



# NORTH DAKOTA MEDICINE

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University of North Dakota School of Medicine & Health



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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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School of Medicine & Health Sciences

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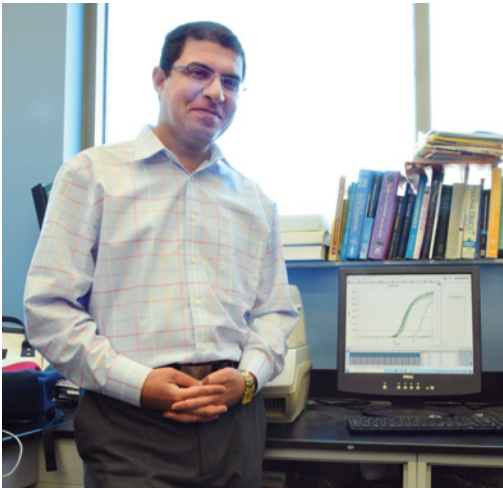
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ON THE COVER: Department of Biomedical Sciences faculty Abraam Yakoub in his lab in the UND School of Medicine & Health Sciences.



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

**UND** SCHOOL OF MEDICINE  
& HEALTH SCIENCES  
UNIVERSITY OF NORTH DAKOTA



# DIVERSITY, EQUITY, INCLUSION



The importance of fairness and equity in the provision of health care is obvious. We have worked hard at *your* UND School of Medicine & Health Sciences to ensure that the faculty members and students who will be future health care providers here and elsewhere resemble and reflect the demographics of the population of North Dakota and the region. As you know, one of the region's—and nation's—largest groups of underserved individuals is American Indians/Alaska Natives (AI/AN). But through a variety of pathway and other programs, many of which are coordinated through our renowned Indians Into Medicine (INMED) program, we have welcomed a significant number of individuals from this demographic into our medical school class. In fact, almost ten percent of all four MD classes identify as AI/AN, and the SMHS is proud that it is at or near the top of the list of medical schools in the country as far as the fraction of its classes that identify as such. Similarly, our faculty ranks boast an important contingent of AI/AN professors and one of the only Indigenous associate deans in the nation.

Leading our efforts in promoting diversity throughout the SMHS are two faculty members, Dr. Don Warne, associate dean for diversity, equity, and inclusion, and Dr. Holly Brown-Borg, assistant dean for gender equity. I don't know of any other school or college in the entire North Dakota University System that has one—let alone two—deans focused on DEI activities. Drs. Warne and Brown-Borg partner with Dr. Tamba-Kuui Bailey, assistant professor in the UND College of Education & Human Development and special assistant to the president for Diversity & Inclusion, to ensure alignment of the DEI efforts of the SMHS with that of UND as a whole.

As indicated, their efforts are paying dividends as we strive for a more inclusive and diverse workforce at the SMHS and a student body balance that reflects the demographics of the state and region. For example, over the past three years we hired 49 new faculty members, 31 of whom are female and six of whom are AI/AN. For our typical medical student class of 78 students, seven slots are reserved for INMED students. And as you might have heard, our M.D. Class of 2025 is more than 60% female. This is the highest percentage of female first-year students the School has ever seen.

The other important focus for medical student recruitment is a rural background, and over the past two years we've offered about half of our available slots to those students. To be sure, not all of those applicants decided to come to UND, so we need to continue to work hard not only to attract candidates but also to get them to be matriculants.

Recently we've seen an interesting phenomenon as the country has, in general, embraced the importance of DEI and intensified efforts to become more diverse in various areas. What we've seen recently applies specifically to our INMED applicants. Some of them are being actively recruited by other medical schools and they are being enticed away by generous scholarship offers elsewhere. We have tried to respond by increasing our own scholarship support available for INMED students, and Dr. Warne has been very successful in involving philanthropic donors to provide two additional major scholarships for INMED students. However, we could use even more help to remain competitive in what has been a very competitive marketplace for talent!

So please, if you can, we'd really appreciate any additional financial support that you might be able to provide. Please be in touch with Dr. Warne at [donald.warne@UND.edu](mailto:donald.warne@UND.edu) or with Jeff Dodson, Director of Development for the SMHS, at [jeffd@UNDfoundation.org](mailto:jeffd@UNDfoundation.org). Our future students will be very appreciative for your support!

In closing, I'd like to thank again our many alumni, friends, colleagues, and supporters who donate their time, advice, knowledge, experience, and dollars to support our educational and research programs. No other medical school in the country can boast such a wonderfully robust voluntary (clinical) faculty roster; as you may know, more than two out of three of all the practicing physicians in North Dakota are clinical faculty members at the SMHS and are ready and willing (and able!) to help produce the next generation of physicians. Thank you for all that you do!



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

# TRANSFORMATIVE MIND AND FEARLESS SCIENCE

Department of Biomedical Sciences researcher Abraam Yakoub uses bold thinking to bring an NIH Director's Transformative Research Award to UND.



“The science put forward by this cohort is exceptionally novel and creative and is sure to push at the boundaries of what is known,” said National Institutes of Health (NIH) Director Dr. Francis Collins last year, speaking of the 2021 winners of his namesake award—the NIH Director’s Transformative Research Award—who had just been announced.

Half a nation away, a professor in Grand Forks, N.D., looked up from his computer and smiled.

At the time the release quoting Collins was coming out, Abraam Yakoub, Pharm.D., Ph.D., an assistant professor in the UND School of Medicine & Health Sciences (SMHS) Department of Biomedical Sciences, already knew that his project was one of only five projects selected by the NIH in 2021 with the potential to make the most groundbreaking discoveries on COVID-19.

But the notice still felt nice, said Yakoub, recalling a different NIH news release that called his and others’ ideas “transformative projects ... that have the potential to create or overturn fundamental paradigms.” After all, most researchers don’t get that sort of press—“transformative,” “exceptionally novel”—very often.

“It was heart-warming to be recognized by Dr. Francis Collins, that our work and ideas are indeed transformative—a paradigm shift of the mainstream understanding of COVID-19,” Yakoub said, explaining how the award was part of the NIH’s High Risk High Reward program. “It was satisfying and shows that people understand how big these ideas are and that they could change the world. By the NIH’s own admission, the science we’re doing here is very powerful and revolutionary.”

#### **‘The structure of scientific revolutions’**

Although he was perhaps not intending it, Collins’s commentary on the projects Yakoub and his colleagues developed referenced Thomas Kuhn’s 1962 classic study in the history of science, *The Structure of Scientific Revolutions*. In the book, Kuhn distinguishes “normal science” (the routine and necessary basic science undertaken by researchers every day) from the less frequent “revolutionary” variety, arguing that, ultimately, new paradigms of understanding tend to be produced by the latter.

That is to say, advances in science come about less by the slow, grinding work of countless diligent researchers working in the trenches daily within a given paradigm, said Kuhn, than they do suddenly and at times dramatically.

“[N]ormal science ultimately leads only to the recognition of anomalies and to crises [in science],” the historian mused. “And these [crises] are terminated, not by deliberation and interpretation, but by a relatively sudden and unstructured event like the gestalt switch. Scientists then often speak of the ‘scales falling from the eyes’ or of the ‘lightning flash’ that ‘inundates’ a previously obscure puzzle, enabling its components to be seen in a new way that for the first time permits its solution.”

It was for this sort of “gestalt switch” that the NIH awarded Yakoub’s team a five-year, \$4.5 million award to examine coronavirus using a “systems-based approach” to disease, rather than thinking of the virus as affecting the lungs only.

“Why is the virus killing millions of people?” asked Yakoub. “Is it just a lung infection or something beyond? We told the NIH we have an idea why this might be happening, and they liked the idea. This award is a testimony to our exceptionally innovative, trailblazing research program. It means we really are thinking outside the box in order to crack scientific mysteries.”

To that end, the project could lead to discovering the “black box of COVID-19,” he said.

Such bold thinking is what Yakoub—whose email signature includes the Albert Einstein quip “Only those who attempt the absurd can achieve the impossible”—hopes to make more routine in his own lab.

“By genetics and personality, I happen to be someone who is deeply keen about innovation and creativity in my work on a daily basis,” he explained, adding that it was the possibility of major breakthroughs that drove him to science in the first place. “I do believe in the power of out-of-the-box thinking, and part of my mission is to role-model that to my trainees and students. We want to inspire students to think transformatively, to overturn paradigms and not get stuck in a certain mainstream thinking [in the field],

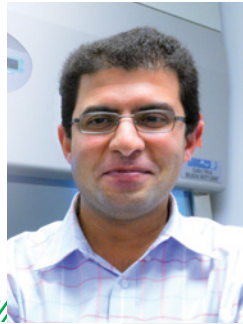
which could be wrong or incomplete. We want to model to people how to develop the transformative mind. Just like a muscle, your brain can be trained to think in a paradigm-shifting manner.”

### **Revolutionary approach to neurodegeneration?**

As Kuhn noted, then, from the Copernican Revolution to germ theory to quantum physics, the history of science suggests that many of the thorniest questions in science require such transformative thinking to address satisfactorily.

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**“I do believe in the power of out-of-the-box thinking, and part of my mission is to role-model that to my trainees and students.”**



**DR. ABRAAM YAKOUB** 

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The same is true in medicine, said Yakoub.

Speaking of neurodegenerative diseases like Alzheimer’s and Parkinson’s, Yakoub added that for all the progress science has made in the past century, we’re all still a long way from a cure for these and similar conditions. As such, a new research paradigm might be in order.

This is why his team also applied for and received a second grant from the NIH’s National Institute on Aging (NIA) to study neurodegeneration in a way that could mean the end of such diseases as we know them.

“A lot of approaches to date suggest people have been trying to cure neurodegenerative disease, but these have thus far failed to cure Alzheimer’s and Parkinson’s,” he said of neurodegeneration, his original research focus. “So we’re taking a very different approach than mainstream thinking.”

Specifically, Yakoub is using the cutting-edge concepts of synthetic biology and “directed evolution” to evolve a protein

with a desired therapeutic function. The researcher said that this second project will leverage the power of a virus in therapy while at the same time disable its toxic machinery.

As one peer reviewer put it, the potential significance of Yakoub’s neurodegenerative project is likewise tremendous. “This therapy has the potential to revolutionize the field,” the reviewer said, adding that “if the aims are even partially successful, the project could lead to new therapeutic avenues for neurodegeneration.”

### **From bench to bedside**

The type of research that Yakoub’s lab pursues is known as clinical translational research (CTR) in so far as it “translates” discoveries made at the laboratory bench into novel therapeutics such as pharmaceuticals or gene therapies that will directly benefit patients in the clinical setting. The SMHS has made CTR a priority in recent years through an earlier grant supported by the NIH.

For the countless persons afflicted by not only COVID-19 but the many neurological disorders that cut so many other lives short, however, such translations can’t come soon enough.

But even though the research takes time—and revolutions are few and far between—answers are coming, concluded Yakoub. One only needs to maintain hope, faith, and courage.

*By Brian James Schill*







# STARTING A NEW (NON)TRADITION

**‘Nontraditional’ first-year student Hollie Bearce goes from medical lab scientist to UND medical student.**

“I should start by explaining that I’m rocking because I have a baby in my lap,” begins first-year medical student Hollie Bearce, tilting her computer’s camera downward to reveal a sleeping infant. “I’m a nontraditional student in many ways—there aren’t that many of us with kids.”

Such was the focus of the video chat Bearce had just joined: discussing the “nontraditional” medical student experience. For although she is hardly alone, Bearce is correct in suggesting that even in the twenty-first century few American medical students fit such a

definition: exceeding the 24 years-old average matriculation age, claiming a spouse and/or children, and having spent several years working in a different profession before pivoting to medicine.

Bearce checks each of these boxes. Plus, she’s a first-generation college student—a rarity among medical students.

Rather than seeing all of this as a disadvantage, though, the medical laboratory scientist (MLS) by training considers herself in an enviable position.

“My background in biochemistry and MLS have been tremendously helpful,” she says. “Of course, there will be units where I don’t have a trick in my in my bag. The next unit is musculoskeletal, and that’s probably my least strong area. But there has definitely been an advantage [to my background], especially this unit.”

Furthermore, the ex-laboratorian explains, being both a spouse and mother has prepared her for the medical curriculum. There is, after all, much health education to be gleaned from sitting up late at night with sick kiddos.

"I block off eight to five, Monday through Friday and I hit the books hard," Bearce says, reflecting on her busy schedule, which she manages via color-coded spreadsheet. "I pay attention in lecture and I take the notes. And then from five until their bedtime, I'm home with the kids. I don't do interviews, I don't do schoolwork, and I don't attend any interest groups. With some exceptions, [school is] off-limits for me."

### **The evolving medical student**

The medical student profile is evolving, though. As such, Bearce's experience is less unique than it used to be in that matriculants identifying as nontraditional make up a growing proportion of medical students than they did a decade ago.

According to data from the Association of American Medical Colleges (AAMC), whereas only 13.4% of 2019 first-year students claimed a gap of 3-4 years between their undergraduate degree and beginning medical school, that same figure was 15.2% in 2021. Likewise, the percentage of 2021 medical school matriculants who returned to school five or more years after graduating college was up modestly to 8.5% relative to 2019's figure of 7.9%.

These numbers are the result of many national and global factors, likely including the coronavirus pandemic, the advent of easier online and distance learning, and changes in the economy broadly. Floating just below these factors are tweaks among medical college admissions teams that likewise want students with rich life experiences and a diversity of socioeconomic, racial, and experiential backgrounds in their cohorts.

Such diversity, after all, is good not only for students and their institutions but patient outcomes.

One 2019 meta-analysis from the National Medical Association claims, for example, that greater diversity in the provider pool positively correlates with "higher profits and a range of financial rewards [for health systems] including: innovation, increased productivity, improved accuracy in risk assessment and ... improved patient health outcomes."

### **AND BABY MAKES FOUR**

Hollie Bearce (left) and family.  
Photo courtesy Jenni Franklin  
of 208 Images & Media



## Et tu, UND?

Understanding this all too well, medical schools and the AAMC increasingly tend to encourage diversity within their ranks.

UND is no different, say multiple School of Medicine & Health Sciences officials.

“Non-traditional students are able to draw on their personal and professional experience and perspective when working in the medical curriculum, especially in settings such as [patient-centered learning classrooms] or clinical courses,” says Susan Zelewski, M.D., assistant dean for phases 2 and 3 of the revised SMHS medical curriculum.

The School’s Associate Dean for Student Affairs and Admissions, Jim Porter, Ph.D., agreed, noting that such students bring skills that more traditional students sometimes lack.

“A nontraditional student can bring resilience and maturity to the medical classroom,” he adds. “From my point of view as a classroom educator, these aren’t always things that can be taught—they often only come with time.”

To that end, says Porter, officials within the SMHS tend to seek applicants not simply with the highest organic chemistry and Medical College Admissions Test (MCAT) scores so much as those with good scores plus unique attributes, personal stories, and experiences that better position them to succeed in the profession.

All of this brings us back to Bearce, who not only participates in the School’s Indians Into Medicine (INMED) Program but double-majored in Italian and biochemistry as an undergraduate.

Taking a course in Italian almost on a lark, Bearce found out she was both good at language learning and that Italian was very close to Latin—which happens to come in handy in the health professions.

“So I broke up my science by getting to exercise both the right and left sides of my brain,” the Washington state native smiles. “And now I can speak Italian, which you would think is just kind of arbitrary, but it was intentional. It really helps me with medical terminology.”

## Nontraditional challenges

“Fluency” in other fields notwithstanding, data on medical student demographics suggest that older students can face challenges that their younger colleagues might not. The social isolation that can come from being five or 10 years past their cohort is one challenge. Furthermore, some research demonstrates that nontraditional students typically score lower on the U.S. Medical Licensing Examination (USMLE) Step 1 exam, if for no other reason than because they’ve been out of the testing game for so long. (The same data show that these students have caught up to their peers by the Step 2 exam, however.)

When asked about these challenges, Bearce didn’t miss a beat. Speaking of the stresses of high-stakes testing, she explains that she’s not especially worried about the Step exams—the first of which was recently converted into a pass-fail test.

“I took a national board exam when I became a medical lab scientist, so I have a very clear idea of the stress that goes into preparing for [these tests],” she shrugs. “I honestly think that in some ways, [Step 1] might be easier. The MLS board is a computer adaptive test that is designed to try to make people fail, whereas Step 1 is for general medical knowledge. If you have the knowledge, you should be able to pass it.”

The AAMC seems to agree, admitting in one article from its many publications that “Once older students adjust [to the medical testing regime] they often emerge

as leaders in their classes and excel in areas where younger students stumble.”

## Smarter not harder

And adjust Bearce has.

After recognizing that her “old school” methods of studying don’t work quite as well these days—“There’s no time to make flashcards, so you have to buy products that are already assembled for you to study from or you will drown in material”—she concedes that she had to find the time and place to study both harder and smarter.

“The challenge with med school is really just the pace, right?” she laughs. “So most of the time I’m locked in a closet in the INMED office. That way I’m not disturbed by other people. I tried for the first two units to go to all the in-person lectures, meeting my classmates, and now, with family at home, I don’t have time for that. So—into the closet.”

Like a caterpillar in a cocoon, then, Bearce expects to emerge from that closet soon as a changed person: one capable of not only producing and reading lab results but practicing direct primary care with a variety of patients.

At least that’s what her spreadsheet has planned for her.

*By Brian James Schill*

# THE BEST PEOPLE

Dropping her work bag near the back door of our Grand Forks home, Robin David, my wife of 20 years, had some interesting news to share.

“I visited an occupational therapy class in your building today,” said Robin, who directs the Grand Forks Public School District’s Mentor Center, a tutoring/wellness project for middle and high school students that shares a building with the UND School of Medicine & Health Sciences (SMHS) Family Medicine Residency on UND’s campus. “Tess was in the class.”

This is how Therese “Tess” Pettersen, a 25-year-old Norwegian in the second year of her Occupational Therapy Doctorate (OTD) program at UND, re-entered our lives.

I should back up.

In 2017, Robin and I taught separate courses, in English, to a combined cohort of Norwegian and American students at the American College of Norway (ACN) in Moss, Norway. The small college, housed in an historic building at the bottom of a hill just off the rushing Mosseelva waterway, partners with a handful of American universities, including UND, in an effort to expose first-year Norwegian undergraduates to American-style higher education.

Functioning as first-year experience for Norwegians and a study abroad semester for Americans, ACN helps the majority of its Norwegian students transfer to schools in the United States to complete their degrees. After taking a handful of courses from American professors in 2017, Tess did just that, arriving in the U.S. later that year to pursue first an undergraduate and then a graduate degree at UND.

And although neither Robin nor I had heard from any of our former ACN students for some time, here was Tess, five years later, helping produce a needs assessment for the Mentor Center on behalf of an award-winning OT department that it’s my job to help publicize for the SMHS.

Small world, indeed.

Norwegian Occupational Therapy doctoral student Tess Pettersen reconnects with two of her former instructors 4,000 miles and five years from when they first met.

## The best people

With the help of Department of Occupational Therapy faculty Wanda Lauer and Jane Loscheider I decided to reach out to Tess, if for no other reason than to catch up. In true Norwegian fashion, she was more than happy to pass some time with a familiar face in a still sometimes-foreign land.

Shaking hands in the OT program’s therapy laboratory in the SMHS building—a gorgeous classroom equipped with a fully-furnished and functional living space that helps train therapists to return clients to the tasks of daily living—Tess and I sat down this past February to chat OT, health systems, and the different COVID outcomes across different nations.

After a smattering of small talk, the blonde student from the land of trolls and snow broke the ice.

“The reason I remember you so well is because in that class, over the summer, you had us write a paper,” she smiled. “I don’t even know what the paper was about, but you had us submit a draft before the final grade.”

As a 19-year-old, Tess recalled, she had written “gonna” instead of “going to” in the paper in question, a colloquialism I apparently asked her to correct.

“Being a Norwegian and having an American professor, you really want your English to be perfect, right?” she laughed. “And I remember you wrote a little comment and said ‘What is this? Fix it.’ To this day I have never used that word in any school paper. I don’t even use it if I’m texting, because I hear your voice in the back of my head.”

This diligence, attention to detail, and willingness to correct mistakes is what makes Tess a natural occupational therapist.

Back when Robin and I taught and advised undergrads for UND’s interdisciplinary Honors Program, we came to recognize very quickly that not only were pre-OT students the kindest and most gracious cohort, quite literally; they were



## MISTY MOUNTAINS

Images from across Norway, courtesy Robin David



also typically the most pragmatic, organized, competent, and helpful people on the planet.

Even in 2017, Tess fit this profile in every way.

“I feel like you really get to know a person [in OT], you get to know who they used to be before they received a diagnosis or before an injury or accident,” she continued, explaining her attraction to OT and noting that she initially fancied herself a physical therapist. “You get to meet their families, work with their entire support system, and you’re able to become a part of that family for sure. I just felt it was a better fit.”

### Back in the U.S.A.

Like many of her compatriots, Tess had been to the U.S. before, with her family. Until 2017, though, she had yet to set foot in North Dakota. And while you might imagine that a Norwegian would be unfazed by the state’s bitter cold, she admitted that her first winter in the Dakotas was more of a challenge than she had anticipated.

“In Norway, we have mountains, trees, you know—something to protect you from the elements,” she said with a gesture toward the window. “Here, there’s nothing like that. Just wind. I had no idea that the winters were going to be this bad. And I remember at the time I told my roommate at ACN, who was from this area, that I was excited because ‘I’ll be there with you in college. We’ll go hiking!’ And she just laughed.”

It’s extremes notwithstanding, it’s the North Country’s bitter cold that, as Bob Dylan put it in Martin Scorsese’s *No Direction Home*, “equalizes everyone” at the same time as it generates a “we’re-all-in-this-together” sense of community.

This is, in part, why Pettersen was at Robin’s Mentor Center.

Embedded within the OTD curriculum is a series of courses that ask students to develop independent service- and experiential-learning projects with and for other educational, nonprofit, or community-based institutions in the area. Tess’s specific OT cohort is helping the Mentor Center with program development and assessing Grand Forks students’ physical and emotional health needs.

“We met with Robin, who is our guide through this,” Tess explained. “We’re working with her, targeting what the Mentor Center needs. They already have life skills programs, cooking classes, and guest speakers. But if one of those programs needs further development, that’s something we can look at from an OT perspective.”

As Tess put it, such courses, emerging out of the state’s community-oriented culture, are what helped UND’s occupational therapy program stand out from others and are part of why she ended up in Grand Forks.

“You really get a lot of hands-on experience, which is great, and a feel for what it’s like to help people and help agencies and different populations,” she said.

Robin agreed, describing how she considers such partnerships invaluable.

“As a big fan of the occupational therapy profession, I was enthusiastic about partnering with the SMHS program,” she noted. “Having seen the impact of OT first-hand with all ages, I was eager to enhance offerings for our Mentor Center students. I certainly couldn’t have imagined that the partnership would also allow me to connect with someone I met across the ocean years before.”

### **Different health systems**

Even more, said Tess, studying at UND has given her an education in American healthcare—and how different it is from the system she’s used to.

“We have specific classes where we talk about the different types of health insurance and spend a lot of time trying to differentiate between plans,” she added. “Medicare, Medicaid. We get a general overview and introduction to all that in-class, and it’s something we learn more about when we go on our fieldwork—the different types of insurance.”

At this point I shared with Tess my story of the night in 2017 when I took my son, who was suffering an asthma attack, to a spartan Norwegian emergency room.

After consulting with the calm, English-speaking physician, getting my son an aerosolized dose of albuterol, and being given some shockingly inexpensive prescription medication, we went to the facility’s desk, as directed, to check out. Through a series of apologies, the receptionist somewhat sheepishly explained that because we were not Norwegian citizens, and thus not enrolled in the country’s national health plan, we’d have to pay for the visit.

Shrugging and handing over my credit card, I soon saw a read-out on the payment terminal: \$75 USD, including a one-month supply of prescription asthma medication. Not much more than a co-pay back in the U.S., and no follow-up bill to come.

All for an emergency patient—a non-citizen—with no health insurance.

Wincing a bit at my anecdote, Tess acknowledged that such factors influence her thinking on where she might begin a professional life after she graduates in 2023.

**“You want to help everyone that needs help. One person can’t do that. But together we can.”**

**THERESE PETERSEN** //////////////



“It’s really hard to witness people [in the U.S.] who need services from OT and PT—or just medical care in general—but can’t afford it or do not have insurance that covers it. You hear stories, or other students’ experiences on fieldwork. You’ll hear about those who only have three visits with OT—that’s all their insurance covers—when in reality they should see an OT for 10 sessions.

“That would never happen in Norway.”

#### Different COVID outcomes

Such differences, Tess suggested, account at least in part for the vastly different pandemic outcomes in the U.S. and Norway.

As of this writing, the World Health Organization reports some 950,000 COVID-related deaths in the U.S., and more than 79 million confirmed cases since the pandemic began. In Norway, the number of COVID deaths is around 2,000. Accordingly, the Johns Hopkins University Coronavirus Research Center gives the U.S. a deaths/100k population ratio of 285.15—ten times Norway’s 28.96 ratio.

“So, normally, as a country, we want to protect everyone,” Tess quipped as if the concept were self-evident. “We don’t mind paying for our neighbor. And so we closed down our country pretty quickly. We were really strict about quarantines, isolation, testing, all these things. The malls closed, restaurants, everything. We just recently started to open back up.”

Didn’t that hurt the economy, I wondered. How did folks pay rent?

“People were basically furloughed, and I think for the first 30 days of that furlough they still received their salaries,” she explained. “And then after a certain amount of time, they would receive 60% of [their salaries], so they were still getting paid although they weren’t working. And Norway paid that bill. As a society. We didn’t like having to shut everything down—some people lost their jobs or lost their house because they couldn’t pay their mortgage. But at the same time, we saw how many lives we were saving.”

In the end, then, Tess acknowledges that it’s hard to dissociate having grown up in a nation with this mindset—caring for others—from her own desire to enter a profession designed to help others in physical, emotional, and social ways.

“You want to provide care to everyone. You want to help everyone that needs help, right? One person can’t do that. But together we can.”

*By Brian James Schill*

#### ■ '10s

**Lucas Holkup, MD '16**, has joined the team of general surgeons at Lake Region Healthcare in Fergus Falls, Minn.

**Luke Roller, MD '12**, has been named Associate Dean of the UND School of Medicine and Health Sciences Southwest Campus in Bismarck.

#### ■ '00s

The North Dakota Medical Association has announced **Joshua Ranum, MD '08**, as the new president of the association. Ranum is a physician with West River Health Services in Hettinger, N.D.

**Scott Lawrence, MD '02**, has opened a new practice in Detroit Lakes, Minn. Liberty Health Clinic is part of the Fargo-based Heartland Healthcare Network for independent providers, which contracts with a number of private health insurance companies. Lawrence also is credentialed with other insurance companies to make sure his patients are covered if they opt to follow him to his new clinic.

#### ■ '90s

**Jan Bury, MD '90**, received an honorary doctorate at the University of Mary’s 2021 alumni awards banquet, the highest honor bestowed by the University of Mary. Bury received it as a “witness to resilient joy, model of steadfast compassion in healthcare, and exemplar of professional excellence in medicine.” She retired in August of 2021 after 27 years as an OBGYN and labor and delivery nurse.



**Lucas Holkup, MD '16**



**Luke Roller, MD '12**



**Joshua Ranum, MD '08**

# LUX ET LEX... ET SNOXCROSS

All winter long, three UND-connected physicians put their training to great use by handling emergencies at the Snocross snowmobile racing championships.



Let medical schools in southern climes staff the first-aid tents serving the World Surfing Championships, say, or the Parasailing Nationals.

For three UND-connected physicians with skills in emergency medicine, including the chairman of the Emergency Medicine Department at the UND School of Medicine & Health Sciences, the place to be on North Country winter weekends is trackside at the AMSOIL Snocross Championship series.

That's where you'll find them tending to injured racers in the Super Bowl of snowmobile racing.

It's not quite like providing medical backup at a hockey game, said Dr. Zach Paull, a

2021 graduate of the UND medical school and an AMSOIL Snocross Championship medic. After all, "you generally know what to expect from a hockey game.

"It's a little different when you have 450-pound sleds flying around the track," Paull said.

Dr. Jon Solberg, the chair of UND's Emergency Medicine Department and Paull's colleague on the Snocross Mobile Medical Team, agreed. Maybe rodeo is a closer parallel. "But the difference is, we've got 15 rodeo athletes riding bulls at the same time and in the same arena," Solberg said.

Add the fact that the races – whose riders, propelled by 60-mph speeds and 30-foot-

high jumps, can fly on their sleds nearly half the length of a football field before touching the ground – take place outdoors in at times below-zero conditions, and you've got a series of very exciting but very challenging events, Solberg said.

**'World-class track-side medical care'**

Watching over each race and running out on the track, when necessary, to recover injured riders is the Snocross Mobile Medical Team. The nonprofit organization was formed "to bring world-class track-side medical care to the athletes and crew of the national AMSOIL Championship Snocross series at no cost to the athletes," the team's website states.

The 13-member team includes physicians, EMTs, paramedics and other medical





## TAKING FLIGHT

AMSOIL Snocross racers jump their snowmobiles 30 feet in the air and up to 90 feet in distance.

professionals, about half of whom are present at each race. Said Solberg, “it’s a small and intimate group of very experienced people, who work together every weekend in the wintertime and do our best to keep the riders and crews safe.

“And everybody on the team who’s a doc is from UND. It just speaks volumes about the medical school and what its alumni go out and do.”

Snocross – the most popular form of snowmobile racing – sees riders on high-performance sleds tackle the jumps and tight turns of motocross, except on snow instead of dirt. The AMSOIL Snocross Championship Series features 17 races across eight weekends. The races take

place in northern states from North Dakota to New York and attract top riders from across the U.S., Canada, Europe, and Japan.

Dr. Emily Woods, a 2017 UND SMHS grad, recently completed her residency in Emergency Medicine at the Mayo Clinic. That’s one of the top programs in that specialty in the world.

But Mayo Clinic Hospital’s emergency room is one thing, and Snocross events are another, Woods said.

“I trained at a Level I trauma center,” Woods said. “I had an operating room, I had a surgeon, I had six nurses in my trauma resuscitation bay.

“But out there by the track, it’s me, maybe three or four medics, and a nurse. And we’re trying to decide, what needs to happen right now? Who do we send to the hospital, and who can we deal with right here?

“You’ve got to be someone who works well in an environment where there are limited resources and a lot of unknowns.”

### Triaging at the track

Moreover, the isolation is just the beginning of the medical team’s challenges for any given race.

The first factor that plays a role is the environment, meaning both the high-speed race itself and also the weather.

Team members are positioned around the track at the race’s start. A rapid-response Polaris Ranger utility terrain vehicle (UTV) with a custom medical gurney on-site.

When a rider gets injured, race officials wave yellow flags, alerting the other riders that a medical team is entering the track. Keeping the injured athlete and the medical team member safe is paramount in these moments. If the rider needs to be evacuated, he or she will be transported

to the team’s mobile medical trailer – basically, a small but functional emergency room on wheels.

“The trailer provides a warm, safe environment where we can get the pads and helmet off, and see what’s going on,” Solberg said.

What’s going on can be one or more of any number of injuries. Said Woods, “we see dislocated shoulders and broken ankles, but we also see more serious things such as spinal fractures or a punctured lung.”

The sport’s 30-foot jumps mean falls happen, too, as do crushing injuries from sleds landing on riders.

It’s an intense environment that calls upon practitioners’ full range of abilities. These include skills in not only emergency medicine but also human relations, as when decisions must be made about whether riders can get back on the track.

“It’s a balance,” Woods said. “Sometimes you have to take their helmet and say, ‘You can’t race anymore.’

“But these are young athletes who are very driven. So when you’re telling them, ‘You have a dislocated shoulder, you should be in a sling for four weeks,’ you have to remember: That’s four race weekends that they’d need to miss.”

Plus, said Paull, “I’ve seen pro riders dislocate a shoulder in one heat, then have it popped in, and they go out and win the next heat, 20 minutes later. Some of these riders are just a different breed, and they all know what they’re getting into.”

### Building friendships, honing skills

The good news is that the fast pace and constant teamwork lead to tremendous camaraderie among the Snocross Mobile Medical members. Solberg served as an Army doctor for seven years, and says the goodwill recalls the best parts of his time



## COLD WEATHER CONFERENCE

From left, Dr. Jon Solberg, Dr. Emily Woods, and Dr. Zach Paull confer in the Snocross Mobile Medical Team's mobile medical trailer.

in the military: “The satisfaction that you get from being part of a team like this is really wonderful,” he said.

“That’s definitely part of the allure of doing these races.”

Another benefit is accruing to the UND School of Medicine & Health Sciences itself. “This Snocross work with ambulance services across our region has led to UND starting, for the first time, an elective rotation for fourth-year medical students on ‘EMS Direction,’” he said.

“Our students will be going out and riding along with the ambulance. They’re riding with the police department and the fire department, and learning how emergency medical services really are managed out in the field.”

Solberg’s goal with that elective and other departmental offerings is to strengthen UND students’ background in emergency medicine. “If you wreck your car almost anywhere in rural North Dakota, the odds

are you’ll be cared for by an ambulance crew whose medical director is a UND-trained family medicine doctor,” he said.

“So, we’re trying to make sure all of those students are skilled in emergency medicine. I think the students appreciate that, because they realize that no matter what specialty they go into, they’re probably going to encounter emergencies, and they’ll want to know what to do.”

### North Dakota diligent

For her part, Woods said she’s not surprised that three doctors with UND School of Medicine & Health Sciences ties wound up on the Snocross medical team, one of the more exciting emergency-medicine and sports-medicine gigs around.

UND-trained physicians have a reputation for being industrious and collegial, as well as skilled: “Whenever I’ve interviewed for residency or fellowships, once I say I’m from North Dakota, they’re like, ‘She’s going to work hard.’

“That work ethic is a big part of our reputation, which I think is so cool.”

Solberg agreed. “Even in the military, when I said I was from North Dakota, I can’t count the number of times people said, ‘Oh, I like this guy already, because I know he’ll get the job done,’” said Solberg, UND SMHS Class of 2006.

“And I think that’s the same on the Snocross track. There are not a lot of physicians who’d be willing to stand there in 20 below, ready to jump into the fray to care for somebody who’s injured. But the North Dakota docs are willing to do it, you know? That speaks volumes for the school.”

*Editor’s note: The Snocross Mobile Medical Team is a 501(c)(3) nonprofit, and depends on donations and sponsorships to operate. For more information or to make a donation, visit [fxrmobilemedical.com/donate](http://fxrmobilemedical.com/donate).*

By Tom Dennis

# ASKING THE TOUGHEST QUESTIONS

A new SMHS Internal Medicine Residency Program-led committee on health equity looks to help balance the scales of health access and outcomes in the region.

“Are you racist?”

The question stopped Dr. Laura Nichols in her tracks years ago when she was an internal medicine (IM) resident in Milwaukee, Wis.

Fumbling through a response, the now Sanford Health internist in Fargo, N.D., and IM clerkship director for the UND School of Medicine & Health Sciences (SMHS) Southeast Campus remembers reflecting on what in this particular African American patient’s history would produce such a bold question to a white, female physician.

**“I’m passionate about being an advocate for minority groups in the Dakotas and Minnesota.”**

DR. CICILEY LITTLEWOLF



“I don’t really remember what I said to him, but I did ask him, ‘What was it that made you feel you needed to ask me that at the beginning of the appointment?’” Nichols recalls. “And he told me, ‘Well, I’ve had bad experiences in the past with physicians who I felt were not treating me equally because of the color of my skin.’ I hope I said something to the effect that, ‘I’m going to do my best to treat you as I would anyone else, based on the evidence, but I understand that inequities exist in medicine.’”

## Health Equity Committee

The conversation stays with Nichols to this day.

This is why, among other reasons, she didn’t hesitate last year when residents in the Fargo-based SMHS Internal Medicine Residency Program asked her to serve as a faculty mentor to a new committee they were forming to address health inequity in the region.

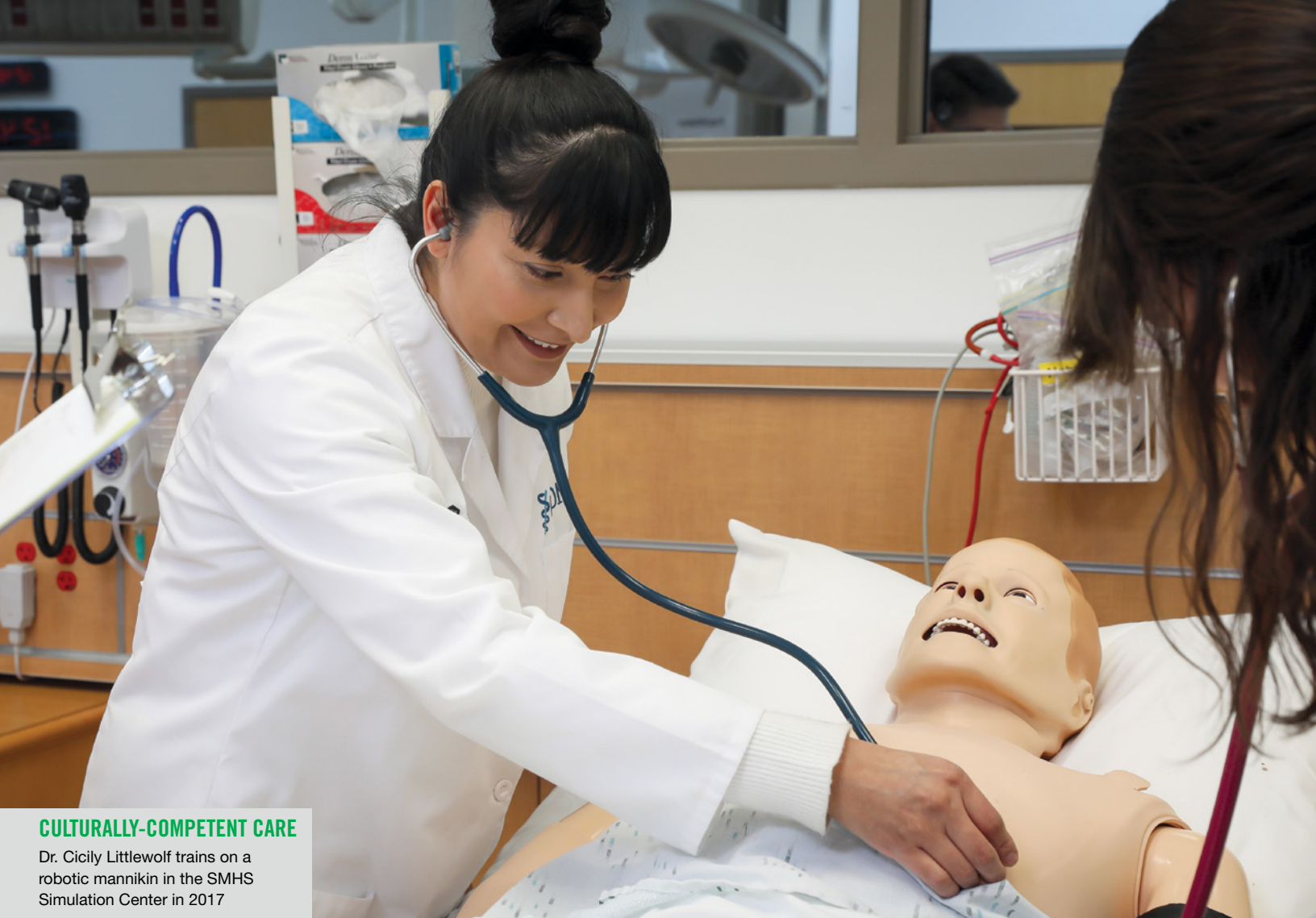
After a number of discussions about often complex questions of inequality within American healthcare—why do systemic inequalities persist and what is their origin? at what level are they best addressed?—these residents, mostly graduates of the SMHS, established the region’s first Health Equity Committee.

One of these young physicians is third-year resident Dr. Ciciley Littlewolf, who, like her colleagues, was looking for a vehicle to address persistent issues like the three times higher hospitalization rate among the American Indian/Alaska Native people (AI/AN) suffering infectious disease relative to the non-Native population—for the same conditions.

“I’m passionate about being an advocate for minority groups in the Dakotas and Minnesota,” explained Littlewolf, who helped found the equity group in 2021 with Drs. Jessie Bjella and Stephanie Melquist. “We had some great conversations, recognizing that there are healthcare inequities that we could bring attention to, and help educate our colleagues and prepare them to provide more and better healthcare to minority groups.”

After Bjella, in Fargo temporarily as a one-year transitional resident, left North Dakota, Littlewolf and Nichols recruited first-year IM resident Dr. Hallie Thompson and transitional residents Drs. Anastasia Schroeder and Rhianna Rubner, among other interested physicians.

“The health disparities in our country are pervasive and desperately need to be addressed,” shared Rubner, who



### CULTURALLY-COMPETENT CARE

Dr. Cicily Littlewolf trains on a robotic mannikin in the SMHS Simulation Center in 2017

jumped at the chance to join the team when she received an email notice about it. “I think being a physician comes with the responsibility to advocate for your patients, especially those not receiving the care they deserve, and using your role to initiate change—not only in an individual’s care, but at the level of the health system.”

“I was a med student at UND and had worked with Dr. Bjella in my fourth year,” added Schroeder. “We serve a wide variety of populations in the Fargo-Moorhead area, as well as outside communities, and this is a great opportunity to serve our populations better.”

#### Equity praxis

This core in place, the committee got to work strategizing how it could help reduce the unequal access to and inconsistent outcomes from the medical care that members of minority groups in the region might be experiencing.

Projects the team has pulled off so far include a lecture series for residents and veteran physicians discussing different aspects of culturally competent care for minority groups; outreach to area homeless shelters and religious institutions

to address care for those who fall below the poverty line; and even advocating for the review of institutional policies and procedures that might be contributing to unequal access or outcomes.

Discussing a fundraising drive the team coordinated with a pair of Fargo nonprofits in 2021, Thompson noted that the local imbalance in care is greater than many in even the medical community know.

“We procured a lot of donations on toiletry products, clothing, shoes, hats, and winter coats, and it was a lot of fun to see our UND and Sanford communities come together for both homeless shelters in Fargo,” she said. “And we got to drop off those goods in-person.”

Thomson then added that the committee is working on embedding the group’s work into IM Grand Rounds as well.

“We’re working with [internist] Dr. Jean Marie McGowan and [endocrinologist] Dr. David Newman on a lecture series this spring on how to provide health care to the LGBTQ-plus community.”

Specific projects the group has pursued include producing regular lectures for residents on “structural competency” and identifying common dermatologic conditions in patients with non-white skin tones; exploring the significance of pronoun use with transgender patients; and recognizing and addressing the latent biases all of us—health providers or not—may not even be aware we harbor.

“I really use my own life and my family as an example of the disparities that are experienced within [the American Indian] minority population,” Littlewolf continued of the lecture she gives first-year residents on culturally competent care for Indigenous people. “Because it’s so close and personal to me, it’s usually an emotionally-charged thing—on my part—meaning it makes me very vulnerable to share those stories. But I also think it’s really important and impactful because I recognize that this is just one minority population among many where I know that we as providers can do better.”

#### Acknowledging power

The Indigenous example is instructive in so far as it helps explain the question Nichols was forced by her Milwaukee patient to field.

Noting in their recent book, *American Indian Health Disparities in the 21st Century*, how the Indigenous relationship with the American government “has been characterized by warfare, conflict, land seizure, forced assimilation and acculturation, and governmental mediation and resolution,” SMHS faculty Dr. Don Warne, associate dean for diversity, equity, and inclusion, and Dr. Cornelius Dyke, chair of the Department of Surgery, describe how this fraught history produces the health inequities that the Indigenous population still experiences.

In other words, adds Nichols, history, structures, and power themselves are arguably the leading factors influencing the chronic disparities physicians and patients of all backgrounds continue to see.

“When somebody comes to your office or you see them in the hospital, there’s always a power differential there,” she said, cutting to the chase. “So, physicians should really focus on this work, because we have to figure out how to empathize with our patients that maybe are from a different class than us or are a different race than us or a different fill-in-the-blank than us. If we don’t, we won’t be able to show them the same level of empathy as those people with whom we identify more closely.”

After all, Nichols said, health is about so much more than diet, exercise, and smoking. It’s about all the social determinants of health that in many cases providers can’t even see.

Littlewolf agreed, adding that its not really a coincidence that her committee emerged during a global pandemic that has—as Warne and Dyke noted in their book—only exacerbated already entrenched inequalities.

“With the higher volume of patients that we’ve seen [due to the pandemic], we definitely see a lot of patients that come from the backgrounds that we’re trying to understand better through this committee,” she said. “And COVID for sure has exacerbated a lot of those healthcare disparities that, unfortunately, were already there.”

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**“... we have to figure out how to empathize with our patients that maybe are from a different class than us or are a different race than us or a different fill-in-the-blank than us.”**

**DR. LAURA NICHOLS** //



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“I am so proud of this committee of residents and faculty in internal medicine for not only raising awareness of the issues through education and training, but also organizing very meaningful health equity work in our communities,” added Dr. Dinesh Bande, chair of the SMHS Department of Internal Medicine. “Such social determinants of health—economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context—contribute to most healthcare disparities and inequities.”

And by asking the tough questions, Littlewolf and the rest of her committee hope to help make such disparities a thing of the past.

*By Brian James Schill*

# RURAL ROCK STARS IN STANDING ROCK

## A dentist and a doctor: two young professionals committed to serving a rural community in need.

As rural communities work to recruit health care professionals to their facilities, most undoubtedly have a “pie in the sky” goal: find a young professional who is rooted to the community through family connections and hope they stick around for a long time.

In reality, few places easily fulfill this goal. Fortunately, the Indian Health Service (IHS) hospital in Fort Yates, N.D., has found two such professionals: Zachary Perman, D.D.S., and Amber Tincher, M.D. '12, are young rural advocates serving the IHS hospital, part of the Standing Rock Service Unit in Fort Yates.

### Two sides of the same coin

Dr. Zachary Perman is a man with a plan. From a young age, he was always thinking ahead to the future and staying laser-focused on the things that would lead him to his goals. Hailing from Selby, S.D., located about 30 miles south of the state's northern border, Perman knew exactly what he would be doing 15 years after high school graduation. He would graduate from high school in 2007 and attend the University of South Dakota at Vermillion. He would then go on to dental school at Case Western Reserve University School of Dental Medicine in Cleveland, Ohio. Then, he would marry his high school sweetheart, move back home to Selby, and provide dental care to his surrounding communities of McLaughlin, S.D., and Fort Yates. Check, check, and check.

Amber Tincher's interest in rural medicine began at an even younger age. Born in rural Montana, on the Fort Belknap Indian Reservation, Tincher seemed destined to follow in the footsteps of her family members who paved a path towards rural family medicine. Tincher comes from a long line of practitioners, including her mother, Michelle Tincher, M.D., a 1995 graduate of the UND School of Medicine & Health Sciences (SMHS), and aunt Jackie Quisno, M.D., who

graduated from UND's Family Medicine Residency Program. When Amber Tincher was in fourth grade, her mother was accepted into medical school at the SMHS in Grand Forks, which prompted a move from Montana to North Dakota. While in medical school, Tincher's mother participated in the Indians Into Medicine (INMED) program.

“I saw the connection [INMED] offered her to continue to work with the Native population in our country and to connect with other INMED students and professionals,” she said.

When it was finally her turn, Amber Tincher didn't hesitate to follow in her family's footsteps and apply for medical school so she could return to provide care to her community.

“I was familiar with IHS being our primary source of medical, vision, and dental services. Often times there is a difficulty recruiting to these underserved areas and I wanted to be a part of the solution,” she said.

### Debt reduction

Like Tincher, Perman's family is no stranger to health care professionals, either. His dad, Clint Perman, is a 2002 graduate of the UND PA program and provides care in McLaughlin, S.D. Perman's sister is also a dentist and began practicing alongside him in Fort Yates in 2020. Tincher and Perman are also similar in that they are young health care professionals with little to no debt remaining thanks to scholarship and loan repayment programs through IHS.

“I am 33 years old, and my debt will be wiped out within the next six years,” said Perman, who used IHS scholarships and loan repayment to help him pay for tuition and loans, and is already well on his way to debt freedom—a scenario about which many young health care professionals can only dream.

Given their family backgrounds in health, financial security in the form of debt forgiveness, and ties to the local area, these two young professionals couldn't help but see Fort Yates as a triple-threat for job placement. But what began as a plan and a pathway to go back home to practice dentistry and medicine has evolved into a mission to serve their community of patients in the best way possible: through collaborative care and working together toward a common goal.

### Dentistry as medicine

Fort Yates is located within Sioux County, which lies entirely within the Standing Rock Indian Reservation. The county makes up about 30% of the Standing Rock Reservation with the remainder in South Dakota. The population of Sioux County is just above 4,200 residents. According to a 2021 Rapid Community Assessment, around 32% of the population lives in poverty compared to the state average of 10.6%. A high poverty rate has a huge impact on quality of life and the county's overall health status, which makes collaboration among health care providers even more important. For example, Sioux County has a high rate of diabetes.

Though Perman does not work directly with diabetes care, there are linkages between oral and physical health, such as periodontal disease, that can be an indicator for chronic conditions like diabetes. Perman says that improving and controlling one aspect of a person's well-being has a positive effect on other aspects. In Fort Yates, dental care is integrated into the health care facility, meaning Tincher and Perman have the ability to easily refer patients to each other for needed care.

"The integration of dental care at the IHS allows me to provide better care to the patient, as I am able to get a more accurate health history and provide better, safer care," Perman said.

As a family medicine physician who does see patients with diabetes, Tincher agrees that integrated care is good for the patient. "Ideally it would be great if every health care facility could have integrated dental care," she said. "Our patients



### DYNAMIC DUO

Zachary Perman, D.D.S., and Amber Tincher, M.D., serving the IHS hospital in Fort Yates, N.D.

benefit from direct referrals from providers to the dentist if we have concerns we'd like addressed."

Fort Yates seems to have struck gold with the recruitment of two rural rock stars, but the real winners are the patients who have these dedicated providers working together on their behalf.

*By Stacy Kusler*

*Editor's note: After this article was written, the Standing Rock Service Unit in Fort Yates received its Critical Access Hospital designation.*

# PARKINSON'S CARE PARTNERS

Marv Bossart Parkinson's Foundation teams up with UND to offer training to health professions students.

The Marv Bossart Parkinson's Foundation has teamed up with the University of North Dakota to provide funds for physical therapy (PT), occupational therapy (OT), and communication sciences and disorders (CSD) students to obtain training in Parkinson's disease care. Through this effort, qualified UND students will have 100 percent of the cost covered for specific Parkinson's education and training.

An endowment—the Marv Bossart Parkinson's Endowment—has been established through the UND Alumni Association & Foundation for future growth, along with a distribution fund for immediate use for students in the 2021-2022 school year.

In this first year alone, over 150 students at UND will qualify for these funds.

The course in question will utilize evidence-based speech, physical, and occupational therapies to help people with Parkinson's. The training is being administered by LSVT Global, a U.S.-based physical and occupational therapy training organization focused on the Lee Silverman Voice Treatment (LSVT) model.

"My dad, Marv, was always so proud to be a UND graduate," said Liz Bossart Mathison, executive director of the Marv Bossart Parkinson's Foundation. Mr. Bossart died from complications of Parkinson's in 2013. "Establishing this endowment is an honor and a privilege for our family, ensuring that so many students will learn how to help those with Parkinson's for many, many years to come."

The Marv Bossart Parkinson's Foundation is administered by Dakota Medical Foundation (DMF), Fargo.

"This partnership, established between the Marv Bossart Parkinson's Foundation and UND, is a beacon on the prairie," added Pat Traynor, executive director of DMF. "It once again exemplifies how the people of this region come together in an effort to make a real difference in the lives of our communities."



## PAYING IT FORWARD

Liz Bossart Mathison (right) and UND health sciences students celebrate a new endowment for Parkinson's care.

Because LSVT treatment is customized to each person's specific needs and goals, it can help regardless of the stage or severity of the condition. LSVT trains people with Parkinson's disease to use their body more normally, effectively training for any activity, whether "small motor" tasks like buttoning a shirt or "large motor" tasks like maintaining balance while walking. It also teaches them how and when to apply extra effort to produce bigger motions – more like the movements of everyone around them.

"I am so grateful to Liz and the Marv Bossart Parkinson's Foundation for their vision and investment in the education of students in the PT, OT, and CSD programs," said Cindy Flom-Meland, professor and chair of the UND School of Medicine & Health Sciences Department of Physical Therapy. "Their generous endowment will benefit students for years to come, and the number of persons with Parkinson's disease that will be treated by these soon-to-be health care providers is exponential. It's a beautiful way to pay-it-forward in memory of Marv Bossart."

Mr. Bossart anchored the WDAY News for 42 years. The Marv Bossart Parkinson's Foundation was founded by the Bossart family to help patients, their families, and caregivers affected by the disease.

By Brian James Schill



# DONORS GIFT 34 WHITE COATS TO PHYSICIAN ASSISTANT STUDENTS

The School's third annual Adopt-a-PA Program met its goal of 34 white coats for the PA Class of 2023. Thank you to each of the generous donors from around the country who gifted white coats to our PA program this year:

- Anonymous
- Brenda Becker, Kalamazoo, Mich.
- Dwight Birkley, Sioux City, Iowa
- Ashley Bjornerud, Bemidji, Minn.
- Travis Booke, Dickinson, N.D.
- Cherie Dowell, Blaine, Minn.
- C. David Eastep, Ozark, Mo.
- Brenton Green, Bismarck, N.D.
- Greg Kile, Madison, Kan.
- Kenneth Korn, Tallahassee, Fla.
- Savanna Kramer, Zeeland, N.D.
- Lawrence Lee, Plant City, Fla.
- Jenny Marsden, Moorhead, Minn.
- Chukwuka Nnoli, Grand Forks, N.D.
- Donald Person, San Antonio, Texas
- Rachel Pranger, Carlinville, Ill.
- Lisa Braun, Rosholt, S.D.
- Matthew Ryba, Eau Claire, Wis.
- Ashley Schultz, Frazee, Minn.
- Terrie Wold, Moorhead, Minn.
- Joshua Wynne & Susan Farkas, Fargo, N.D.

Thanks to more than 20 generous donors, 34 UND School of Medicine & Health Sciences physician assistant (PA) students began the clinical portion of their studies with white coats in hand!



## ADOPT-A-MED-STUDENT BY JUNE 1!

Since 2011, donors to the UND School of Medicine & Health Sciences have provided engraved stethoscopes for first-year medical students. This important moment in medical students' lives not only provides them with a necessary tool-of-the-trade but connects them with what we hope is a lifelong physician-mentor.

Gifts of \$250 per student can be:

- 1) Mailed to the UND Alumni Association & Foundation, 3501 University Ave., Stop 8157, Grand Forks, ND, 58202. (Include "Stethoscope" in the memo line OR
- 2) Submitted online at: [undalumni.org/smhs](http://undalumni.org/smhs). (Under Comments, please put "Stethoscope")

Letters to students can be included in option 1 above or emailed to [kristen.peterson@UND.edu](mailto:kristen.peterson@UND.edu).

### Jeff Dodson

Director of Development  
701.777.5512  
[jeffd@UNDfoundation.org](mailto:jeffd@UNDfoundation.org)



### Brian Schill, '00, '05

Director  
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701.777.2733  
[brian.schill@UND.edu](mailto:brian.schill@UND.edu)

# GATEWAY TO RURAL HEALTH RESEARCH

## The Rural Health Research Gateway offers up current, federally-funded research focusing on rural health care.

“Gateway is a place I can refer students, colleagues, legislators, clinicians, community leaders, and others who need to access high-quality rural health research to inform their work,” said Katy Backes Kozhimannil, Ph.D., M.P.A. “It is an incredibly valuable resource.”

A Distinguished McKnight University Professor with the University of Minnesota Rural Health Research Center, Backes Kozhimannil should know.

She is one of the researchers working with the Rural Health Research Gateway (Gateway).

An online resource that includes information on research centers, publications, projects, email alerts, and a dissemination toolkit, Gateway is a Federal Office of Rural Health Policy (FORHP)-funded project that provides easy and timely access to research conducted by the Rural Health Research Centers (RHRCs).

Giving users free access to research dating from 1996 to today, all in one convenient location, the Gateway website is an online library of research and expertise.

The repository’s easy-to-use website offers policymakers, educators, public health employees, hospital staff, rural leaders, academic researchers, and the news media a vetted place to find data they can use to address community health needs.

### Need for Rural Health Research

Health care is vitally important to communities throughout the country, and unique characteristics surround rural health care, compared to its urban counterparts. Making decisions regarding health care in communities for hospitals, clinics, public health departments, and schools requires data and evidence-based research.

This is where Gateway comes in, said Per Ostmo.

“The primary purpose of Gateway is to share the work of the FORHP-funded Rural Health Research Centers,” explained Ostmo, program director of Gateway. “These research centers study national rural health issues. Gateway houses the work of these research centers in one place, and we notify anyone interested as soon as we have a new research publication. We do this outreach through social media posts, through our email alert system, and with webinars so that research results are shared efficiently and effectively with diverse audiences.”

Originally funded in 2006, the Gateway program was developed quickly and the website launched in February of 2007. The need for providing rural health-based research meant first identifying the differences between rural and urban communities. In June 2021, Gateway was re-awarded funding to continue its work for another five years beginning July 1, 2021, through June 30, 2026.

“Rural and urban areas are quite different when it comes to social determinants of health, health care access, and prevalence and incidence of chronic diseases and conditions,” added Ostmo. “This means that health care solutions utilized in urban areas may be a poor fit for rural areas.”

As Ostmo explained, the research conducted by the Rural Health Research Centers and disseminated through Gateway highlight these rural/urban disparities so that policymakers, health care practitioners, administrators, educators, and other stakeholders are better-informed to care for rural populations.

“If you live in a rural area,” Ostmo explained, “you’ve probably experienced barriers to health care first-hand. Facilities are often under-resourced. It may be difficult to schedule an appointment with a health care provider. Individuals may need to travel more than an hour to see a specialist.”



# Rural Health Research Gateway

[www.ruralhealthresearch.org](http://www.ruralhealthresearch.org)

However, Ostmo continued, “the majority of American residents reside in urban areas and may not have an intuitive understanding of the challenges surrounding rural health care. It’s important that these challenges are quantified and presented to key decisionmakers in a manner that is easy to understand.”

### **Rural Health Research Centers**

The RHRC program, created in 1988, is the only federal program dedicated to producing policy-relevant research on health care in rural areas. RHRCs examine a wide range of critical issues facing rural communities as they work to secure adequate, affordable, high-quality health services for their residents.

RHRC research findings inform a wide audience of decisionmakers concerned with rural health and have been instrumental in bridging gaps between policy and program needs.

To that end, Gateway, the RHRCs, and FORHP all collaborate closely and frequently. Every year the federal office assigns four research projects to each Center. Projects are assigned based on the specialty area of each Center. For example, health care workforce is a specialty area of the Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) RHRC, while maternal health and obstetrics is a specialty area of the University of Minnesota RHRC.

Ostmo shared an example of how such focused research can be used to make decisions about elderly rural adults who wish to age in place.

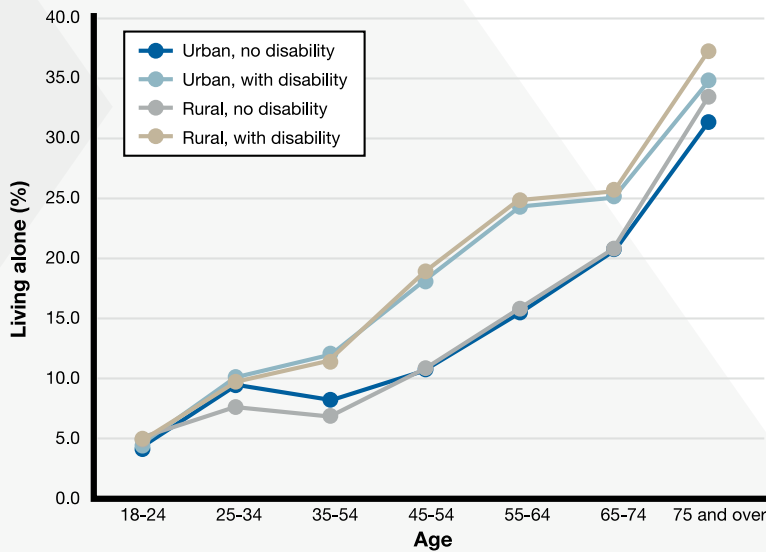
“Researchers from the University of Minnesota found that adults living alone in rural areas are more likely to have a disability and to be 75 years old or older, compared to adults living alone in urban areas. This data guides rural stakeholders to make better decisions.”

### **Growth despite a global pandemic**

“Publishing is not the endpoint for rural health research,” said Backes Kozhimannil. “The endpoint, in my view, is changing things for the better in rural communities by improving health and well-being for people and families. The only pathway to accomplishing real change through research is via dissemination of findings to the people with the power to make a difference for rural residents.”

In other words, before COVID-19, Gateway staff would travel to various national rural health conferences to exhibit or present research. During the pandemic, however, those in-person opportunities stopped as the world moved to a more virtual presence. Despite this, Gateway has consistently grown in reach—online. The research alerts have more subscribers than ever, and Gateway’s social media following has grown by 25% in the past year.

## RATES OF LIVING ALONE BY RURALITY, AGE, AND DISABILITY STATUS (2014-2018)



As such, Gateway’s website analytics are used to help select new research projects.

“We found that a 2014 publication by the North Carolina Rural Health Research and Policy Analysis Center titled ‘Discharge to Swing Bed or Skilled Nursing Facility: Who Goes Where?’ has been consistently popular for several years,” Ostmo shared. “As a result, that Center was recently asked to update that publication as part of a new project.

“The research centers are consistently putting out some of their best work ever. That being said, in-person events allow for that extra personal touch when it comes to stakeholder engagement, and I am looking forward to getting back to that.”

*By Jena Pierce*

# DISSEMINATION TOOLS

Along with maintaining a website, Gateway uses a number of other methods to share the work being done to improve rural communities, including:

- Hosting free webinars highlighting research focused on key rural policy issues, which draw up to 500 live attendees. Webinars are then archived on the Gateway website for users to view at their convenience
- Exhibiting, presenting, and sharing resources at local, state, and national health conferences
- Maintaining a presence on social media utilizing platforms such as Facebook, Twitter, and YouTube
- Collaborating with national organizations and associations to promote research in their newsletters and on their listservs
- Developing one-page research “Recaps” for general audiences and legislators
- Emailing research alerts to more than 2,700 subscribers when new research is published
- Providing other technical assistance to the RHRCs

Sign up for Gateway’s Research Alerts to be notified when new FORHP-funded rural health research is released. To read key research findings, follow Gateway on Facebook and Twitter at @RHRCGateway. Email inquiries are always welcome at [info@ruralhealthresearch.org](mailto:info@ruralhealthresearch.org).



## Choi named Associate Dean for Administration and Finance at UND School of Medicine & Health Sciences



**Namil Choi, M.B.A.**

Academic medicine veteran Namil Choi, MBA, CPA, has been named Associate Dean for Administration and Finance and Chief Operating Officer (COO) at the UND School of Medicine & Health Sciences (SMHS).

Originally from South Korea, Choi is joining the SMHS from the prestigious University of Chicago's Biological Sciences Division (BSD), where he has served as Executive Director of Planning and Financial Analysis since 2017.

The COO is a key member of the SMHS senior management team and acts as a strategic partner and advisor to the Vice President for Health Affairs and Dean of

the School, Dr. Joshua Wynne. The COO is effectively "second-in-command" to the Dean for all non-academic SMHS functions, and is responsible for the efficiency of its multi-dimensional business operations that involve four regional campuses across the state of North Dakota.

The COO also provides the leadership, management, and vision necessary to advance the SMHS's status and reputation and ensures that the School has the proper operational controls, administrative and reporting procedures, and systems in place to effectively grow the organization and to ensure financial strength and operating efficiency.

"I am thrilled that we have been able to recruit Namil to UND," commented Dr. Wynne. "He is highly experienced in

academic medicine, hailing from two of the premier academic health centers in the nation. I am confident that Namil will be of great assistance as we work to optimize our educational, discovery, and service operations in support of the people of North Dakota."

Choi received his Master of Business Administration degree in Finance, Accounting, & Strategy from Vanderbilt University in Nashville, Tenn., in 2005. He has since completed both the University of Chicago's Advanced Leadership Program and the Association of American Medical College's (AAMC/AAIM) Executive Leadership Program.

## Department of Indigenous Health, Center for Rural Health host virtual lecture series for dental providers

The University of North Dakota's Department of Indigenous Health and Center for Rural Health (CRH) Project ECHO® (Extension for Community Healthcare Outcomes) program teamed up to host a series of virtual one-hour clinics using the TeleECHO model to train dental providers in North Dakota on addressing primary health care concerns in their offices.

Sponsored by the North Dakota Department of Health's (NDDoH) Oral Health Program, this UND-led lecture series kicked off in Jan. 2022 and included lectures by Dr. Timothy L. Ricks, Rear Admiral, Assistant Surgeon General and Chief Dental Officer with the U.S. Public Health Service, and Dr. Natalia Chalmers, Chief Dental Officer at the Center for Medicare and Medicaid Services.

"We know that the health of our mouth corresponds to health of our body, but too much of care provision separates the two," said Shawnda Schroeder, Ph.D., assistant professor in the Department of Indigenous

Health, whose team recently completed a clinical series with North Dakota health providers on screening and referral for oral health. "Having the chief dental officers on board to share ideas with our dental teams in North Dakota, providing valuable insight and ideas on how to care for people in our community, is monumental."

The series will be promoted among dental teams in North Dakota, giving them an opportunity to hear from local providers and members of the state Oral Health Program, which will share lectures and clinical case presentations to illustrate how dental teams in North Dakota serve as a type of primary care provider.

These 2022 sessions include free continuing education credits for dental providers.

The Project ECHO model was established in 2003 at the University of New Mexico School of Medicine to develop the capacity to decentralize knowledge and amplify

providers' capacity to offer best practice care for underserved populations.

"We know that there are 28.2 million Americans who visit an oral health professional each year but not a medical provider," added Schroeder. "According to the American Dental Association Health Policy Institute, screening for chronic diseases in a dental setting may save \$102.6 million each year in health care costs. That's the value-add of this project for North Dakota. Through these clinics, dental providers in the state will become more aware of the specific health concerns of their patients, especially those who are underserved and under-resourced."

Learn more about the NDDoH Oral Health Program at [www.health.nd.gov/prevention/oral-health-program](http://www.health.nd.gov/prevention/oral-health-program) and more about the Project ECHO program for dentistry as primary care at [ruralhealth.UND.edu/projects/project-echo/topics/dentistry](http://ruralhealth.UND.edu/projects/project-echo/topics/dentistry).

## UND Department of Physician Assistant Studies presents white coats to PA Class of 2023



Thirty-four University of North Dakota School of Medicine & Health Sciences (SMHS) physician assistant (PA) students began the clinical portion of their studies recently in an effort to earn their Master of Physician Assistant Studies (MPAS) degree.

To that end, the Physician Assistant Class of 2023 received their white coats on Friday, Jan. 21, 2022, in the Charles H. Fee, M.D., Auditorium at the SMHS.

“The presentation of the white coat is symbolic of the new profession the students are entering,” said Department of Physician Assistant Studies Chair Jeanie McHugo, Ph.D., PA-C. “The coats will be worn by students through the clinical phase of their training and denote their involvement with the PA program at UND.”

Students have already completed their first two semesters of basic science instruction, and now transition into the clinical aspect of their curriculum in the didactic setting before beginning their primary care clinical

experiences under the supervision of physician and PA preceptors. Over the next 18 months, they will return to UND for several weeks at different junctures for continued education and training.

Eighty percent of the Class of 2023 is from North Dakota, South Dakota, and Minnesota. Students range in age from 20 to 37 years, with an average age of 27. The class includes ten males and twenty-four females.

UND Master of Physician Assistant Studies Class of 2023:

- Morgan Bernhardt, Bismarck, N.D.
- Ashley Black, Grand Forks, N.D.
- Samantha Braaten, Fargo, N.D.
- McKenzie Burke, Oseloa, Wis.
- Chelsey Clark, Livingston, Mont.
- Matthew Davis, Fargo, N.D.
- Cody DeWitt, Fargo, N.D.
- Breanne Dunn, Hot Springs, Ark.
- Anthony Douthit, Carrollton, Texas
- Kristopher Flynt, Dixon, Mo.

- David Franta, Winnebago, Minn.
- Timothy Fresonke, Perham, Minn.
- Victoria Gingrey, Gardner, N.D.
- Heather Greenwood, Dickinson, N.D.
- Alexie Harms, Crosby, N.D.
- Jenni Hetletved, Washburn, N.D.
- Sasha Hopfauf, Fargo, N.D.
- Monica Hurst, Poulosbo, Wash.
- Kaylina Kelley, Minto, N.D.
- Alexandra Laber, Fargo, N.D.
- Brittany Liljenquist, Cooperstown, N.D.
- Melanie Loehrer, St. Augusta, Minn.
- Brittany McPherson, Fargo, N.D.
- Jared Mouw, Sioux Falls, S.D.
- Allison Obritsch, Dickinson, N.D.
- Rodney Palmer, Lovell, Wyo.
- Kaitlyn Prochnow, Wahpeton, N.D.
- Molly Ruebke, Ada, Minn.
- Daniele Schroeder, Crookston, Minn.
- Mandy Stenehjem, Bismarck, N.D.
- Mary Weisberg, Bismarck, N.D.
- Tyson Williams, West Fargo, N.D.
- Jenna Zaeske, Minneapolis, Minn.
- Joshua Zetocha, West Fargo, N.D.

## ND-INBRE team receives multiple grants from National Institutes of Health



**Emily Biggane, Ph.D.**

A team of UND School of Medicine & Health Sciences (SMHS) biomedical researchers affiliated with North Dakota's IDeA Networks of Biomedical Research Excellence (INBRE) has received a collaboration award from the National Institute of General Medical Sciences (NIGMS) at the National Institutes of Health (NIH).



**Archana Dhasarathy, Ph.D.**

Emily Biggane, Ph.D., research faculty at United Tribes Technical College (UTTC) in

Bismarck, N.D., and Archana Dhasarathy, Ph.D., associate professor in the SMHS Department of Biomedical Sciences and program coordinator of the School's Epigenomics of Development and Disease research core, were awarded approximately \$140,000 for the INBRE project.

The goal of this one-year grant is both to promote biomedical research opportunities for UTTC undergraduate students, via the SMHS, and to strengthen mentoring and research support through two-way collaboration between the INBRE program at UTTC and UND's epigenomics research core.

INBRE programs are NIH-based projects that promote the development, coordination, and sharing of research resources and expertise between institutions to expand research opportunities for undergraduate students in particular and increase the number of competitive investigators at INBRE institutions. Coordinated at UND by SMHS professor of pathology Don Sens, Ph.D., principal investigator for ND-INBRE, the program promotes not

only biomedical research across the state, but helps maintain the pipeline for the state's healthcare workforce, training high school students and college undergraduates in biomedical research skills and knowledge creation.

"This collaboration strengthens the relationship between UTTC and UND and provides unique opportunities for Indigenous scholars to engage in biomedical research alongside their academic endeavors at their home institution," said Biggane. "Archana was one of the first faculty I encountered during graduate school at UND, and I am excited to continue learning from her and share her expertise with my students!"

Training undergraduates in cutting edge research techniques to address human health problems in a safe and supportive environment helps them to build confidence and acquire skill sets that enable them to be more competitive in the Science, Technology, Engineering, and Mathematics (STEM) job market, said Biggane, whose own research efforts focus on bladder cancer, specifically understanding the role of the SPARC (Secreted Protein Acidic and Rich in Cysteine) gene and its regulation as it relates to disease.

"This is a wonderful opportunity for researchers to combine forces and explore the fundamental epigenetic mechanisms behind a serious pathological problem," added Dhasarathy. "There are about 83,000 new cases of bladder cancer expected to be diagnosed this year alone, and understanding why this happens will be critical in developing treatments. Personally, I am very excited to collaborate with Emily, who is one of the first graduates from UND's biomedical sciences doctoral program, which was initiated in 2014."

Currently in its record nineteenth year of funding from the NIH, ND-INBRE was also awarded an additional five years of funding recently, totaling over \$18 million for the state and its young researchers over the course of two decades.

"The ND-INBRE team includes important members from the majority of universities and colleges in North Dakota," said Sens. "The goals of ND-INBRE are focused on our student stakeholders."

These goals, Sens added, include: providing research opportunities for undergraduate students in order to build a pathway for students to pursue health research careers; enhancing science and technology knowledge in the state's workforce; and both building and increasing research capacity for faculty, postdoctoral fellows, and graduate and undergraduate students at participating institutions.

**Robert Eelkema, BS Med '59**, age 91, long time resident of Grand Forks, N.D., passed away on December 27, 2021, at Altru Hospital in Grand Forks. Bob was born on September 24, 1930, in Mankato, Minn., the son of Herman and Ruth (Young) Eelkema, and was raised in Duluth, Minn., and Drayton, N.D. He was a 1948 graduate of Duluth Central High School and attended the University of Minnesota Duluth where he lettered in Football. Bob graduated with a degree in veterinary medicine from the University of Minnesota, and then went on to earn his medical degree from the University of North Dakota and the University of Washington. Bob proudly served as a Lieutenant Commander in the U.S. Navy Medical Corps from 1961-1964. Following his tour he earned a master of public health degree at the University of California Berkeley. Bob served for years as professor and chair of the Department of Community Medicine and Public Health at the UND School of Medicine. His many accomplishments included helping establish the Family Nurse Practitioner and Indians Into Medicine (INMED) programs at UND and working with UND President Tom Clifford to establish the four-year Medical Doctorate (M.D.) program at UND. He was co-author and author of two books and was awarded UND's Diversity of Medicine Award. Upon his retirement from the University in 2000, Bob practiced as an E.R. physician in rural Minnesota for a number of years. He married Lois White in 1951 and is survived by daughters Susan Lundeen (Tom), Barbara Helm, Kathryn Schulte (Jeff), Jennifer Davis (Quentin), Emily Thornell (Paul), and son Robert Eelkema (Kristine), along with numerous grandchildren, great-grandchildren, nephews, and nieces. Bob is survived by wife Virginia (Kiesau) whom he married August 20, 1973, in South Dakota. Together they had one son, Rienk, who was born in 1976. Rienk was tragically taken in a car accident in 1999. Bob and Ginny merged their families with his and her children Scott Pearson, Cindy Pearson, Wade Pearson (Dianne), and Chad Pearson (Mette). Bob is preceded in death by his parents, brother Harrison Eelkema (Irene), sister Ruth Morgan (Ben), sons-in-law Harold Helm and Mitchell Davis, and son Rienk Eelkema. Bob was so proud to have been blessed with 20 grandchildren and 14 great grandchildren. Bob enjoyed traveling both internationally and locally, including many annual vacations to Maui and Big Sky, Mont. He also loved his summers at Cass Lake, Minn. He was an avid reader, loved a good story, and was particularly interested in biographies. He was known to ask everyone he met about their background, their education, and their heritage. He was known everywhere he went for his Hawaiian shirts, clogs, and his very loud, infectious laugh. Most of all he loved spending time with his very large family. He will be missed by everyone who was blessed to have him as a friend.

**Dr. John J. Hochwalt, BS Med '69**, Age 76, of Kettering, Ohio, passed away on November 1, 2021. John was born on September 30, 1945, to Dr. Jerome P. and Betty A. Hochwalt. He was preceded in death by his wife of more than 40 years, Katherine "Kate" (Gartland), and his parents. He is survived by his children: Julie (Jim) Fuller, Matt (Tina) Hochwalt, and Carrie (Mike) Mokros; grandchildren: Aiden, Jack, and Alex Fuller, Brody, Collin, and Troy Hochwalt, and Nash Mokros; and sister Mary Beth (Craig) Kappeler. John graduated from Chaminade High School (1963), University of Dayton (1967), University of North Dakota, and The Ohio State University (1971), where he completed his medical doctorate. He completed his residency at Mount Carmel Hospital in Columbus, Ohio, in 1975. Dr. John Hochwalt joined his father in family medical practice at Southmoor Medical in Kettering and practiced for 37 years. He was a highly regarded physician and touched many people's lives in the Dayton area, as evidenced by the attendance (over 200 people) in line at his retirement celebration held at Kettering Hospital. He was an avid sports fan, never missing a game of his beloved OSU Buckeyes or UD Flyers, amongst many others. John was the coach of all three of his children's teams, including soccer, tee-ball, and baseball. But you couldn't find a sport that he wouldn't watch or play. Above everything, most important to John was his love for his family: children, wife, sister, and his seven grandsons! His grandkids were the center of his world, and he loved every minute he got to spend with them.

**Sandra Gillander Lunde, MPT '93**, age 79, passed away on December 21, 2021. She was the oldest child of Wallace and Mae (Osterberg) Gillander. She was born on September 30, 1942, in Hartford, Conn. She moved with her parents to Montpelier, Vt., in 1947. She graduated from Montpelier High School in 1960. She then attended the University of Connecticut and graduated with a bachelor's degree in physical therapy in 1964. Sandi also received her master of physical therapy degree from the University of North Dakota in 1993. Sandi worked as a physical therapist at Mary Hitchcock Hospital in Hanover, N.H., Trinity Hospital in Minot, N.D., and in 1970 established the Physical Therapy Department at Mercy Hospital in Devils Lake, N.D. Sandi retired from Mercy Hospital in November 2007. Sandi married Richard Oliver Lunde on April 16, 1966, in Montpelier, Vt. Richard and Sandi moved to Minot and started a family, having a daughter, Lisa Kay. In 1970, they moved to Devils Lake and had a second daughter, Sharon Ann. They made their home in Devils Lake. In 2008, they purchased a home in Phoenix, Ariz., spending winters there. Sandi was a member of St. Olaf Lutheran Church, WELCA, served on the Board of Deacons, and was Council



President. She was a member in Beta Sigma Phi Sorority and the American Legion Auxiliary. She was an avid collector of antiques and collectibles. Her collections included egg cups, spooners, and ruby and forest green depression glass. Sandi was an accordion player and enjoyed playing cards with her friends and family. Sandi is survived by her husband Richard of 55 years; daughters Lisa Lunde, Ft. Yates, N.D., and Sharon (William) St. Peter, Maple Grove, Minn.; grandchildren Maia (David) Lunde Cockerham, Grand Forks, N.D., Gillian Lunde, Ft. Yates, N.D., and Cassandra and Nicholas St. Peter, Maple Grove, Minn.; sister Karen (Chuck Acebo) Gordon, Barre, Vt.; sisters-in-law Ilene Gillander, Barre, Vt., and Elaine (Einar) Einarson, Grand Forks, N.D.; brothers-in-law Roger (Linda) Lunde, Forman, N.D., Rodney Lunde, Upham, N.D., Dennis (Diane) Lunde, Carefree, Ariz., and David (Mary) Lunde, Towner, N.D.; and many nieces, nephews, and cousins. Sandi was preceded in death by her parents Wallace and Mae (Osterberg) Gillander, father and mother-in-law Oliver and Ellen (Westford) Lunde, brother George Gillander, brother-in-law Drew Gordon, great-nephew Drew Bernier, and sister-in-law Bonnie Lunde.

**Gyman Clare Okeson, BS Med '60**, of Belton, Texas, physician, husband, father, and beloved child of God, died at 85 years of age, surrounded by his family, whom he loved and who loved him. Gyman was born on July 16, 1936, in Minot, N.D., and grew up about an hour's drive away in the town of Parshall, where his parents, Clarence and Nora, owned and operated a movie theater. Before the Great Depression, his mother trained as a classical concert pianist and his father played drums for a touring dance band, and so it surprised no one that Gyman showed a love and aptitude for music from an early age. But the Great Depression was a hard teacher, and his parents encouraged their son to get a "real" job and play music on the side. Gyman graduated from Parshall High School in 1954. He received a Bachelor of Science degree in 1958 and a Master of Science degree in 1960, both from the University of North Dakota in Grand Forks. In 1962 he received a doctorate from Baylor University School of Medicine in Houston, Texas. The summer before he transferred to Baylor, he was introduced to Violet Drees at a dance and fell in love. Gyman proposed to her during Christmas break in 1960 and they married the following September. After medical school, Gyman took a one-year internship at Marion County General in Indianapolis followed by one-year residency at St. Luke's Hospital in Fargo, N.D., before moving to Williston, N.D., where he worked in private practice at the Craven – Hagen Clinic. In 1966, he moved to Rochester, Minn., to complete his internal medicine residency, followed by a two-year pulmonary fellowship at the Mayo Clinic. He was instrumental in creating

one of the first pulmonary function labs in the country and served as its Medical Director. While he enjoyed seeing patients, his lab work held a special place in his professional life. His research, in collaboration with other staff, was published in many national scientific journals. He also served as Quality Assurance Coordinator for the Scott & White Board of Directors from 1982 until 1996. Gyman was an American College of Chest Physicians Fellow; an active member of the American Thoracic Society; and a member of the Texas Thoracic Society, including two years as its President. He belonged to the American Lung Association of Texas and served on their Board of Governors from 1985 until 2003 and for a time as their President. He belonged to the Bell County Medical Society, serving as their President in 1983, and was the recipient of their Silver Stethoscope Award in 2002. He was also a member of the American College of Physicians, the American Association for the Advancement of Science, the Central Texas Research Society, the American Medical Association, the American Association of Cardiovascular and Pulmonary Rehabilitation, and an associate member of the Sigma Xi Research Society. He loved taking his sons, and later his grandsons, boating and fishing. He loved telling jokes, especially puns. He believed a good pun made you laugh but a great pun made you groan. But the thing he enjoyed most was taking his wife dancing. He loved that most of all. Dr. Okeson retired from active medical practice at Scott & White in 2001, but for several years afterwards he volunteered his services at the Temple Community Free Clinic. And at 85, he still loved to twirl his wife around the dance floor. Gyman is survived by his wife, Violet; three sons, Stephen and his wife, Karen, of Frisco, Texas, Philip of Belton, Texas, and Gregory of San Antonio, Texas; and two grandsons, Zachary and his wife, April, of Plano, Texas, and Dakota of Lewisville, Texas. He was preceded in death by his parents, Clarence and Nora.

**Kenneth Warren Volker, MD '97, Ph.D., FACOG**, age 58, of Las Vegas, Nev., passed away on Sunday, November 21, 2021. Warren was born in Grand Forks, N.D., to Warren Kenneth Volker and Alberta "Bobbie" Volker on August 16, 1963. Warren married the love of his life, Michele Renae Beauchamp, on June 4, 1988, in East Grand Forks, Minn. They raised three beautiful children: Adam, Alex, and Alyssa. He was extremely proud of his children, his precious granddaughter Vaile, and their beloved family furry friend, Boo. Warren was passionate about health and fitness, completing a Spartan Trifecta Race and hiking on weekends. He had varied interests and hobbies, from being a car enthusiast to teaching himself to play the guitar and ukulele. Warren was a philanthropist, mentor, teacher, leader, lifelong learner, and alumni of the University

of North Dakota School of Medicine. He had a distinguished career of 20+ years and held executive leadership positions with medical groups, IPA networks, hospital MECs, and academic institutions across the country. Warren led and served on several hospital and university boards within Nevada. As a forward-thinking leader in healthcare, Warren was recognized in 2021 as one of the Top 100 physicians by U.S. News and World Report. Warren was preceded in death by his father Warren Kenneth Volker and his brother William “Billy” Volker. He is survived by his wife of 33 years, Michele, and their children Adam (Bailey) and their daughter Vaile of Las Vegas, Nev., Alex (Crosbey) of Las Vegas, Nev., and Alyssa of Los Angeles, Calif. He is also survived by his mother, Alberta “Bobbie” Volker, Grand Forks, N.D., and siblings Renee Volker of Grand Forks, N.D., Rob (Pam) Volker of Argyle, Minn., Dawnette (Rick) Rea of Fargo, N.D., Scott Volker of Fargo, N.D., and Kristina (Curt) Kotrba of Grand Forks, N.D.

**David A. Vagneur, BS Med '68**, age 77, of Minneapolis, Minn., passed away due to metastasis from esophageal cancer on Nov. 11, 2021. He is preceded in death by parents, James and Marjorie (Qual) Vagneur of Jamestown, N.D., and father-in-law, Donald Rimmel of Waupun, Wis. David is survived by loving husband, Scott Rimmel, whom he cracked up every day even in his illness; brother, James (Connie) Vagneur of Jamestown, N.D.; sister, Coralyn (Doug) Armstrong of Tacoma, Wash.; mother-in-law, Peggy Rimmel of Waupun, Wis.; sister-in-law, Barbara Rimmel of Beaver Dam, Wis.; favorite niece Michelle Renier of Fargo, N.D.; nephews, Ryan and Jon Armstrong of Washington; many family and extended family members, and special friends, Sheila McIlonie and Arthur Kourajian. David received his medical degree from Northwestern University and did his pre-med at Carlton College and University of North Dakota. He completed a residency and internship at HCMC and Abbott-Northwestern hospitals. He was on the University of Minnesota in-hospital teaching staff at Abbott-Northwestern Hospital for 20 years. He is missed by many loving and caring friends, patients, and colleagues. Many heartfelt thanks to the wonderful caring team at MN Oncology and David’s primary care physician, Dr. Brian Miller, at Allina Clinic Plymouth. There will be no formal services, but a party and celebration in honor of his love for those he cared about, his clever and dry-but-hilarious wit, and well-travelled, well-dined, and gardening-fun life will be held in early summer 2022. Donations in his honor may be made to PFund Foundation, Minnesota Orchestra, and Guthrie Theater.

**Joseph (Joe) Morris Mattson, BS Med '63**, age 82, passed away peacefully surrounded by family on Feb. 12, 2022, in Littleton, Colo. Joe was born on Feb. 22, 1939, in LaMoure, N.D., to Jul Morris and Dorothy Cecelia (McGregor) Mattson. After attending LaMoure Public Schools, Joe graduated from Jamestown College, Jamestown, N.D. He began medical school at the University of North Dakota, completing his medical degree at the University of Washington in Seattle. Joe completed his medical residency at Saint Paul Ramsey Hospital before serving in the United States Air Force. In 1968, Joe joined United Clinics P.C. and Community Memorial Hospital (later West River Medical Center and Clinics) in Hettinger, N.D. Soon after arriving, he helped establish the ambulance service, teaching the first formalized sessions in emergency care in North Dakota to local volunteers. Dr. Mattson served all the affiliated clinics, helping to shape rural healthcare and innovate the satellite clinic system model. Board certified in family practice and geriatrics, he shared his experience by mentoring medical students on their training rotations. For many years, he was the medical director of Hillcrest Care Center (later Western Horizons Care Center) in Hettinger and was the founding medical director of a community hospice. Joe retired in 2010, after 41 years of dedicated service to his patients and the communities of southwestern North Dakota and northwestern South Dakota. Joe married Patricia (Pat) Ann Fisher in 1969. Together they raised seven children in Hettinger. Joe was ordained as a Deacon in the Catholic Church and served Holy Trinity Parish in Hettinger and Sacred Heart Parishes in Reeder and Scranton, North Dakota. Joe enjoyed photography, fishing with family and friends, drives through the countryside, and had the best singing voice in the family. He believed the most important thing was caring for people, especially his family, and often remarked that he had more friends than patients. Joe is preceded in death by his parents; sister, Mary Ellen Kluever; brothers, Clem, Larry, Max, and Don James Mattson; and grandson, Elijah Joseph Kjolsrud.



**TOGETHER AGAIN**

Three UND Medical Laboratory Science alumni reconnected in Somalia recently. Left to right are Abas ('10), Mohamed ('10), and Saeed ('09), who sent us the image. All three graduated from one of our MLS programs and work in healthcare on the Horn of Africa.



**I MATCHED!**

Fourth-year medical student Jared Schommer shares his early Match results—urology at the Mayo Clinic in Jacksonville, Fla.—with family. Match Day 2022 for most other medical students was March 18, 2022.



**WE MADE IT!**

With friends and family watching online, students from our physician assistant Class of 2023 received their white coats during a hybrid in-person/virtual ceremony in Feb. 2022.



**FINALLY!**

After much pandemic-related delay, students from our MD Class of 2024 finally got their white coats in Feb. 2022.

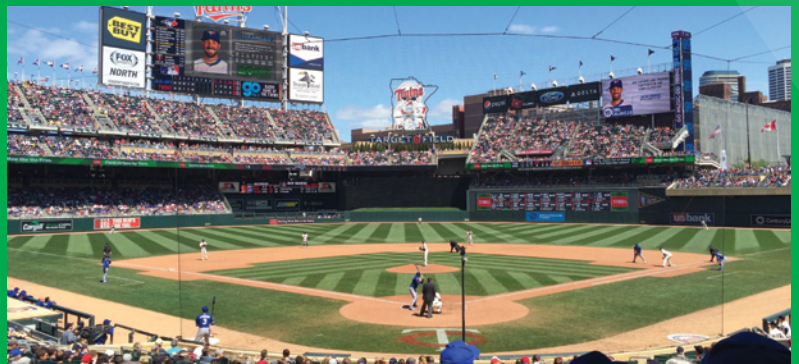
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# UPCOMING EVENTS\*

## UND NIGHT @ TARGET FIELD!

Friday, June 24, 2022  
Minneapolis, Minn.



\* Events subject to change per local COVID-19 conditions and policies.



## HOMECOMING 2022

Mark your calendars for Homecoming 2022,  
to be held September 26 — October 1 in Grand Forks.  
[med.UND.edu/events/homecoming](https://med.UND.edu/events/homecoming)