County Health Care in Wadena, Minn.

**Erika Stein, MD '17**, has joined the team at Northwood Deaconess Health Center as a family practice physician in Northwood, N.D. She will be a full time physician with a regular clinic schedule and also tend to hospital, emergency room, and nursing home patients.

**Travis Waswick, MD '15**, is now practicing at the Sanford Mayville Clinic in Mayville, N.D.

**Jill Nickoloff, PA-C '10**, is now at CHI St. Alexius Health in Williston, N.D.



**Michael LeBeau, MD**



**Jill Nickoloff, PA-C**



**Ashley Schultz, PA-C**



**Erika Stein, MD**



**Travis Waswick, MD**





## NOT TOO FAR FROM THE TREE

Brothers Eric, Jared, and Trevor Schommer describe their different paths to and from the UND School of Medicine & Health Sciences.

In the basement of Michele and Don Schommer's red rambler in Munich, N.D., a trio of caricatures dating back to 1998 still hang: three young boys with exaggerated physical features stare back at the viewer, their farm kid identities masked by whatever it was they told the artist they wanted to be when they grew up.

First among the three—Eric—is a physician, if his white coat, hypodermic needle, and stethoscope are any indication.

Trailing their big brother are a pair of exceedingly buff bodybuilders, Jared and Trevor, the middle and youngest sons, respectively, of Don and Michele.

"I was pretty young when we had those done," laughs Trevor from his office in Columbia, S.C., today. "Being the youngest of three brothers I can tell you that I wanted to be just like my brothers when I was little. I will say this, though—my caricature has way more muscle definition than Jared's does."

As it turns out, twenty years later none of the Schommers ended up making a career out of trying to become the next Mr. Universe.

But each of them did end up in working on or with the human body: Eric is a physician, Jared has his doctoral degree and is on his way to becoming a physician, and Trevor, Master of Business Administration degree (MBA) in tow, is working on buffing up not so much his physique as his hospital administrations skills.

And in every case the UND School of Medicine & Health Sciences was there, guiding the way.

### The urologist

"The story for all of us goes back to Dr. Othman Ghribi in the neuroscience lab," quips Eric, who earned his medical degree from the SMHS in 2013 and recently returned to Fargo, N.D., after a five-year urology residency at the Mayo Clinic in Jacksonville, Fla. "I had a good friend who was working in his lab and one summer I started working there. After some time, we convinced Jared to join the Ghribi lab too before going into the PhD track in biomedical sciences."

Explaining how despite—or maybe because of—his rural background he was always "heavy" into chemistry and biology, Eric says that he knew he wanted to do something surgical from the start.

"I've always been a hands-on guy, building things, fixing things," he notes, admitting that he didn't actually consider urology until he was exposed to it on a third-year rotation in medical school. "What I loved about it was that there are so many different procedures you can do—tiny outpatient things or major oncologic surgeries."

Plus, says Eric, the nationwide shortage of urologists provides plenty of job security.

"Another nice thing about urology is there's a lot of longitudinal care and a lot of non-procedural medicine," he adds. "So, you can build relationships with patients, get to know people



and usually make them better quickly. It's a field with a lot of positive outcomes. The physicians in urology are often laid back with a good sense of humor—they enjoy their work and there's a good quality of life."

Although he appreciated the weather in Florida, and entertained offers from provider groups in Boise, Idaho, and elsewhere, Eric says that coming back to North Dakota wasn't a difficult decision to make.

"The wonderful thing about being back here is that everybody knows everybody," he continues, adding that as a husband and father of three young girls it's nice to be close to both sets of grandparents now. "There are so many folks I've seen already that know my parents or grandparents. Maybe 20 percent of my patients say something like, 'Oh, you're so-and-so's son. I know your family.' That's really cool to hear and makes day-to-day interactions even more personal."

### **The PhD pursuing an MD**

Despite taking a different path to medicine than his brother, Jared agrees, explaining that such connections make for good patient care.

"That conversation matters," he says. "I wanted to become a physician so that I could have more direct personal contact. When patients come in to see you and they already know who you are or where you come from they may trust you more and feel more comfortable with the visit."

Wanting in on that conversation, then, Jared applied to the medicine program at the SMHS even before he had defended his doctoral dissertation, a study (directed by Dr. Ghribi) that explored dietary factors affecting the pathology of Parkinson's disease. So it is that not three days after earning his PhD, Jared was back in the classroom for his Block 1 coursework.

"I like research, but I was missing the personal interaction with people and being able to help people in a more direct way," says Jared. "One of my favorite things so far about medical school is being able to visit with patients. We get to see standardized patients almost once a week—and we're only in the second block of our first year."

A husband and father of two boys who hopes to end up practicing in North Dakota someday as well, Jared adds that the biggest challenge he has seen in medical school, just as in graduate school, has been not the coursework itself so much as finding balance.

"It's not easy to be successful as a student and be a great parent and husband," he says. "My wife has been amazing in her support, and in caring for the kids. I can't thank her enough for everything she's done for me and the boys. The problem

isn't them saying it's okay for me to go study—it's me not wanting to leave them so much."

### **The administrator**

Like Jared, Trevor's path to patient care was also winding.

After first matriculating at NDSU to study pharmacy, the youngest Schommer transferred up to UND to pursue Medical Laboratory Science (MLS) at the SMHS. After realizing that MLS also wasn't the right "fit" for him, Trevor, settled on business management, which he loved immediately, eventually developing a keen interest in the business side of medicine.

After working in Dr. Ghribi's lab as an undergraduate and again after earning his MBA from UND in 2017, Trevor began his fellowship in South Carolina.

"We receive hands-on experience working with physician practices, community medical centers, and support departments throughout four rotations," says Trevor, who also has a graduate certificate in health administration. "We participate in tasks designed by the executive leadership team as well as work on topics such as process improvement, quality, access, and strategic planning."

Halfway through his health administration fellowship program at Lexington Medical Center in Columbia, Trevor muses on how it is that, his brothers notwithstanding, so many of his relatives chose health care—two cousins and two aunts are nurses and one cousin [Natalie Crawford, MD '17] and another aunt [Heidi Bittner, MD '91] are SMHS-trained physicians.

### **"The Don"**

There must be something in the Schommer blood that draws them to patient care, Trevor says.

"At the root of each of our personalities is the desire to help people," he concludes. "All three of us are more concerned with others' well-being over our own. We all enjoy the complex nature and critical thinking of health care, recognize the need throughout our community, and want to be a part of the solution that helps people live healthier lives."

Remembering the long road he took to get to where he is now, Trevor explains how one day back before he began college his father—"the Don"—took him aside to talk about the future.

"Dad told me that I was always welcome to come back and take over the family farm," Trevor concludes. "However, he told me I was absolutely going to college and earning a degree first. After my degree, if I still wanted to take over the farm I could, but my parents gave us all the choice. We all went to college and pursued our dreams with the overwhelming support of our parents and I think that says a lot about them."

*By Brian James Schill*



# HIGHWAY 2 REVISITED

Physician Assistant Studies student Seth Tramm talks about being a paramedic in northwest Minnesota and what brought him to UND.

**Hello, Seth. Thanks for your time. You're just getting out of clinic now, is that right?**

Yes, I'm in a general surgery rotation for my clinical work. I started that after Christmas, so we're just over a week in. I've had the opportunity to be in both the operating room and a general surgery clinic. It's been interesting and going very well.

**So, in PA Studies you have clinic rotations just like medical students.**

That's right. For the last year we've been in a family medicine rotation—that's the primary rotation for the program. This final semester we do a few specialty rotations: emergency medicine, general surgery, and a couple of two-week electives. I'm going to do orthopedics, cardiology, and infectious disease, I think.

**Why those specialties?**

Good question. My background is in emergency medicine as a paramedic and EMT. I'll be working in emergency medicine when I am done with school too. For that reason, I feel that ortho, cardiology, and ID rotations will be helpful—we see a variety of ortho injuries and certainly cardiac issues and infectious diseases are encountered frequently in the ER. Before I started, I figured emergency medicine would be my favorite rotation, but I haven't gotten there yet. That's in February. My family medicine rotation was with an internal medicine physician who worked in a family medicine clinic. That was really eye-opening for me—completely different from anything I'd done in the past. And it was a good learning opportunity, and I did end up enjoying it a lot.

**I imagine the paramedic training prepared you well for this new role. Is EMT work something you did right out of high school or you went to college for an undergraduate degree first?**

Well, my freshman year of college I got my certification as an [emergency medical technician], but my undergraduate training is actually in education, so I have a teaching degree from St. Cloud State University—

## LIKE A ROLLING STONE

Seth Tramm in the back of an ambulance somewhere in northwest Minnesota.



**Oh, man—a UND hockey rival!**

—But I wear green now! So, I used my EMT work on weekends to get me through my undergrad. I did that in the summertime around my hometown to pay my way through college. I then got a job as a teacher and ended up teaching for seven years. I had an opportunity to take paramedic training in 2009 and have been working in the EMS field ever since.

**Do you find that your teaching experience has helped you in the health care field—connecting with patients or teaching colleagues about patient care?**

Absolutely. Even though it's a different audience—my degree was for middle school, so I was teaching 10 to 13 year-olds—you're really doing the same thing: communicating with people, whether students or patients, helping them understand



something. Obviously everybody learns differently so you need to find the way that each patient learns, and for that, the teaching degree helped for sure.

**You're from Solway, Minnesota, right?**

Correct.

**Right along Highway 2 on the way to Bemidji, if I'm not mistaken. My parents have a lake cabin out in that area. Does Solway still have the sign on the highway reading "Population: 89."**

We're at 96 now [laughs].

**So close to three figures! And you've got a bit of a Bob-Dylan-Highway-61 thing going on, having spent countless hours on the road in Minnesota. On that note, talk to me about rural medicine in northwest Minnesota. What is the provider environment like there? I'm assuming there's a shortage, just as there is in rural areas of North Dakota.**

Yes. I grew up in central Minnesota, on the shores of Lake Mille Lacs, in a town of about 750 people. My whole life I've been in what you'd call rural areas—northwest Minnesota certainly being more rural than where I grew up, but similar. Here, we're only 15 minutes from Bemidji, and the hospital there is getting bigger and providing more specialty care. That's good, but the issue we have is staffing. We have somewhere in the neighborhood of 25 physician or advanced practice provider [APP] positions open in Bemidji alone. That's not something you can overcome in a few months. So, we face those issues. Bagley's hospital, about 15 miles in the other direction on Highway 2, has a similar situation, just on a smaller scale. And even though the population of each community is small, we serve a very large geographic region. In the clinic where I did my family medicine rotation, we have something like 5,000 patients assigned to providers in that clinic. When you only have two physicians and four APPs, that's a lot of patients per provider.

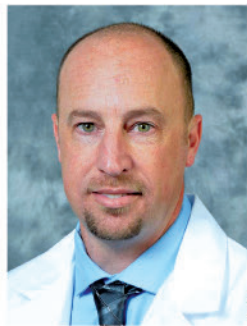
**And do you hope to end up practicing at the clinic you're with?**

Yes. Because of having grown up in a rural area and now practicing here, it's who I am. I don't mind bigger cities, but

my preference is serving the small communities where I'm more comfortable. I'm looking forward to that opportunity. I have a contract with a local provider already, so when I'm done with school and get all my credentials I'll be working in the emergency room in Bagley.

**As you know, our PA program has two "entry points"—which one were you?**

Entry point one—where you have previous healthcare experience and likely want to be in a rural setting. [Entry point two is for applicants with a science background but more limited patient care experience.]



**"I did some research on the program and talked to some folks who'd been through the program and had very good things to say about it."**

////// SETH TRAMM

**Which makes sense, but on that note, why Physician Assistant Studies in the first place, as opposed to medicine or physical therapy, for example?**

While practicing medicine as a physician may have been more appealing years ago, the reality is that the PA profession has grown into an incredible opportunity for people like myself to work alongside physicians to provide excellent medical care, and to meet the needs of patients in rural communities and throughout the nation. It's something my family and I had been talking about for quite a while, but never really felt like the time was right until a few years ago. My wife and I have three kids—15, 13, and 10—and I wasn't in a good position to say "Let's pick up the family and move to state X for PA school" before then. UND being only 90 miles away was appealing. I did some research on the program and talked to some folks who'd been through the program and had very good things to say about it. I also knew a few of the faculty in the program, like Jay Metzger, who was a practicing PA in the Bagley area many years ago. So, there was a lot of appeal to UND for us, especially the hybrid nature of it where you spend some time on campus but also time at your "hometown" hospital or clinic. That was what fit for my family. So we applied and got accepted and have been very satisfied with it.

*Interview conducted and edited by Brian James Schill*



# FROM HUÉ TO WOUNDED KNEE

BS Med grads from the 1960s talk about studying medicine with a war on, and one graduate who never made it home.

"I remember when President Kennedy came to speak to us at UND on Arbor Day in 1963. Not even two months later he was gone."

So recalled Stephen L. Hanson, MD, a 1964 graduate of the UND School of Medicine & Health Sciences (SMHS) who took to heart Kennedy's advice about asking what one can do for their country.



Stephen L. Hanson, MD

"I would give medical exams to new draftees in a quonset so loud that you couldn't even hear a heart murmur," Hanson told *North Dakota Medicine*, over the phone from his home in Minneapolis, Minn., of making a career out of his service in the U.S. Naval Air Medical Reserve following graduation from the SMHS. "When we started, we took 45 minutes to examine one guy. But we had a line of recruits stretching out the door, so we really had to speed things up."

Hanson wasn't the only SMHS graduate to end up serving his country during a time when it felt like the whole world was on fire.

In fact, a small platoon of BS Med grads from UND ended up in the Armed Forces, serving in Vietnam and elsewhere in the late-1960s and early-1970s, at least one of whom never came home.

## 1964

Graduating alongside Hanson in 1964 was Bowman, N.D., native Gary D. Lokken, whom, like Kennedy, was also gone much too soon.

After leaving Grand Forks and earning a medical doctorate from the University of Texas-Galveston, Lokken, who had been drafted into the U.S. Army, found himself in the Thua Thien province of South Vietnam by April 1968. It was there that a jeep in which he was riding rolled over a landmine. Captain Lokken died as a result of "fragment wounds while a passenger in a military vehicle," reported one North Dakota



Gary D. Lokken

newspaper at the time. "The three servicemen riding with Gary were also killed. He was a medical doctor serving with the 14th Engineers Battalion in the Hué area and had been in Viet Nam since October."

As expected, the death of Lokken—who left behind a wife, twins, and a placement in a psychiatry residency—hit his former classmates hard.

"Dear CPT Lokken: Appreciate deeply the supreme sacrifice that you made for all of us so long ago," Hanson wrote in a tribute to Lokken on his classmate's entry in the [togetherweserved.com](http://togetherweserved.com) military database. "Your quiet dignity, kindness & empathy for your patients was an example for all of us to emulate."

## 1968

By most accounts, the year Lokken was killed was one of the most dramatic in world history, the assassinations of Martin Luther King, Jr., and Robert Kennedy notwithstanding. By mid-year the Vietnamese Tet offensive and American Civil Rights movement were in full swing and not only the United States but much of the world had exploded in a wave of protests, riots, labor strikes, and revolutionary violence.

North Dakota, too, was far from immune to such events.

"I don't remember anything about Lokken being brought up at the school or on campus," added G. Peter Boyum, a member of the 1968 BS Med graduating class who himself ended up doing medical work in the Air Force in the early 1970s and only learned of his colleague's death years later. "It's possible that no one was aware of it."

As a student focused on his second year studies at the UND SMHS at that time, Boyum wondered why there was not more reaction around the School to Lokken's death. He mused that perhaps the ostensible silence was a product of the war's increasing unpopularity and heightened tensions in the country generally, which by then included some local protests and even a hospital workers' strike in Charleston, S.C.

"UND was a pretty conservative place, and there wasn't much protest activity on campus at that time," he said. "Of course, we were so busy that we didn't spend a lot of time getting involved with anything other than our studies."





### HEY, HEY LBJ...

Five demonstrators on the second floor of the UND Memorial Union in March 1968. Photo courtesy the *Dakota Student*.

But as the global political scene fractured and the war dragged on, governing authorities grew more interested in young physicians and their training. In Boyum's recollection, the draft board was eager to snatch up young medics and tended to take the oldest and single guys first.

"I qualified for both conditions then," laughed Boyum, who earned his medical degree from Southwestern University in Dallas, Texas, in 1970. "So I signed up with the Air Force early to avoid being assigned to the Army. I provided health care to the pilots who flew SR-71 Blackbirds over Vietnam. It was a pretty choice assignment since these guys were some of the healthiest people in the world—they went through the same training as our astronauts."

### Bury my heart at Wounded Knee

For his part, Boyum's fellow Class of 1968 graduate Jim Brosseau, a native of Drayton, N.D., did recall protest activity in the region.

"There were protests, even on the UND campus," said Brosseau, who took his BS Med degree to the University of Minnesota and earned a medical doctorate before fulfilling his military obligation through the Indian Health Service at Fort Totten and Fort Berthold, N.D., and Wounded Knee, S.D. "There were protesters of the Vietnam War here, but I don't think there were any medical students who took part in that. It was mostly confined to students from other colleges."

Calling the America of his youth a fraught and violent place, Brosseau said that he registered for the draft at age 18 and was called up as an 1A draftee almost immediately. But a college deferment allowed him time to figure out how he hoped to serve as he completed his medical education.

"The day I finished my internship was the day I got my notice that I was going into the Army. But I was transferred over to the Indian Health Service and ended up being commissioned in the Coast Guard, which at the time provided physicians for





### BS MED CLASS OF 1964

Gary Lokken (third from the left in the third row) and Stephen Hanson (fourth from the right in the sixth row) were among several SMHS graduates who ended up serving in Vietnam between 1965 and 1975.

working on the reservations. They had a few openings and one was at Fort Totten [on the Spirit Lake Nation].”

But even though the doctor managed to miss service overseas, such an assignment was less tranquil than it sounds. Brosseau ended up on the Pine Ridge Reservation in South Dakota right as the American Indian Movement was coordinating its Wounded Knee occupation in 1973.

“When I first got to Pine Ridge the Dee Brown book *Bury My Heart at Wounded Knee* had just come out,” recalled Brosseau, whose interest in literature—William Faulkner in particular—goes back decades. “So I went down to the Wounded Knee trading post whose owners were respected and well-liked by the community. I bought my copy of the book there. It wasn’t long after that the American Indian Movement came to Pine Ridge to support the protest. But AIM wasn’t too welcome by the local Indian people. The tribal chairman was very opposed to having them there.”

As tensions rose, violence inevitably broke out, and the experience, Brosseau said, changed his medical practice.

“For the first time, even though I grew up in North Dakota, I had an idea what people were going through on reservations,” said Brosseau, who later practiced internal medicine in Grand Forks for decades, specializing in diabetes care. “Until you actually get out there and see it first hand, you can’t appreciate what poverty and discrimination does to people. That was an

experience—realizing for the first time what was going on in our own country and how much inequality there really was.”

And still is, added Brosseau, calling the liberal education he received at UND the catalyst that helped him see the patient behind the illness.

“I had a liberal arts background, which I think everybody should have,” he said, noting that such curricula have shrunk at universities across the country since 1968. “That’s one of my missions now is to try to encourage the liberal arts curriculum here.”

*By Brian James Schill  
The author thanks G. Peter Boyum, MD,  
for his research assistance.*





**Martha Dahle, BS MT '63**, age 78, of Sioux Falls, S.D., passed away peacefully with her children by her side at Ava's House at Sanford on December 17, 2018. She will be lovingly remembered by her children: Marnie (Rev. Jeff) Backer (Sioux Falls, S.D.), David Dahle (Sioux Falls, S.D.), and Erica (Jamie) Ahrendt (Sioux City, Iowa); her beloved grandchildren: Harrison and Finnigan Backer and Kendall and Gavin Ahrendt; and her dear sister, Roxann (Terry) Brundage (Loveland, Colo.). Mitzi had a beautiful way of touching the hearts of countless people she encountered in her life.

**Armand William Gehring, BS Med '63**, age 79, of Hazen, N.D., passed away on January 15, 2019, in Beulah, N.D. Bill Gehring was born in Underwood, N.D., to Elsie (Vetter) and Emanuel Gehring on August 18, 1939. He was the second youngest of six children. His family lived in Washburn, N.D., where Bill's father built the family home. It still stands today. Bill went to elementary and high school in Washburn. While in high school, Bill decided he wanted to become a medical doctor and proceeded to achieve his BS Med degree at the University of North Dakota (UND), and from there studied at the University of Minnesota where he received his Doctorate of Medicine. After completing his residency, Bill enlisted in the Air Force, was stationed in Okinawa, Japan, and was assigned as a flight surgeon on a Lockheed SR-71. Bill met his first wife Joan Hussey at UND and later married her on June 30, 1961. They moved to San Jose, Calif., so Bill could finish his pathology residency at Valley Medical Hospital. Bill and Joan had two daughters: Jane Elizabeth Gehring (Hintz) and Susan Jennifer Gehring. Bill and Joan divorced in 1972 and Bill eventually settled in Garrison, N.D., where he practiced medicine for a short time. In Garrison he met Gloria Rodahl Healy. They were married on June 29, 1979, and moved to Hazen, N.D., where Bill would practice medicine for 32 years at the Gehring Clinic in general practice. Gloria and Bill had two daughters, Ashley McKenna and Stacy Giacomazzi, and divorced in 2016, after 37 years together. The Gehring Clinic, which Bill founded, was the primary healthcare facility in the town. "Doc" was a pivotal individual in Hazen and the surrounding communities, always providing selfless care to his patients. Not only was Bill active with the Gehring Clinic, he was also the County Coroner and Chief of Staff at Sakakawea Medical Center. Bill said that his favorite thing about being a doctor was delivering babies in Mercer County. Bill loved his family more than anything. All of his surviving family loved him deeply and are missing him dearly. Bill is survived by his daughters: Jane and her husband, Robert Hintz (San Jose, Calif.); Susie Gehring and her spouse, Jennifer Nadeau (Oakland, Calif.); Ashley and her husband, Aaron McKenna (Hazen, N.D.); and Stacy Giacomazzi (Hazen, N.D.); his grandchildren; his ex-wife, Gloria Gehring; and his

companion, Shelly Rosenau. Bill is preceded in death by his parents, Elsie and Emanuel Gehring; siblings Virgil, Darlene, Eloy, Delton, and Bob, and his first wife, Joan Gehring.

**Robert Hanson, BS Med '63**, died on December 22, 2016, at age 80, surrounded by his family. He was the spouse of Ute Christine Hanson for 34 years. Born and raised in Grand Forks, N.D., he studied medicine at UND and McGill University, and dedicated his professional life to the chest X-ray within the Royal Victoria Hospital and the MUHC, from 1972 until his death. His passion for his work was equal to that for singing. He studied at the Mozarteum of Salzburg, and loved outdoor excursions and travel. In addition to his wife, he leaves behind his children Renate, Sonya, and Christopher Hanson; Catherine (Donald Gallacher) and Christian Immer (Anne-Marie Sheahan), for whom he was a second father; and grandchildren Elsa, Zoe, and Leo Immer and Jonathan and Nicolas Gallacher.

**Perry Menge, BS PT '73**, beloved husband, father, grandfather, and brother, passed away on January 4, 2019, after a courageous battle with health issues for the past few years. Perry was born on January 21, 1946, in Crookston, Minn., to Rozwell and Elledy Menge. He attended Lockhart grade school in Lockhart, Minn., and retained wonderful memories of growing up in the small Midwestern town. After graduating from Ada High School in Ada, Minn., he attended Moorhead State University. His summers during college were spent working at Fair Hills Resort where he met his wife of 50 years, Rose Bervig Menge. Perry served honorably in the United States Army in Vietnam, and upon his return attended the University of North Dakota, earning a bachelor of science degree in Physical Therapy in 1973. He worked as a physical therapist in Grand Forks, N.D., for the next three years. In 1976, he and his family settled in Medford, Ore., where he enjoyed a successful PT practice. Family and friends remember Perry's great sense of humor and devotion to his family. He was an avid reader and history buff who enjoyed travel and woodworking. Perry is survived by his wife, Rose; son Jeffrey Menge (Nicole) Kingston, Wash.; daughter Anne Kaplan of Portland, Ore.; sister, Judy Kolb (Ron) of Fargo, N.D.; and grandchildren Leighton and Dane Menge and Elias and Ethan Kaplan.



**Dr. Russell Odegard, BS Med '57**, age 96, longtime Minot physician, died Saturday, Dec. 1, 2018, in a Minot healthcare facility. Russell was born on January 12, 1922, in Hamar, N.D., to Ruppert and Anne (McArthur) Odegard. He received his elementary education in a country school setting near Hamar and completed his high school education as a graduate of Hamar High School in 1939. Russell continued his education at North Dakota State University in Fargo, where he earned a degree in mechanical engineering in 1943. Russell moved to East Pittsburgh, Pa., and was employed at Westinghouse, Inc. Russell married Harriet Thompson on July 29, 1944, in Pittsburgh. They remained in Pennsylvania until 1945, when they moved to Fargo, N.D. The family moved to Velva in 1947 when he established Odegard Electric. He operated that business until returning to school at NDSU in 1953 for his pre-med classes. Dr. Odegard attended the University of North Dakota from 1955-57 and earned his medical doctorate from the University of Kansas in 1959. He completed his internship at St. John's Hospital in Fargo. After completing his internship in Fargo, Dr. Odegard moved to Hatton, N.D., and established a medical practice that he operated from 1960-63. He moved to Minot in 1963 and joined Dr. Devine at Great Plains Clinic in Minot from 1963-67. He practiced medicine at the Medical Arts Clinic from January 1968 until his retirement in July of 1987. Harriet died on February 16, 2002. Dr. Odegard was a member of Christ Lutheran Church and former member of Bethany Lutheran Church, both in Minot. Dr. Odegard was a member of the American Medical Association, 3rd District Medical Society, and the ND Medical Association, serving on its council for six years. He was Chief of Staff at St. Joseph's Hospital for two years and served on the Board of Directors of Blue Shield for nine years. Dr. Odegard's hobbies included bowling, playing cards, and politics. One of his favorite things to do was to visit with people—those he knew and those he wanted to get to know. His favorite times were those spent with his grandchildren. Dr. Odegard is survived by his children: Diana Staskywicz of Burlington, Patricia (David) Fedje, of Fargo, Richard (Diane) Odegard of Grand Forks, Michael Odegard of Minot, and Mary Eriksmoen of Bismarck; daughter-in-law Gail Odegard of Albuquerque; thirteen grandchildren; thirty great-grandchildren; two great-great grandchildren; brother Glenn (Mary Ellen) Odegard of Tucson; and numerous nieces and nephews. Dr. Odegard was preceded in death by his parents; wife Harriet; son William; son-in-law John Staskywicz; grandsons Aaron Odegard and Paul Staskywicz; and brothers Wayne, Darold, and Neal Odegard.

**Dr. Robert J. Olson, BS Med '55**, age 87, of Williston, passed away at Saint Alexius Medical Center in Bismarck on Tuesday, November 6, 2018. Bob was born September 21, 1931, at the Wildrose Hospital. He was the youngest of four children born to Joseph and Ruth (Gilbertson) Olson. Bob attended grade school in Wildrose where he began his lifelong love of athletics, preferring sandlot football to piano lessons. Bob later moved with his family to Carpio where he graduated from high school in 1949. While in high school he earned All-State honors as a key member of the 1948 North Dakota Class C Championship Basketball team. After high school, Bob attended Jamestown College where he made varsity as a freshman in football, basketball, and baseball and went on to be a starter in basketball and baseball and earned 11 varsity letters. While attending college in Jamestown, he met his future wife, Eleanor Crosby. They were married on June 12, 1954. He entered medical school at UND in Grand Forks, transferring for his final two years to University of Minnesota where he became interested in Radiology. He trained with the United States Public Health Service in San Francisco and New Orleans, finishing in Bismarck where he joined Quain & Ramstad Clinic. He then moved to Williston in 1963 where he founded Williston Radiology Consultants. Bob had a strong work ethic and was a man of many talents. He treated everyone with kindness and compassion. He was a highly respected radiologist with many honors and achievements. More importantly, he fiercely loved his family, his faith, and Williston. He wrote this about his family: "Mom and I are very proud of all of you. There is no question that you all are the most important part of our lives." Children and grandchildren observed his love of the land through hunting, fishing, birding, horseback riding, and photography. He made everyone feel like they were his best friend. He was Williston's greatest ambassador, receiving the Chamber's inaugural Community Spirit award in 2009. His life truly defined what it means to have had a life well lived, an example for all of us. He was preceded in death by his parents, Ruth and Joseph; his brother Duane; and sister Doree. He is survived by his wife of 64 years, Eleanor of Williston; his children, Micheal (Pam) of Fargo, Robert Jr (Kathy) of Fargo, Kathy of Williston, Jesse (Amy) of Madison, and Jason (Lisa) of Minot. He is also survived by his sister, Meredythe (Ernie) Dornfeld; his grandchildren; and five great grandchildren, along with many loving nieces, nephews, and their families.



**Dr. David H. Rasmussen, BS Med '63**, died on December 11, 2018, in Scottsdale, Ariz., after a long battle with Parkinson's disease and dementia. He was 78. David was born on January 15, 1940, in Thief River Falls, Minn., to Harold and Selma Rasmussen. He graduated from Lincoln High School in 1958. In 1963 he graduated from the University of North Dakota and received his Doctor of Medicine Degree from the University of Minnesota Medical School in 1965. After spending three years in the U.S. Army, he did a three-year residency in ophthalmology at the University of Colorado in Denver. Dr. Rasmussen practiced ophthalmology at the Dakota Clinic in Fargo, N.D., for 24 years. After moving to Scottsdale, Ariz., in 1997, he practiced for another 10 years with Gary Mackman, MD, in Phoenix. David retired in 2008. Surviving him are his wife of 55 years, Ruth Ann Jorgenson (Lincoln High School '58), and two sons, Steven and Michael, all of the Phoenix area. Also surviving are three brothers-in-law: Judge Larry Jorgenson, Mesa, Ariz., Dr. Gerald Jorgenson, Golden Valley, Minn., and Phillip Jorgenson, Woodbury, Minn. Preceding him in death was an infant son who died at birth in 1967.

It is with great sadness that our family says goodbye to a beloved husband, father, grandfather, brother-in-law, uncle, and friend. **Dr. Thomas Schimke, BS Med '63**, age 79, of Scottsdale, Ariz., died Wednesday, Jan. 2, 2019, at his eldest daughter's home in Park City, Utah, surrounded by his family. Tom was born October 15, 1939, in Grand Forks, N.D. He was preceded in death by his parents Emil and Gladys. Surviving are his wife, Mary Ann; brother David; daughters Melissa (Chaon) Garland, Kirsten (Evan) Jones, and Kolleen (Edward) Drury; and seven grandchildren, Bryson and Taylor Garland, Caelan, Parker, and Kylie Jones, and Madigan and Blake Drury. Tom received his BA and BS degrees from the University of North Dakota in 1961, during which time he attended a year-abroad program at the University of Vienna, Austria. He received his MD degree from the University of Pennsylvania in 1965 and completed his internship at the University of Oregon in 1966. Between 1966 and 1969, Tom served as a flight surgeon in the U.S. Air Force and later undertook his internal medical residency and fellowship in pulmonary medicine at the University of Michigan, where he became a Diplomat of the American Board of Internal Medicine and the American Board of Pulmonary Diseases. In 1973, Tom established the first pulmonary medical practice in Missoula, Mont., where he successfully maintained his solo practice until 1989, and his alternating directorships at Missoula's Community Hospital and St. Patrick Hospital. While working as a full-time doctor and helping to raise three daughters with his wife Mary Ann, Tom obtained his law degree in 1987 and became licensed to practice medicine and law in Arizona, Idaho, and Montana.

Tom and Mary Ann moved to Scottsdale, Ariz., in 1989 where he practiced medicine and/or law until his death. He is renowned for quoting, "Find a job that you love, and you will never work a day in your life!" Tom lived an active life, was devoted to his family and friends, and enjoyed golf, tennis, reading, and 'playing the farmer' during his days in Montana. He will always be remembered as a physician with the ability to care for people in a meticulous and compassionate manner. Tom was a gentleman whose medical skills and social graces were treasured by his patients, their families, and the medical community. Tom's legacy continues through his family and through those he has touched.

**Scott Wheeler, BS CLS '96**, age 49, of Bottineau (formerly Bismarck), passed away on Oct. 29, 2018, at Sanford Health in Bismarck, N.D. Scott was born June 27, 1969, in Bismarck, to Dwight and Sharon (Vogel) Wheeler. He was raised and educated in Bismarck, and graduated in 1987 from Bismarck High School. He attended Bismarck State College and the University of North Dakota, where he earned a bachelor of science degree. On Aug. 30, 2003, in Bismarck, he married Tammy Eissinger. He began his career in the health care industry at Sanford and eventually became administrator of the Good Samaritan Society of Bottineau. He enjoyed being outdoors, whether it was hunting, fishing, camping, or golfing. Scott was an active Boy Scout. He was a popular camp counselor/lifeguard at Camp Wilderness, where he was known for his belly flop at the waterfront, and the kids looked forward to watching his signature dance: the "scooter banana." Scott achieved the rank of Eagle Scout in 1986. He is survived by his wife, Tammy; son, Anthony; mother, Sharon Wheeler, Bismarck; sister, Margaret (Aaron) Dahle, Fargo; brothers, Garry (Eliza), Arizona, and Greg (Toni), Bismarck; and numerous nieces and nephews. Scott was preceded in death by his father, Dwight; grandparents, Anton and Ruth Vogel and Ralph and Fern Wheeler; and mother- and father-in-law, George and Shirley Eissinger.

**Dr. Howard Stearns Young, BS Med '65**, age 78, died July 16, 2018. Howard was born to Ellen (Stearns) and Richard Young on March 9, 1940, in Evanston, Ill. He is survived by wife Dr. Elaine Young; daughter Elisabeth Young-Isebrand (Scott); son Richard Young (Lucy); four grandchildren: Edward, Haley, Thomas, and Nolan; and brother Dr. Irving S. Young (Margaret).





# YOU'RE IN THE ARMY NOW, DOC

BS Med Class of 1944 graduate Norman Hepper recalls a time when the UND medical school was under the direction of the U.S. Army.

"Five years in the military, but I was never in Harm's way," recalled Norman Hepper, MD. "The Coast Guard tour of duty I completed was manning a weather station in the North Atlantic between Greenland and Iceland in February and March of 1948. I was the medical officer on the cutter Owasco."

Chuckling—and perhaps shivering—at the memory today, Hepper remembers being "very seasick" at times on the Owasco, the first of 13 Owasco-class vessels that would go on to see action in Vietnam before being decommissioned in 1974.

"In fact, I wish I'd been on a weather station in the Pacific," he laughed over the phone from his home in Rochester, Minn.

At 95 years young, Hepper is one of only two remaining members of the UND School of Medicine & Health Sciences (SMHS) Bachelor of Science in Medicine (BS Med) Class of 1944.

Along with the Class of 1945, Hepper's graduating class was unique in that it was managed by the U.S. Army. In an effort to direct health providers to the war effort once the U.S. entered the Second World War, the Army began paying schools for the future physicians' medical education in exchange for their conscription into the Army or Navy.

"Dean [Harley] French announced to us one day in June of 1943 that the Army was taking over the medical school," continued Hepper. "He said, 'You guys will all be going to Minneapolis for induction into service.' And we came back to Grand Forks and started medical school in June 1943."

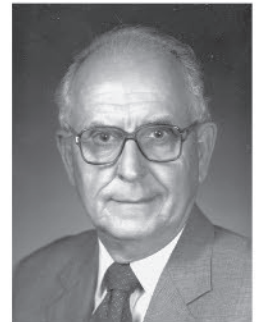
"I remember a group of us went to Dr. French and asked him which he recommended: joining the Army or the Navy," Hepper's colleague Donald Skjei, MD, who passed away in 2018, told John Vennes for his history of the SMHS *North Dakota, Heal Thyself*. "He said, 'Well, if you get into trouble when you are in the Army, you can always walk back.' I think the majority of the class joined the Army."

Hepper agreed, adding that most of his class sought to avoid the Navy.

"I chose the Army and went to medical school as a private first class in the army specialized training program," he said.

After completing his BS Med degree from UND in 1944, his

medical doctorate in 1946, and his internship in 1947, Hepper completed his military service as a Senior Assistant Surgeon—the equivalent of Captain in the Army—in the U.S. Public Health Service. It was during this time that he was stationed in the Atlantic with the Coast Guard.



Norman Hepper, MD

"I came out of the service and went to Iowa Methodist Hospital in Des Moines for training," continued Hepper, who specialized in pulmonary medicine. "I went on to Mayo in Rochester and stayed on staff there for my entire career. We've been in Rochester ever since."

In an effort to give back to the School that gave him so much, Hepper and his wife of 67 years Charmaine, the doctor's "terrific mate," established the Dr. Norman & Charmaine Hepper Medical School Scholarship in 2009. Since its inception, the scholarship has been awarded to nearly a dozen SMHS medical students.

"Charmaine and I have a scholarship of which we're very proud. We received a wonderful note from the latest recipient [Melissa Gunderson of West Fargo, N.D.], which was very nice," said Hepper, who was able to visit the new SMHS building with his wife and daughter in September 2018. "It's a great feeling when we realize that this scholarship will persist even after we're gone. We're proud now, but like the idea that someday future recipients of the scholarship will be helped by this—and might even refer back to this article to get some of our story. That's very neat."

***Future donors interested in leaving their own legacy or contributing to existing endowments are encouraged to visit the UND Alumni Association and Foundation online at [UNDalumni.org/smhs](http://UNDalumni.org/smhs).***

By Brian James Schill



# THANK YOU TO OUR THOUGHTFUL DONORS

who recently gave gifts or made pledges.

**Robert Arusell, MD '76, and Janelle Sanda, MD '81**, of Fargo, N.D., continue to support the Robert Arusell MD and Janelle Sanda MD Professorship in Medicine Endowment, which supports faculty at the School.

**Dave and Sandy Gregory** of Grand Forks, N.D., continue to support the Dave and Sandy Gregory Medical School Scholarship Endowment, which provides scholarships to medical students with preference given to those who grew up in Grand Forks County. Dave Gregory served as director of development for the UND School of Medicine & Health Sciences for two years before retiring in May 2018.

**Dr. Robert, BS Med '62, and Kay Hedger** of Oak Park, Ill., continue to support the Dr. Walter Wasdahl and Dr. Robert and Kay Hedger Endowment, which provides scholarships to medical students who demonstrate financial need.

**Betty Wold Johnson of Hopewell, N.J.**, continues to support the Karl Christian Wold MD Medical Library Distribution Fund, which supports Library Resources, and the Katherine Maryann Rasmussen Memorial Scholarship Endowment, which provides scholarships to Physician Assistant Studies students.

**Donald and Mary Ann Sens** of Grand Forks, N.D., continue to support clinical research needs at the School. Mary Ann is chair of the pathology department, and Don is professor there.

## HOST

This year, the UND School of Medicine & Health Sciences HOST Program (Housing Our Students as they Travel) received its largest number of requests for alumni to provide complimentary lodging, transportation, meals, or general information for fourth-year medical students during residency interviews. The Office of Alumni & Community Relations was able to meet 11 of those requests. Thank you to the following alumni who graciously hosted our students:

- Tom Botsford, MD '15, of Cleveland, Ohio
- Jessica Corean, MD '15, of Salt Lake City, Utah
- Kory Frey, MD '99, of Madison, Wis.
- Janet, BS Med '68, and James Gilsdorf, MS Biochem '68, BSMed '69, of Ann Arbor, Mich.
- Janelle Jones, MD '04, of Tucson, Ariz.
- Tabitha Ongstad, MD '15, of Grand Rapids, Mich.
- Dan Ostergaard, BS Med '71, of Kansas City, Kan.
- Stephen Rostad, MD '17, of Iowa City, Iowa
- Donna Seger, MD '77, of Nashville, Tenn.
- Robin Thompson, MD '98, of Chapel Hill, N.C.
- Mark Timm, MD '87, of Germantown, Wis.

**To sign up for the HOST program, visit [med.UND.edu/alumni-community-relations/host.html](http://med.UND.edu/alumni-community-relations/host.html).**

**Jeff Dodson**

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**Jessica Sobolik, '02, '17**

Director of Alumni & Community Relations  
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## Multiple faculty at UND School of Medicine & Health Sciences receive research awards

Several faculty at the UND School of Medicine & Health Sciences (SMHS) have been awarded research grants in the past several weeks totaling nearly \$1.75 million to be devoted to a variety of years-long research projects at the School:



- Saobo Lei, PhD, professor in the Department of Biomedical Sciences, received the first-year installment of a two-year, \$695,000 grant from the Department

of Health and Human Services (DHHS) and National Institutes of Health (NIH) for a project titled “Cellular and Molecular Mechanisms of Vasopressin in Anxiety.”

- Collette Adamsen, PhD, director of the UND Center for Rural Health’s National Resource Center on Native American Aging, received the first-year installment of a two-year, \$385,000 grant from the American Association of Retired Persons (AARP) for a project titled “Native Urban Elder Needs Assessment Survey (NUENAS).”



- Sarah Sletten, PhD, and James Porter, PhD, professors in the Department of Biomedical Sciences, and Don Warne, MD, MPH, director of the School’s Indians into

Medicine (INMED) program, received the first-year installment of a \$322,260 grant from the DHHS-NIH for a project titled “Indians into Medicine: Native Educator University Research Opportunity in Neuroscience.” The project will help the School develop a program for recruiting American Indian students into neuroscience research.



- Barry Milavetz, PhD, professor in the Department of Biomedical Sciences, received the first-year installment of a two-year DHHS-NIH award worth

\$139,000 for a project titled “Epigenetic Regulation of the Establishment of an SV40 Infection.”

- Mandi Peterson, MA, GISc, senior research analyst in the School’s Healthcare Workforce Group, recently received a one-year, \$115,000 award from the North Dakota Department of Health for a project titled “Behavioral Health Workforce Development Year 2.” The award will be used to develop the state’s behavioral health workforce.



- Gary Schwartz, PhD, MPH, PhD, professor and chair of UND’s Department of Population Health, has received a one-year, \$89,000 award from the Coverys

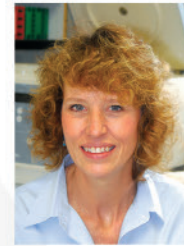
Community Healthcare Foundation for a project titled “Identifying Women at High risk of Ovarian Cancer.”



- Finally, Eric Murphy, PhD, associate professor in the Department of Biomedical Sciences, has been awarded the 2019 American

Oil Chemists Society (AOCS) Fellow Award. The award is a prestigious “lifetime” honor that has been given to only two percent of Society members for their outstanding contributions to science, industry, and the AOCS Society. Murphy will be recognized at the AOCS Annual Meeting & Expo, to be held on May 5, 2019, in St. Louis, Mo.

## Holly Brown-Borg named Fellow of American Association for the Advancement of Science



Holly Brown-Borg, PhD, Chester Fritz Distinguished Professor of Biomedical Sciences at the UND School of Medicine & Health Sciences, has been named a Fellow of the

American Association for the Advancement of Science (AAAS) for contributions to the biology of aging.

Brown-Borg is an expert on aging, endocrinology, metabolism, and oxidative stress. She has dedicated her career to determining how the pathways and mechanisms that hormones utilize may suggest potential therapeutic interventions that could lead to strategies to delay aging, treat aging-related disorders, and extend life span in humans.

A graduate of the North Carolina State University doctoral program in physiology, she has published more than 100 papers.

“I am truly honored to become a Fellow of the AAAS,” said Brown-Borg. “As a scientist, I have had the great fortune of pursuing what I love: a deeper understanding of the biological mechanisms of aging. Nearly every living organism ages and we don’t fully understand the processes that impact health, aging, and longevity. I deeply appreciate those who contributed to my career and nominated me for this honor.”

In addition to being named a Chester Fritz Distinguished Professor in 2010, Brown-Borg has won additional awards, including a lifetime achievement award from the American Aging Association, the UND Foundation Thomas J. Clifford Faculty Achievement Award for Excellence in Research in 2013, the Fellows of the University Award for Departmental Excellence in Research in 2018, and several SMHS Outstanding Block Instructor awards.



## UND's Fetal Alcohol Syndrome Center releases new report on FASD in North Dakota

The North Dakota Fetal Alcohol Syndrome Center at the UND School of Medicine & Health Sciences (SMHS) has released its "Report to North Dakota on Fetal Alcohol Exposure and Fetal Alcohol Spectrum Disorders (FASD)." The report, the third of its kind to be produced by the Center, will be delivered to health and social service agencies across the state, including hospitals, public health departments, and state health agencies.

Drawing on data from dozens of peer-reviewed FASD studies, some of which were developed in collaboration with SMHS students, the report notes that more than 3,000 women reported using alcohol while pregnant in North Dakota in 2017.

Another study on the economic cost of FASD, written in part by SMHS medical students Jacob Greenmyer and Cassandra

Kambeitz and published in the *Journal of Addiction Medicine* in 2018, notes that children with FASD end up costing states like North Dakota an estimated \$22,810 annually each. On an annual basis, adults with FASD cost the state \$24,308 each.



"These data demonstrate the need for a more systematic approach to screening for prenatal alcohol exposure during prenatal care," said Larry Burd, PhD,

director of the ND FAS Center at the SMHS and author of the new report. "And we need to do a better job of following up with these women after the delivery of their babies and during their well-child care visits."

FASD is a term describing the range of

effects that can occur in an individual whose mother drank alcohol during pregnancy. Conditions on the spectrum include Fetal Alcohol Syndrome and Alcohol-Related Neurodevelopmental Disorders. Potential effects of these disorders include physical, mental, behavioral, and learning problems such as: growth deficiency, intellectual disabilities, central nervous system abnormalities, and minor facial anomalies (e.g., small eyes).

"I'm concerned that in our response to the opioid epidemic—which is a serious issue—we may have lost sight of the more common and more severe effects of alcohol use during pregnancy," added Burd, noting that for every baby in North Dakota requiring treatment for neonatal opioid withdrawal syndrome, several cases of FASD occur.

## SIM-ND program recognized as National Rural Health Day "Community Star"

The UND School of Medicine & Health Sciences (SMHS) Simulation in Motion-North Dakota program (SIM-ND) has been recognized as a "Community Star" by the National Organization of State Offices of Rural Health (NOSORH). The UND SIM-ND program, managed by the School's Simulation Center, is one of 13 state providers to have been designated "community stars."

SIM-ND is a program that sends the Simulation Center on the road in the form of four custom-built, 44-foot long learning labs on wheels. SIM-ND units bring simulation education to all third-year medical students training on SMHS campuses away from Grand Forks. Units also provide health care education to rural areas of North Dakota so emergency responders and other providers can upgrade their skills closer to home rather than leave their service areas for training.

"The SIM-ND program is worthy of the 2018 NOSORH Community Star recognition,"



said Lynette Dickson, associate director of the UND Center for Rural Health (CRH). "SIM-ND provides high quality on-site training to all of North Dakota's Critical Access Hospitals, EMS units, and other medical providers. This project is a shining example of true rural health collaboration, innovation, and leadership."

The CRH is designated as North Dakota's SORH, a federal-state partnership that helps rural communities build their health

care services through collaborations and initiatives with a wide range of partners across the state. SORHs provide support to rural hospitals, clinics, and first responders in several ways, including technical assistance, funding that supports workforce development, population health management, quality improvement initiatives, and more.



## Sharma to chair roundtable discussion for AAI Committee on the Status of Women

The American Association of Immunologists (AAI) Committee on the Status of Women has invited Jyotika Sharma, PhD, associate



professor in the Department of Biomedical Sciences at the UND School of Medicine & Health Sciences (SMHS), to chair a roundtable discussion on “Grant Writing for Principal Investigators” at the upcoming AAI meeting to be held in May 2019.

Founded in 1913, the AAI is an association of scientists from all over the world dedicated to advancing the knowledge of immunology and its related disciplines. The organization includes nearly 8,000 members located in 71 countries and publishes the *Journal of Immunology*, the largest and most highly cited journal in the field. AAI

boasts 27 Nobel Laureates, 50 Lasker recipients, and more than 200 recipients of the top national and international awards for science and immunology.

“I am fortunate to have gathered grant-writing, scientific publishing, and mentoring experience here at UND, and feel privileged to have this opportunity to give back to the community,” Sharma noted. “Women in science face unique challenges, and although the times are changing women are still professionally underrepresented. AAI is doing a great job bringing experienced scientists to a platform where they can share their work-life challenges, experiences, and success stories with young scientists, and I’m glad to participate in this initiative.”

A professor of biomedical sciences at the UND SMHS since 2011, Sharma has built

a career out of studying host-pathogen interactions, bacterial pneumonia, sepsis, chronic granulomatous disease, and the influence of cigarette smoke on chronic obstructive pulmonary disease. In seven years of her faculty appointment, she has been awarded multiple major National Institutes of Health (NIH) grants, and is also the Director of a \$10 million multi-principal investigator Center of Biomedical Research Excellence (CoBRE) grant to establish a nationally/internationally recognized Center for Excellence in infectious disease research. This Center currently supports the research program of four junior investigators, and provides research infrastructure by establishing and maintaining state-of-the-art facilities available to support research within and outside of UND.

## UND SMHS publishes Fifth Biennial Report on health in North Dakota

The UND School of Medicine & Health Sciences (SMHS) Advisory Council, a legislatively mandated group of 16 stakeholders connected to North Dakota’s health care enterprise, has published the School’s *Fifth Biennial Report: Health Issues for the State of North Dakota*.

Highlights from the *Report* include:

- Although North Dakotans have a lower prevalence of diabetes than the rest of the U.S., and are less likely to report fair or poor health, they have a higher risk of certain cancers and a mortality rate that exceeds the national average.
- North Dakota is tied for fourth in the country in the percentage of its state population 85 years of age or older. Because demand for health care increases with age, demand for services is especially pronounced in the state.
- North Dakota has fewer rural physicians per 10,000 residents (5.7) than the United States as a whole (7.2), but more

primary care physicians on average. Our physicians are older and more likely to be male than elsewhere in the U.S.

- While North Dakota has a lower percentage of uninsured people than America as a whole, the rates of non-insurance climb for persons living in rural areas and on American Indian reservations.
- A majority of hospital nurses are licensed practical nurses (LPNs) or registered nurses (RNs) and were trained in-state. There was a vacancy rate of greater than 10 percent for all levels of nurses in 2018.

This latest *Report* updates the previous four editions with a comprehensive examination of health care workforce licensure data. Data were gathered in January 2018 and examined the number of licensed professionals and their locations, specialties, and demographic information. The result of this survey informed two new chapters: a comprehensive chapter on

the nursing workforce in North Dakota, and a chapter on psychiatrists, behavioral health, and the non-physician health workforce in the state.



The School’s *First Biennial Report* was published by the SMHS Advisory Council in 2011 to coincide with the state’s 62nd Legislative Assembly. The primary stimulus for the preparation of the Report was a revision in the North Dakota Century Code (NDCC) in 2009 by the 61st Legislative Assembly in which the duties of the SMHS Advisory Council were modified.

The full *Report* can be read online at <http://med.UND.edu/publications/biennial-report>.



## UND School of Medicine and Health Sciences students receive major Giving Hearts Day scholarships



The UND School of Medicine & Health Sciences (SMHS), in partnership with Dakota Medical Foundation (DMF), is pleased to announce that three scholarships worth \$12,500 each have been awarded to three randomly chosen SMHS students. The scholarships are part of Dakota Medical Foundation's annual Giving Hearts Day, which occurred on February 14, 2019. SMHS Giving Hearts Day Scholarship winners for 2019 include:

- Shenee LaCroix (top left), a second-year physical therapy student from Newcastle, Wyo., has been given the Dr. Susan Zelewski Giving Hearts Scholarship.
- Brooke Lentz (top right), a third-year medical student from Rolla, N.D., has been given the Dr. David Schmitz Giving Hearts Scholarship.
- Andrea Lerick (see below), a junior from Savage, Minn., majoring in medical laboratory science, has been given the Dr. Steffen Christensen Giving Hearts Scholarship.



"Many of us, as students and future health professionals, are always wanting to help others and find the best fit for us for a job," said LaCroix upon learning she had won a Giving Hearts Day scholarship. "Looking a year out, though, it seems that where I want to end up and where I need to end up often come down to student loan repayment, rather than the patient population or place we want to practice. [With this scholarship] I'll be better able to pursue a job as a physical therapist—hopefully specializing in pediatrics—that's a better fit for me."

Full-time SMHS students in any of the School's eight degree-granting programs—doctor of medicine, medical laboratory science, sports medicine, occupational therapy, physical therapy, physician assistant studies, public health, and graduate students in the departments of biomedical sciences and clinical and translational science—who registered for the opportunity were eligible to win. Donors who gave \$1,000 or more to the SMHS through the DMF website were given the chance to win the right to name one of the scholarships.

"I am so immensely grateful to the generous donors—it is more appreciated than anyone could ever know," added Lentz, who will put the money toward medical school tuition and expects to specialize in a primary care field. "I anticipate increasing costs

next year, as I take board exams, apply to residency, and interview at programs across the nation, so this scholarship will definitely be helpful. I've been dependent on student loans, so it is such a relief knowing that this scholarship can help offset that burden. I have been contemplating doing an international rotation next year but was hesitant due to the cost. Having this scholarship definitely makes it seem like a more feasible possibility!"

Lowering student debt has been a priority of the SMHS of late. In a recent survey administered by the Association of American Medical Colleges, graduating medical students cited "ability to pay off debt" as one of their top concerns entering the medical profession. This concern affects students' choice of specialization and practice location, which, in turn, has an effect on the physician workforce in North Dakota.

"We hope these Giving Hearts scholarships inspire students to realize that giving is transformative," concluded DMF President Pat Traynor. "What a great opportunity to engage UND's generous alumni, who are helping our future healthcare professionals pay down some of their debt. We never want money to be a barrier that keeps anyone from the health field and serving the people of our state."





**MD IN A DAY**

North Dakota state legislators Sen. Diane Larson (left) and Rep. Bernie Satrom hold "sim" babies for the School's MD In A Day event in Bismarck, Dec. 2018.



**PARTNERSHIPS AND RELATIONSHIPS**

Cole Ward (left) and Collette Adamsen from the UND Center for Rural Health and the National Resource Center for Native American Aging with North Dakota Governor Doug Burgum in Dec. 2018 at the "Strengthening Government to Government Partnerships & Relationships" conference in Bismarck.



**SEEING RED**

Faculty, staff, and students pose for the School's Wear Red Day photo shoot in Feb. 2019 to promote awareness of cardiovascular disease in women.



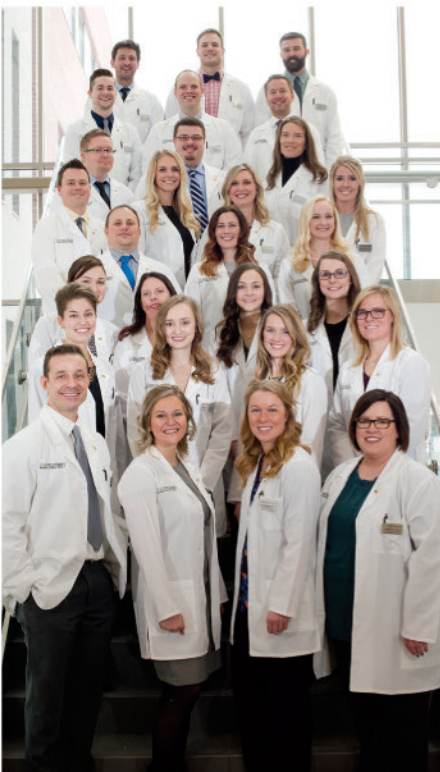
## ON HOLIDAY

Faculty, staff, and students from the UND Department of Occupational Therapy don their ugliest holiday sweaters in Dec. 2018.



## PA WHITE COAT

The Department of Physician Assistant Studies Class of 2020 (left) models its new look following the program's White Coat Ceremony at the School in Jan. 2019.



## HOLIDAY PARTY

From left to right at the Northeast Campus (Grand Forks) holiday party in Dec. 2018: Grand Forks Mayor Michael Brown, MD, Charles Christianson, MD, SMHS Dean Joshua Wynne, MD, Dr. Wynne's spouse Susan Farkas, MD, Mayor Brown's spouse Ann Brown, MD, and David Schmitz, MD.



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# SAVE THE DATE:

## Alumni Receptions



**OCCUPATIONAL THERAPY**  
April 5, 2019 - New Orleans

*Photo by Todd Coleman.*  
[UNDalumni.org/ot2019](http://UNDalumni.org/ot2019)



**UND HOMECOMING 2019**  
Oct. 4-5, 2019 - Grand Forks

[med.UND.edu/events/homecoming](http://med.UND.edu/events/homecoming)



**PHYSICIAN ASSISTANT STUDIES**  
May 2, 2019 - Fargo  
[UNDalumni.org/pa2019](http://UNDalumni.org/pa2019)