



# NORTH DAKOTA MEDICINE

University of North Dakota School of Health Sciences



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

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ON THE COVER: Dr. Ursula Running Bear, assistant professor in the Department of Population Health, brings her research on boarding schools to Washington, D.C.



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# NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

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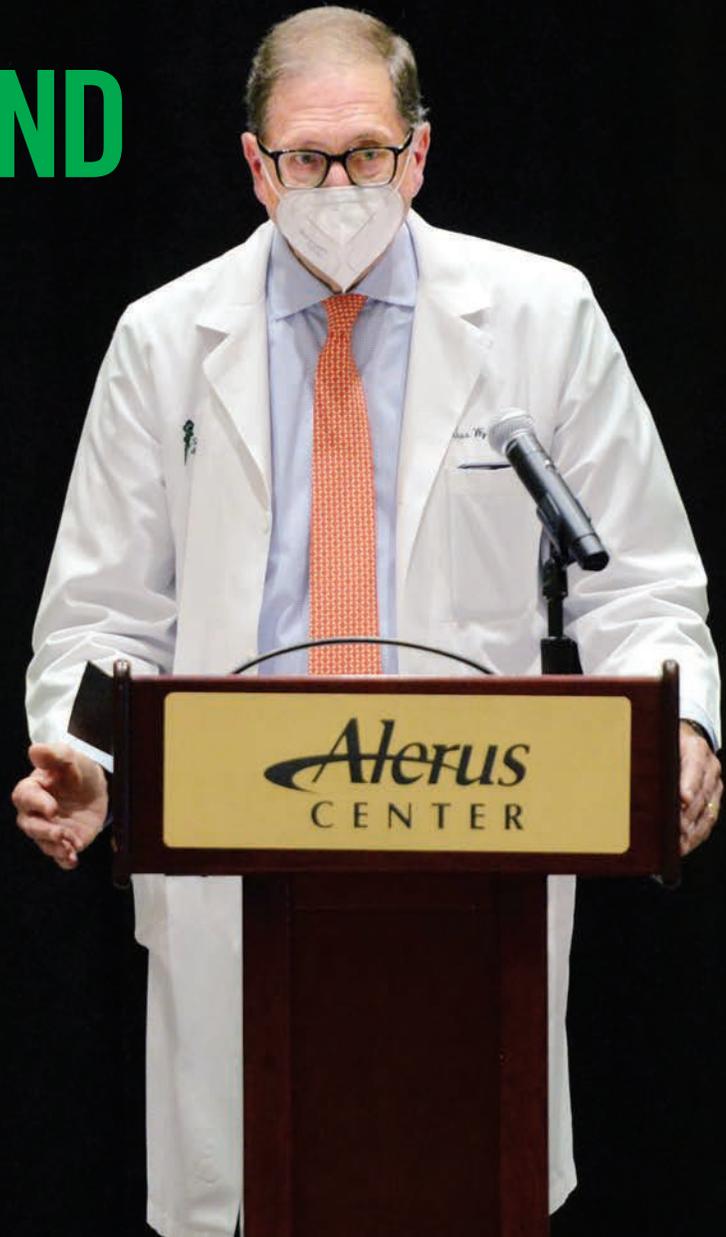
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# GROWTH AND CHANGE



## OFF TO A GOOD START

SMHS Dean Dr. Joshua Wynne at the M.D. Class of 2026 White Coat Ceremony in Grand Forks, July 2022.

Although many faculty members at UND are on nine-month contracts because university activity decreases substantially during the summer semester, most faculty members at the SMHS are on 12-month contracts with many teaching, research, and service activities continuing throughout the summer. After all, healthcare needs to be provided 24/7, and many of our activities likewise continue year-round. Nevertheless, activity at the School does pick up at this time of year and the energy and enthusiasm of the students is palpable and infectious.

I see similar energy and enthusiasm emanating from the faculty, staff, and students involved in our rapidly expanding

research enterprise. To put our research programs in perspective, about a quarter of the SMHS's total budget comes from grants and contracts, and most of the grants come from federal agencies, most commonly the National Institutes of Health (NIH). Such grants are essential to support the School's research enterprise; the research could not be done without the associated grant support. Because almost all the research grants awarded to our faculty members are competitive and ranked by other investigators as to their priority for funding (called peer review), the amount of grants awarded to an institution in any one year often is used as a surrogate marker for the size and quality of an institution's research effort.

That's why the latest figures compiled by the SMHS in conjunction with the Vice President for Research and Economic Development's office are so impressive. Although the numbers are not yet final and "official," the current estimate is that we will be around \$52 million in awards for the just-completed academic year! That is an amazing achievement and continues the dramatic surge in such funding garnered by the School's faculty and staff over the past few years. Congratulations to all!

This growth in research funding is the result of an increase in large institutional grants that generally are broad in their focus, as well as smaller but more focused grants awarded to individual investigators. The SMHS currently has five large institutional grants and many smaller grants focusing for example on cancer, neurodegenerative disease, and infectious disease. The five large grants are multi-year awards totaling millions of dollars each. These institutional grants have components to assist more junior investigators advance their scientific investigations, while the smaller, more focused grants usually are targeted at answering specific scientific questions. Both grant types are important to our research enterprise and investigative efforts.

That growth in research efforts at the School has, however, taxed the research infrastructure of both the SMHS as well as UND. Accordingly, we have been working in conjunction with Vice President for Research and Economic Development John Mihelich to augment the institutional support apparatus available to our researchers and other staff in order to maximize the effectiveness of their efforts. Recent discussions between the central campus and the SMHS have been quite positive, and we are working hard to transform ideas and concepts into boots on the ground. I am pleased with the progress so far, but more to come!

Another area where we have enjoyed phenomenal growth over the past several years has been in our programing for Indigenous health. This effort has been coordinated and led by Donald Warne, M.D., M.P.H., director of the School's Indians Into Medicine (INMED) program, chair of the Department of Indigenous Health, and the School's associate dean for diversity, equity and inclusion (DEI). His efforts have generated national (and international) attention and praise – and unfortunately for us, a major east-coast institution has recruited him away! Don has moved to Johns Hopkins University's Bloomberg School of Public Health as of September 1, 2022. He will be a tenured full professor at Hopkins and will assume

the title of Provost Fellow for Indigenous Health Policy. He will co-direct the Hopkins Center for American Indian Health and will be the first enrolled member of an American Indian tribe in history to serve as a full professor at Johns Hopkins University.

This is a wonderful opportunity for Don and an additional recognition of his many accomplishments. We certainly wish him all the best. On the other hand, his move poses some challenges here at UND, as Don oversees four important roles: 1) associate dean of DEI for the SMHS; 2) chair of the Department of Indigenous Health; 3) director of the INMED program; and 4) principal investigator of a large NIH CoBRE (Centers of Biomedical Research Excellence) grant looking at the impact and response to historical trauma among Indigenous populations. Fortunately, Don has agreed to remain involved in these activities over the next year in a 20% consulting role. Additionally, we plan to split up these various roles so that we don't have the nearly insurmountable task of trying to find one person to assume all of Don's roles and duties. It still will be a challenge, but we've been working on approaches to filling all of the four major positions through various internal and external recruitment strategies.

Thus, the new academic year is off to an exciting start! The School continues to grow, mature, and thrive in a changing environment. What enables the continuing excellence of the programs of the SMHS is, most importantly, the outstanding efforts of our faculty, staff, and students, supported by outstanding university leadership, strong support from the North Dakota legislature, the efforts of the UND Alumni Association and Foundation, the generous efforts by thousands of voluntary (community) faculty members who help to educate our students, and the incredible financial and other support provided by the alumni, friends, and supporters of the School. Many thanks to all of you!



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

# PUBLIC HEALTH AS PUBLIC GOOD

The founders of UND's Master of Public Health program reflect on its 10-year anniversary

## INTERPROFESSIONAL

Assistant Professor of political science Laura Hand, Ph.D., instructs M.P.H. students at the School of Medicine & Health Sciences.



- Indian Health Teaching Hospitals?
- Endowed Clinical Professors
- North Dakota—UND/MGH
  - Belcourt (Turtle Mountain)
  - Ft. Yates (Standing Rock)
- North Dakota—USD/MGH
  - Grand River
- ...n
- ...ate with clinic sites

“Our students are involved in everything that we do. Everything. And that’s been a priority for us since the beginning.”

For Cristina Oancea, Ph.D., an associate professor in the UND School of Medicine & Health Sciences Master of Public Health (MPH) program, the insistence that students be involved in almost every aspect of public health work—from contact tracing to epidemiology to policymaking to marketing—is what makes it such a special place to be.

“The placements that our students get, oftentimes even before graduation, are incredible and the result of what those organizations see our students doing here. They get offers immediately,” she smiles.

“A lot of times we’ll hire students as graduate assistants, and then, before you know it, someone

like the North Dakota Department of Health wants them. That story has happened so many times.”

Just ask Katarina Domitrovich.

“I started out as a contact tracer for UND’s team with the state in the first days of COVID-19,” says the Health Equity Coordinator for the North Dakota Department of Health. “The connections I made in that role, the UND MPH program, and my experience working for UND in a public health position allowed me to step into my current role with confidence and with tools in my toolkit to succeed and serve North Dakotans well.”

The MPH program at UND celebrates its tenth anniversary this academic year. In those ten years, the program has graduated more than 100 health professionals, almost all who have gone on to get



**“For several years we’ve had a 100% employment rate for our alumni, which is fantastic.”**

**ASHLEY BAYNE**

doctoral degrees, publish in major journals, manage COVID-19 outbreaks at the state level, and address things like substance use disorders, tuberculosis, sexually transmitted infections, and suicide in their local communities—among many other public health priorities.

#### **In the beginning**

“Over the years, we’ve seen tremendous student growth,” adds Ashley Bayne, MPH program manager. “For several years we’ve had a 100% employment rate for our alumni, which is fantastic. The need for public health in general has grown over the years and I think especially now [post-COVID], people know that.”

But it wasn’t always so.

While not necessarily under attack, public health as a profession was in a very different place ten years ago. Much of the developed world at least felt that most communicable

diseases had been contained and that communities understood the value of things like sanitation, sober driving, and seat-belt use. Likewise, tobacco use was on the decline.

Then came the opioid epidemic, the Flint, Mich., water crisis, renewed debates over gun violence in the United States, and increases in suicide among many age cohorts—all of which contributed to a decline in life expectancy in America by 2019.

Topping it all off was, of course, COVID-19, which as of this writing has claimed more than one million lives in the U.S. alone.

All of this, says Oancea, has contributed to the immense interest in public health programs not only at UND, but across the nation in recent years. As such, what began in 2012 as a small program—fewer than 10 enrolled students—has grown to one with more than 80 current students.

Having arrived at UND in 2013, Oancea, an epidemiologist by training, admits to taking pride in helping shape the ten-years old program almost since its inception.

“I loved the fact that I was going to be among the pioneers, developing the program,” continues the researcher, who saw the opportunity to build also the North Dakota Cancer Registry with UND’s Dr. Mary Ann Sens too good to miss.

So she drove up from Memphis, Tenn., where she had been doing postdoctoral work in cancer epidemiology at St. Jude Children’s Research Hospital, and got to work helping the program implement what it had chosen as specific tracks in population health research and analytics and health management and policy.

“And I can proudly say that we have an amazing MPH program with the group that we have, and we’ve managed to grow over time,” Oancea says.

Such growth and professional foci were goals of the program’s founding director Dr. Ray Goldsteen, who along with his

## TRAILBLAZING

Drs. Karen and Ray Goldsteen remain proud of the program they helped establish at UND.



wife, Dr. Karen Goldsteen, guided the program from 2012 to 2018 and achieved its first accreditation by the Council on Accreditation for Public Health (CEPH) in 2016.

“Number one, we felt that in all areas—urban or rural—people needed strong skills in analytics,” says Ray, who spoke with *North Dakota Medicine* via phone from his home in California. “So, we emphasized analytics and made that one of the major features of the curriculum, and began working with students, helping them achieve their goals.”

Team Goldsteen started immediately building partnerships with community agencies where students might end up.

“One of the most exciting things for me was the connection we had with the community,” continues Ray, citing relationships he cultivated with local policymakers and health providers.

“We had wonderful connections with Altru Health System, the Grand Forks Health Department, and other health and service community organizations in Grand Forks and the state.”

### Academic partnerships

So here the program is, one decade in, with dozens of enrolled students of all levels in its multiple tracks.

Part of what has made the program at UND so successful, say both Goldsteens, are the academic partnerships it developed across UND and the state. These partnerships include joint degree offerings—an accelerated B.S./M.P.H., an M.D./M.P.H., and a J.D./M.P.H.—across UND.

“We felt that public health was inherently an integrative profession—it’s not standalone,” explains Karen. “It has relied on the skills of many different disciplines.”

One such integration was partnering with UND’s Nistler College of Business and Public Administration.

“We actually had a joint hire in that area,” Ray continues. “A joint faculty in that area between the business school and our own school. All those things we wanted to flourish—partnerships with the business school, the law school, and within the medical school. We were looking for those opportunities to make it as creative as we could and keep us from becoming isolated.”

### The next decade

And it worked.

On the heels of both COVID and a recent reaccreditation by CEPH, the MPH program is grappling with an increase in applications. In the throes of the pandemic, says Bayne, applications to the program were at one point up 80% from the previous year.

For the next ten years, then, Oancea says that the program is focused on growing its recently-added third track in Indigenous health and exploring a possible new track in environmental health.

“Word of mouth has brought us to the point where we now have students from other departments at UND—doctoral students in corresponding departments—who decided also to join our MPH program because they heard about our success,” Oancea beams. “It’s quite humbling when students—and faculty—from other departments come to our program to learn. That is very encouraging.”

All of this, she says, speaks volumes of the program UND has built in ten short years.

“I keep telling our alumni that they are our ambassadors. If they are successful in their careers, that is a reflection not only on their hard work and our work as professors, mentors, and advisers; it’s a reflection on the support they received from their families and the schools they came from.”

Domitrovich agrees, noting that the program’s faculty and staff, and Bayne in particular, hardly get the credit they deserve for building an exceptional program.

“[Bayne] and the rest of the faculty ensure that the students feel supported throughout their time in the program, in a way I have never experienced academically,” Domitrovich says. “I truly believe that UND’s MPH program helped me fulfill my vocation, or calling really, in life to work in public health.”

*By Brian James Schill*



Heather Brekke, PA-C



Krista Thielges, PA-C



Thomas Erickson, MD



Steve Briggs, MD



James Volk, MD

## ■ '20s

**Heather Brekke, MPAS '22**, has joined the Sanford Health team in Wahpeton, N.D. Brekke specializes in family medicine and is board certified by the National Commission on Certification of Physician Assistants.

**Krista Thielges, MPAS '22**, has joined the Sanford Health Valley City team, specializing in family medicine, in Valley City, N.D. She graduated from the University of North Dakota and is board certified by the National Commission on Certification of Physician Assistants.

## ■ '10s

**Dr. Thomas Erickson, MD '15**, has joined the family medicine team of CentraCare - Willmar Main Clinic in Willmar, Minn., providing services for adults and children, including pregnancy and delivery care. He completed his undergraduate education at Bethel University in St. Paul, Minn., and earned his Doctor of Medicine degree from the UND School of Medicine & Health Sciences in Grand Forks. Erickson completed his family medicine residency in South Bend, Ind., and comes to Willmar from his most recent position in Jamestown, N.D.

## ■ '00s

**Steve Briggs, MD '00**, longtime trauma surgeon at Sanford Health in Fargo, N.D., will be promoted to vice president medical officer in December 2022. Congratulations, Dr. Briggs!

## ■ '90s

**Denise Schumacher, MD '94**, has been hired by IMA Healthcare in Fargo, N.D., to practice Ob/Gyn services. Dr. Schumacher is board-certified by the American Board of Ob/Gyn and has practiced Ob/Gyn in the Fargo area for the past 20 years. Prior to that she served in the U.S. Army as a Captain and a Major, and was an Ob/Gyn in Army Community Hospitals in Kansas and Texas.

## ■ '80s

**James Volk, MD '84**, will be retiring from his role as Vice President of Sanford Health Clinic in Fargo, N.D., on Dec. 31, 2022. Dr. Volk received his bachelor’s degree in psychology and his medical degree from the University of North Dakota School of Medicine & Health Sciences in 1984. He completed his internal medicine residency at the Southwest Michigan Area Health Education Center, affiliated with Michigan State University, in Kalamazoo, Mich. He then practiced in Wisconsin for a decade before moving to Fargo. He has served as vice president of the Sanford clinic since 2016. Prior to this role, he was the chief medical officer for three years and held various administrative roles throughout the organization in addition to his inpatient clinical practice.

# TRUTH AND RECONCILIATION

UND researcher Ursula Running Bear sees her work on American Indian boarding schools and health cited in a major U.S. Department of the Interior report

Although its carcinogenic effects were known at least by the early-1960s, the chemical dichlorodiphenyltrichloroethane, or DDT, was not banned for agricultural use in the United States until 1972.

Exactly when the ban made its way to U.S. boarding schools is less clear.

For decades, says Ursula Running Bear, assistant professor in the Department of Population Health at the UND School of Medicine & Health Sciences (SMHS), American Indian children brought to at least some of these English language-only schools in the past two centuries were showered with the chemical upon arrival.

“They had to wear DDT,” she says with a grimace. “In some instances, it was for a week up front, and then once more every year after that [students] were required to wear it.”

#### **A culture of deculturation**

No surprise, then, that attendees of such schools were and are much more likely to develop a variety of debilitating and/or fatal health conditions – including cancer, anemia, arthritis, and gall bladder disease – than non-attendees.

Such is the focus of Running Bear’s research at the SMHS: the health effects of boarding school attendance among

Indigenous populations. And as this anecdote suggests, the data are clear and the outcomes disconcerting: boarding school attendance correlates directly and significantly with poorer health among American Indian populations.

Beginning with the Indian Civilization Act of 1819, the U.S. systematized the “deculturation” of Indigenous children, primarily by establishing boarding school across the nation and often forcibly relocating children to faraway schools for the purposes of assimilation into Anglo-American society—cutting their hair, forbidding Indigenous language use, and keeping them isolated from family.

By 1902, the U.S. Bureau of Indian Affairs had established 25 federally funded off-reservation schools in 15 states and territories, often managed by religious institutions, with an enrollment of as many as 25,000 students. At one point, federal law even required American Indian children to be educated at such schools according to American standards.

Today, most such schools in North America have been returned to the tribes or have permanently closed. But the physical and emotional impact of forced attendance remains, both for those who attended such schools and their descendants.

“[The research] shows overwhelmingly that those who attended boarding school have lower physical health status,” says



Running Bear, who can identify three generations worth of her own ancestors who attended a boarding school. “I looked at 15 chronic conditions and found seven of them among former attenders was higher in a way that was statistically significant.”

Diet and exercise were the leading culprits in contributing to poor health in Indigenous children—and later adults.

“Children were used to living off the land, hunting, and eating food that the tribes grew themselves,” Running Bear explains. “And then they were put into boarding schools where the food had high sugar content—refined flours, lard, and a lack of fresh fruit and vegetables. It was very different.”

But even more distressing, the researcher says, were the long-term health effects of the trauma that boarding schoolers also suffered.

“It turns out that if you had certain types of experiences, you have lower physical health status,” she continues. “So for instance, if you had limited family visits, you have much lower health status now. If you were forced to attend [Christian] church services, weren’t allowed to practice your cultural traditions, and weren’t allowed to speak your language—all of those things are associated with much worse physical health.”

#### **Grim discovery**

Despite the gravity of such results, Running Bear admits that it was initially difficult to find a large and engaged audience

for her reports. Then some long-shuttered boarding schools in Canada hit the news last year following a grim discovery.

Early in 2021, Canada’s Tk’emlúps te Secwepemc First Nation reported finding evidence of a mass grave containing the remains of up to 215 children buried at the Kamloops Indian Residential School in British Columbia.

**“I looked at 15 chronic conditions and found seven of them among former attenders was higher in a way that was statistically significant.”**

**URSULA RUNNING BEAR, PH.D.**

As the *New York Times* contextualized the find, starting in the 19th century, Canada was, like the U.S., home to a system of “residential” schools, “mostly operated by churches, that Indigenous children were forced to attend.”

After the last school closed in 1996, according to the *Times*, a “National Truth and Reconciliation Commission, set up as part of a government apology and settlement over the schools, concluded that at

least 4,100 students died while attending the schools, many from mistreatment or neglect, others from disease or accident. It found that in many cases, families never learned the fate of their offspring, who are now known as the missing children.”

As it turns out, such deaths at boarding schools were common in both the U.S. and Canada with children perishing far too often from disease, accidents, malnutrition, and other even more dreadful reasons such as physical abuse.

So it is that in May 2022, U.S. Interior Secretary Deb Haaland, an enrolled member of the Laguna Pueblo tribe in New



Mexico, released its Federal Indian Boarding School Initiative Investigative Report. This report came one year after Haaland had assembled her own Federal Indian Boarding School Initiative in the wake of the Canadian report.

At the core of the report is Running Bear's work, which was called "watershed" research.

"As the Federal Indian boarding school system operated for over a century and a half, the Department identifies the watershed Running Bear studies, quantitative research based on now-adult Federal Indian boarding school attendees' medical status, that indicate the Indian boarding school system continues to impact the present-day health of Indians who participated in the studies," notes the federal report. "These results verify the need for a comprehensive examination and report by an independent research group to assess the current impacts that Indian boarding schools have had on American Indians, Alaska Natives, and Native Hawaiians, including health, education, and economic status."

### **The right direction**

Such a recognition, at the federal level, tells Running Bear that things are going in the right direction generally—not only for her research but for the nation.

"I listened in on the Oversight Hearing [Volume 1 of the Department of the Interiors' Federal Indian Boarding School Initiative Investigative Report and Legislative Hearing to receive testimony on S.2907] with Deb Haaland, and the response from the government officials that were there was quite amazing, very open and very supportive," admits Running Bear, who is Sicangu Lakota from the Rosebud Reservation in South Dakota. "I get kind of emotional to think about getting this kind of support from the government to actually help us address a problem like this. Haaland and her team are going to be touring various reservations. They are going to be talking to communities and I believe getting a testimony on what occurred [at the schools]."



Dr. Ursula Running Bear on the UND campus in 2021.

Among the report's many recommendations to Assistant Secretary of Indian Affairs Bryan Newland, and ultimately the U.S. Congress, are fuller research into federal boarding school abuses, support for Indigenous language revitalization, and the promotion of research into Indigenous health disparities.

"I was a little surprised, although I knew that [the schools] used harsh methodologies for kids speaking Native languages for example—there was imprisonment and all of these different things that occurred in boarding schools," Running Bear sighs. "But the fact that all of this was acknowledged in a public setting, in those words, was very surprising. My grandparents attended boarding schools, and then my parents' generation and then even my own generation. So, this is a big deal."

*By Brian James Schill*

**Editor's note:** As this magazine was going to press in Sept. 2022, UND announced the discovery of 250+ boxes of Indigenous artifacts and ancestral remains in some of its buildings. In a public statement, UND President Andrew Armacost expressed "apologies and heartfelt regrets that UND has not already repatriated these ancestors and sacred objects as they should have been years ago." UND is coordinating the return of all artifacts and ancestors with Tribes in accordance with the Native American Graves Protection and Repatriation Act (NAGPRA).

# THE SPIRITUAL SIDE OF HEALTHCARE

## The need for and challenge of providing “spiritual” guidance in the health setting



Although the effects of spirituality in healthcare are often debated, the concept has historically been incorporated into healing by shamans and other health practitioners for centuries. More recently, research has delved into the subject, searching for definitive proof of the benefits, or lack thereof, that spirituality brings to healing.

Despite this debate, the emerging literature tends to support the notion of including spirituality as one of many dimensions of wellness that impact a person’s welfare.

For Heather Duerre, a spiritual/grief coordinator at Pembina County Memorial Hospital (PCMH) and Pembilier Nursing Center, there is no debate.

“In my experience, there is a big difference between people who have some sort of spiritual life and those who don’t,” Duerre says. “Whether someone is going through an illness or just tough times, the struggle for those people who don’t have any spiritual life seems to be quite a bit harder than for those who do.”

### Dimensions of wellness

Wellness today is often broken down into eight distinct dimensions: physical, emotional/mental, social, spiritual, occupational, financial, intellectual, and environmental well-being. Each dimension is intertwined with another and contributes to the overall wellness of an individual.

Chaplain Mark Ellingson has seen the connection between these dimensions of wellness first-hand.

“The spirit is the part of you that you don’t see when you look in the mirror. It holds your feelings and your beliefs. If that part of you is upset, it’s hard for the rest of you to be content,” he says.

**“Everybody needs to have someone who will listen to them.”**

**MARK ELLINGSON**

Chaplains and spiritual/grief coordinators are not psychologists, psychiatrists, or counselors, of course. Those acting as spiritual guides aid people in dealing with grief and internal struggles. They help patients understand and interpret information from physicians.

Sometimes their most important role is to simply listen.

“Everybody needs to have someone who will listen to them,” continues Ellingson. “At times, I would just say, ‘Tell me more about that,’ and the person would just open up. At the end of our conversation, they would tell me what a big help I was, when all I really did was listen and validate their feelings. People need to have that kind of person around.”

Ellingson worked as a chaplain for 10 years at Altru Health System and Hospice of the Red River Valley, and now uses his skills to support hospital staff and donation families at LifeSource Organ, Eye, and Tissue Donation. He says that many healthcare facilities struggle with the desire to implement or sustain spiritual health services despite the limited resources they have to work with.

“Healthcare facilities are often pressured to do more with less,” says Ellingson. “There is an emphasis in wanting to offer spiritual health and chaplaincy, and to do it well, but they still need to pay the bills.”

### A change in the tide

Both Duerre and Ellingson have witnessed many changes in spiritual wellness during their careers in healthcare.

“There was a time when spiritual health was only thought of as having someone come in and pray with you,” recalls Ellingson. “Now, we understand that there is a lot going on inside a person. There’s some better understanding of what spiritual



health can be, and that even people who aren't chaplains can support it."

Duerre discusses more recent changes in the understanding of spiritual well-being, stemming from the COVID-19 pandemic. She saw a reduction in spiritual care in the years prior to the pandemic but now says there is a renewed interest.

"There's such an emphasis on mental health right now. People are stressed and going through so many struggles that hospitals are open to new ideas. If something can help someone in their most vulnerable moments, it's worth a try," she says.

As Duerre puts it, spiritual care services aren't exclusively for the benefit of the

patients at healthcare facilities. Family members and staff are welcome to reach out if they feel they are in need of spiritual healing.

"When COVID-19 hit, it not only affected the patients, but staff as well," Duerre says. "They need somebody too, and they don't necessarily have someone coming around and checking in on them. Just knowing that they have someone they can talk to if they need can be a huge relief."

#### **Spirituality in rural facilities**

Rural hospitals face many difficulties, and spiritual health is no exception. Staffing issues and limited resources are two of many barriers that can hinder a rural facility in supplying spiritual care. However, rural

areas also have unique benefits that they can use to their advantage.

"Rural communities are usually close-knit and tend to come together in support when someone is in need. Local pastors are often willing to come in and fill the role of spiritual guide, even if the person isn't a part of their church or parish," says Duerre.

A rural area's ability to rally behind their own is an astonishing thing to witness. But despite all such efforts, outside resources are needed at times.

"There are options to have spiritual services provided over the computer, but there's really nothing like that one-on-one connection in-person," Duerre says. "Sometimes people need that human



**“Sometimes people need that human connection, a touch on the shoulder or someone to hold their hand.”**

**HEATHER DUERRE**

connection, a touch on the shoulder or someone to hold their hand.”

PCMH is one of 37 Critical Access Hospitals (CAHs) across North Dakota. Offering spiritual/grief support is one way a CAH provides care for rural residents. Many other CAHs, including CHI St. Alexius Health Carrington, CHI St. Alexius Health Dickinson Medical Center, and Jamestown Regional Medical Center, offer spiritual care as part of their services.

#### **Spiritual healing**

According to much literature on the subject, like physical health, spiritual health must be nurtured and consistently maintained.

“You don’t just eat an apple, and say ‘oh, now I’m healthy,’” laughs Duerre. “It takes

work, but there is no right or wrong way to do it. Everyone is different.”

Some common exercises to improve spiritual well-being are breathing exercises, prayer, journaling, reciting a mantra, or connecting with nature. Getting involved with a spiritual community or group is another option that is often recommended by spiritual guides.

“Asking for help is not a sign of weakness or failure,” Duerre says. “People need a way to share in their spirituality. Finding a group that you identify with and can share your experiences with is a critical part of spiritual wellness. We aren’t meant to go through things alone.”

A key to identifying what can help repair your spiritual life is searching for meaning in what you do, Ellingson says. “If it’s faith, participate in it. If it’s nature, go out and experience nature. Find ways to engage in things that bring value to your life.”

#### **Finding the remedy**

Although things are looking up for spirituality in healthcare, there are still hurdles to overcome. Increasing awareness of the services, careers, and options encompassed in spirituality may be a part of the solution.

“One of the challenges of spiritual care is that people know that they need something, but they can’t always identify what it is,” Ellingson says. “We want to help work through their support systems, find what they need, and identify the resources they have within and about them. It takes time to find the right course of action.”

Duerre recognizes the privilege and responsibility that comes with her position.

“I’ve witnessed so many things. I meet people when all their walls are down. I feel very honored that I’m allowed into lives when they’re raw,” she says. “Everybody has such a different level of spirituality, and no matter where you are at, it can be built upon. We are here to meet you wherever you may be.”

*By Jessica Rosencrans*

# SOCIAL DETERMINANTS

## A new elective on cultural diversity helps train medical students for the patients many of us don't see

New physician Dr. Eric Leveille (pronounced “Livia”) admits that he probably didn’t have the recently arrested in mind when, as a first-year medical student, he envisioned tending to patients in need.

But there he was last spring, looking after not only the temporary residents of the Hennepin County Public Safety Facility in Minneapolis, Minn., but working with Hennepin County translators and social workers on providing care to New Americans.

“Hennepin County has one of the largest interpreter units in the state,” said Leveille, speaking of the UND School of Medicine & Health Sciences (SMHS) medical student cultural diversity elective (FMED 9511) he participated in for one of his final training blocks. “Every day was different for us. It opened us up to all these different opportunities within healthcare related to patient care—like being with a social worker or an interpreter, or the police.”

### The social determinants of health

Leveille was part of an inaugural group participating in an SMHS Department of Family & Community Medicine-based diversity elective for fourth-year medical students. Designed to “expose students to diverse populations and the unique socioeconomic and cultural factors that influence health outcomes and access to services,” according to the course’s syllabus, the elective gives students real, direct experience with what are today called the “social determinants of health” in a variety of settings.

As the School’s former Diversity & Equity Coordinator Lynn Mad Plume put it, medical students were all but demanding such a course on those determinants—socioeconomic status, physical and psychological stress, employment, social support/isolation, race/ethnicity, food access, and transportation—that the World Health Organization says



### DIVERSE UNIVERSE

SMHS alums Drs. Kemin Fena (center) and Eric Leveille (second from right) and crew in Hennepin County, Minn.

“can be more important than healthcare [systems] or lifestyle choices in influencing health.”

“Our medical students had expressed the need for exposure to a more diverse patient-provider setting,” explained Mad Plume, currently a student in the School’s world-first doctoral program in Indigenous Health. “UND traditionally scores lower on one Association of American Medical Colleges [AAMC] survey that asks students if they feel their medical education prepared them to work with diverse patients. We do score higher on engaging American Indian peoples, but sometimes lack broader representation within the School.”

The hope, then, is that the elective will help change such survey results for the better, not only by exposing medical students to patients who look different than they do, but connecting them to patients whose experience of things like poverty, incarceration, or addiction may be very different from that of their health providers.

“Our fourth-year scheduler said that we could take this elective in diversity for four weeks—one week in Grand Forks and then three weeks at Hennepin County Medical Center in the Twin Cities,” added Dr. Kemin Fena, who graduated alongside Leveille last May and noted that the elective’s initial run was delayed for two years due to COVID. “They’re a safety net hospital and serve a lot of urban, underserved people, and there’s a lot of cultural diversity that we don’t always see on our four [SMHS] campuses [in North Dakota]. It’s one thing to learn from a lecture what the social determinants of health might look like or how it might feel to be raised in a food desert. It’s another thing to be working directly with patients and applying goals that would address those social determinants of health in a real-life setting.”

### Diversity in medicine

Truth be told, it’s not only UND that has grappled with this

challenge. Many schools score lower on this specific AAMC survey than they would like.

For its part, in fact, UND in some ways outperforms its peers in training for diversity in medicine. As Mad Plume suggested, the School's Indians Into Medicine program has helped all SMHS students in this regard at the same time as it has produced nearly 20% of the nation's Indigenous physicians—270-plus since 1973.

Even so, there are still too few doctors from American Indian/Alaska Native backgrounds practicing actively. And according to one AAMC report, the percentage of American medical students who identify as African American has actually *declined* since the 1970s.

This lack of representation can literally be a matter of life-and-death, say Fena and Leveille, citing the many American Indian faculty at the SMHS.

"I'm Native American," continued Leveille, who came to North Dakota from Michigan as an enrolled member of the Sault Ste. Marie Tribe of Chippewa Indians. "And I didn't meet a Native physician until I came to UND. There are many populations like that—people who don't have physicians who look like them. It makes patients feel more comfortable, though, especially kids growing up, to see themselves represented [in medicine] and think, 'Oh, that's a goal I could achieve. That's something I could be someday.'"

Fena agreed, adding that representation can facilitate better conversation between doctor and patient, which tends to result in better patient outcomes, particularly when conversations revolve around difficult topics.

"If we're more comfortable asking those questions and treating patients [with different backgrounds], and even being more open to their experience—say, knowing what resources are available for undocumented persons—that matters," she said.

"It's really important that we put ourselves in that position to face these difficult situations in our training so we can do it more competently when we're the providers."

### Tailoring the experience

To that end, the elective's coordinators worked closely with students to gear their patient experiences toward their own interests.

In Fena's case, that meant looking for opportunities to work with more people of color in an urban setting, who are too often on the lower end of the socioeconomic spectrum. For Leveille, that focus included exposure to the health needs of those in the LGBTQ+ population.

"Knowing a physician is open to talking about that stuff is huge," he said. "They have that connection with those patients and are able to get into the deeper aspects of healthcare. I've noticed that just seeing patients in clinic: if you have that little something that you can connect with for a patient, you can grow that relationship more."

For Fena, that very thing—relationship building—is the biggest takeaway: "You can't really imagine something you haven't seen before, or understand how it will impact your views of the world until you've actually done it. So, just seeing what it was like to work at a different type of hospital system with different providers and patients was really helpful to understand how their role can work with my role and how we can be a better team together."

Leveille agreed with his former classmate, admitting that his family medicine residency at the Mayo Clinic in Rochester, Minn., is already richer for the elective experience.

"I know it's already coming in handy," he concluded. "Here in residency, just knowing this stuff better—what this provider role does and how they can help—opens up options for patients."

*By Brian James Schill*

**"It opened us up to all these different opportunities within healthcare related to patient care—like being with a social worker or an interpreter, or the police."**

**DR. ERIC LEVEILLE**

# HELPING CLINICS PLAN FOR THE FUTURE

## A new federal grant helps provide support and resources for the newly established North Dakota Rural Health Clinic Network

Tina Schwartz, clinic manager for Northwood Deaconess Health Center, understands the value of collaboration.

This is why she jumped at the chance to join the North Dakota Rural Health Clinic (RHC) Network, which will help her better represent the clinics in Northwood, Larimore, and Binford, all affiliates of the Northwood Deaconess Health Center.

“The things I am excited about,” said Schwartz, “are the continuing education, training, networking, and advocacy at the federal level. It’s nice to have the connection with the National Association of Rural Health Clinics, and someone in Washington advocating for us and to have a voice. This Network will help with that.”

### Building a network

The Center for Rural Health (CRH) at the University of North Dakota School of Medicine & Health Sciences established the North Dakota Rural Health Clinic Network in 2021, through Flex/State Office of Rural Health funding.

The need for such a network arose when leadership at CRH noticed there was no system for the RHCs throughout the state.

“We found there wasn’t anything currently in place to support the RHCs,” said Anna Walter, project coordinator for the RHC Network. “We saw a need and were able to provide organization, support, and resources.”

Having established North Dakota’s RHC Network, CRH and its affiliates spent

the network’s first year reaching out to the RHCs, finding out what help they were looking for, and building an advisory committee.

And in the wake of this move, a new grant—a Rural Health Network Development Planning Program grant—was awarded to CRH. Funded through the Health Resources and Services Administration (HRSA), the one-year, \$100,000 grant began on July 1, 2022, and will strengthen healthcare in rural communities by providing support to rural health facilities and help the RHC Network build on the work that has occurred over the past year.

non-physician providers such as nurse practitioners (NP), physician assistants (PA), and certified nurse midwives (CNM) to provide services. The clinic must be staffed at least 50% of the time with an NP, PA, or CNM (this requirement was waived during COVID-19). RHCs are required to provide outpatient primary care services and basic laboratory services.

Shelby Davis has been the clinic manager for Tioga Medical Center (TMC)—which is one of 55 networked RHCs in the state—since 2015. TMC also has two satellite clinics in Ray and Powers Lake, N.D.

Davis said that she jumped at the chance to have TMC join the RHC Network.

**“We saw a need and were able to provide organization, support, and resources.”**

**ANNA WALTER**

“The RHCs across North Dakota are really the backbone of our state’s healthcare. That’s where our patients are being connected with their providers and hospitals, and being referred to the bigger hospitals in our state. Right away I was excited for the opportunity to connect with each other, learn, and collaborate.”

“We have a lot of good things in the pipeline we are excited about,” continued Walter.

“This [HRSA] grant is for one year, but this fall we will apply for a three-year grant where we can build in activities and continue the work we have already started to support the RHCs. There was so much great discussion and positive ideas for this Network at our recent strategic planning meeting in June. The RHCs are

### What is a Rural Health Clinic?

So how does the HRSA define “rural clinic”?

According to Rural Health Information Hub, RHCs can be public, nonprofit, or for-profit healthcare facilities. To receive certification, they must be located in rural, underserved areas. They are required to use a team approach of physicians working with



excited to keep receiving the help we are able to provide.”

### **Training and education**

As of November 1, 2021, all 55 state RHCs have joined the RHC Network. The model for the Network was based off of the Critical Access Hospital (CAH) Quality Network that has been in existence at CRH since 2007. The CAH Quality Network has been wildly successful and has all 37 CAHs in the state as members.

RHC Network participants receive support for Conditions for Certification, quality and performance improvement, and to improve communication and collaboration among healthcare providers to best serve the rural health organizations and their communities. An advisory committee was established in 2022 and includes representatives from RHCs across the state.

Davis emphasized the value the trainings have already brought to the group.

“[The Network] has already provided training that otherwise we would not have been able to afford. We’ve had a virtual

mock site survey, for example. Rural Health Clinics have their site surveys every five to seven years, so it was very beneficial to be able to stay up-to-date on the new regulations and make sure we’re in compliance.”

### **Partners in health**

Network partners on the HRSA grant include Northwood Deaconess Health Center, First Care Health Center, Jacobson Memorial Hospital Care Center Elgin, and Tioga Medical Center—plus other state partners of the North Dakota Hospital Association.

One such partner, and advisory committee member, is Dustin Hager. Hager is not only a clinic manager at Heart of America Medical Center (HAMC) in Rugby, N.D.; he is also a physician assistant who sees patients at the Rugby clinic and is Chief Operating Officer for HAMC, which also manages locations in Dunseith and Maddock, N.D.

“Having three Rural Health Clinics, HMHC has about 17,000 office visits a year. Having that support network to build from,

and be a part of, was very intriguing to me,” Hager said. “This Network provides an opportunity to get together with other managers and CEOs to look at the commonalities between us, brainstorm, find solutions to common problems, and grow and develop from each other as well.”

Clinic managers like Hager often come from varied backgrounds in rural communities, and they are often filling multiple positions. Having the support and resource of the RHC Network will supplement that experience and help individuals grow into the position.

“A lot of times clinic managers have been thrown into their positions,” concluded Schwartz. “You might be a nurse, or worked in an office setting, and don’t have a lot of overall experience. The more we can train, educate, and provide a well-rounded experience, the better prepared the RHCs will be.”

*By Jena Pierce*



# TELETEACHING TELEHEALTH

A new elective in telehealth at the UND School of Medicine & Health Sciences has faculty reimagining how they teach medicine to students at a distance

“I really think this is the direction medicine is going, and I think all of us are going to have to have some experience with it,” mused Dr. Suzanne Human. “I kind of enjoy it—but I’m also a bit of a weirdo.”

Laughing at this admission, Human, speaking via video conference from a Veterans Affairs (VA) clinic in northwest Minnesota, was describing her teaching of a UND School of Medicine & Health Sciences (SMHS) elective for fourth-year medical students – FMED 9322 – on telehealth in family medicine.

“This morning I did telehealth for someone who lives in very rural Minnesota,” Human continued. “And I got to see this little grandchild run past in the background, and [the patient] chuckled and said, ‘Yeah, I’ve got two dogs, a cat, and 15 chickens downstairs because they’re too cold outside, the little baby chicks.’ It’s a lot of fun.”

## Here to stay

The spring 2022 elective was the first of its kind to be offered by the SMHS, said Dr. Bryan Delage, co-director of the SMHS Department of Family & Community Medicine clerkship for third-year students. And it certainly won’t be the last. (Editor’s

note: the SMHS Department of Internal Medicine now houses a similar course, IMED 9503, for interested students.)

“Telehealth has become a critical part of patient access since the pandemic and was able to fill a gap for some patients who needed contact with their provider more consistently,” Delage wrote in an email. “The risks and fear of [COVID] exposure when coming to the clinic had forced some patients to forego treatment, so part of the driving force for the elective was its timeliness in light of the increased demand for skills in telehealth nationally.”

No doubt about it, added Dr. Eric Johnson—telehealth is here to stay.

“If it wasn’t apparent that the telehealth boom during the pandemic was relevant, it very likely is understood now, just due to the sheer volume of telehealth delivered by hospitals and clinics,” said Johnson, who is director of interprofessional education at the SMHS.

A former radio personality who has been training students on virtual body language and communication skills for years, Johnson noted that while the School’s Department

of Psychiatry & Behavioral Science was training psychiatry residents in telehealth some time ago, there wasn't an official course for medical students on the subject until recently.

"[Students] need to learn these skills now, as most practices will have a least some telehealth encounters of various types, including residencies and fellowships," Johnson continued, noting that he has helped incorporate telehealth into an interprofessional Simulation Center experience since 2017, after he, Dr. Richard Van Eck, and Dr. Jon Allen secured grant funding for a Simulation Center-based program. "Students today need to learn good camera skills and microphone presence. In addition, they need to manage the camera, patient screen, and a screen with the patient's electronic health record simultaneously. It's not easy."

#### **'Just different'**

Housed within the School's Department of Family & Community Medicine, the elective helps train students on practicing medicine at a distance, experience with which the pandemic made almost a requirement for many health providers.

Part of the reason this new healthcare delivery model is complicated, added Dr. Andrew McLean, the chair of the SMHS Department of Psychiatry & Behavioral Science, is that it raises a series of thorny questions related not only to patient safety and care, but privacy, reimbursement, and licensure.

"While medical students have had the ability to take part in this depending on their rotations or attendings, it's important that trainees understand the importance of these factors," he said, imagining a patient encounter where the patient on vacation calls up their doctor for a telehealth session from a state in which the provider is not licensed. "What does one do when there is a crisis on the 'other end,' and what are the legal or licensure issues that might be different from in-person experiences?"

Along the way, added Van Eck, students learn how they need to approach diagnosis and treatment differently.

"The debate quickly becomes: is it as good as face to face?" asked Van Eck, the School's associate dean for Teaching and Learning. "But as Dr. Human points out, you can't just ask 'Is it as good [as in-person]?' It's just different. And if you align what you're trying to do with what the technology is good at, it can be better in some ways."

For example, said Van Eck, a gait test on a patient walking back and forth in an exam room in-person can't show providers how a patient moves around their own home.

Newly minted physician Dr. Ryan Norris agreed.

"Overall, I think the elective was great, and I highly recommend it," said Norris, who is in the first year of an anesthesiology residency at Wake Forest University. "I started clinicals in the height of the pandemic, and there were several times that the doctor would do a telehealth visit. And sometimes they had me sit in, and it was really interesting to see how much we could do virtually—physical exam maneuvers for shoulder pain, knee pain, hip pain, looking at rashes, and getting some idea of the problem."

#### **Teleprecepting**

All the educators agreed that it is students like Norris whom they have in mind as they seek to improve the School's curriculum.

And because Human and Johnson are likely ahead of many of their colleagues in not only providing telehealth to patients but serving as a telehealth preceptor to medical students, Van Eck, Johnson, and others helped develop the AMA educator-focused Telehealth Clinical Education Playbook in 2021.

"Initially, the cognitive burden of telehealth and the physical and emotional pressure associated with the pandemic required physicians and other health care professionals to (rightly) prioritize patient care over medical education," wrote Van Eck and his co-editor Vimal Mishra in the first chapter of a book designed to help teachers train medical students in providing telehealth services. "Now, with our growing familiarity and comfort with the telehealth process comes an increased capacity to expand our focus to include education again."

Part of this increased capacity involves helping providers-educators reimagine what a patient encounter looks like, how it's reimbursed, and what it means to be on-call—or make a house call.

In that sense, telehealth is not such a new idea.

"The VA started some of this 50 years ago," continued Human. "In rural medicine, we've done 'telehealth' forever. My first job 25 years ago was in Wadena, Minnesota, and we would do teleconferences with the University of Minnesota once a month. The VA has been doing this kind of thing in very rural areas with nurse practitioners and physician assistants for a long time. We're coming full circle here in some ways."

*By Brian James Schill*

# BUYER'S MARKET

Recent graduates of several UND health sciences programs share their experiences as job-seekers

*As the healthcare career landscape has shifted dramatically to a job-seeker's market, how do healthcare employers find employees in tumultuous times? Recent graduates of the UND School of Medicine & Health Sciences physical therapy doctorate and occupational therapy doctorate programs shared some insights with staff of the UND Center for Rural Health about how their programs, and clinical training, prepared them to enter the job market.*

Madysen Kouba, Doctor of Physical Therapy (DPT), grew up in rural Lankin, N.D. During her time with the Department of Physical Therapy at UND, Kouba and her classmates were each required to complete four 9-week clinical rotations that gave them a well-rounded look at the profession of physical therapy. While students can request rotations in certain cities or practice settings, it's often not in their control where they are placed.

"There are times when students complete a clinical education experience at a location that was, quite frankly, never on their radar," said Cindy Flom-Meland, UND professor and chair of the PT department.

That was the situation Kouba found herself in when she was placed in a clinical rotation where 75% of the patient population was coming in for pelvic health physical therapy.

"I was set on doing pediatric PT after graduation, and so I went into the [pelvic health] rotation pretty closed-minded," Kouba admitted.

By the end of her 9-week experience, though, her mind was changed. Not only did Kouba come to understand the importance of pelvic health; she was also influenced by the culture of the organization. During her training, Kouba said she felt like she was treated more like a colleague than a student, and that, in turn, helped her feel more confident to ask questions and make the most of her rotation.

"The entire staff was welcoming and they took a lot of time to get to know me," Kouba said.

She enjoyed her rotation, and the practice of pelvic health PT, so much, in fact, that she accepted a job with the same organization.

"I am really looking forward to creating relationships with patients, and building a base of patients who know me," Kouba said.

## Significant experience

Ashley Osbjornson's story is not unlike Kouba's.

As part of the inaugural Occupational Therapy Doctorate (OTD) class, Osbjornson was one of 53 OTD grads from UND in 2022. Like DPT students, OTD students are assigned fieldwork experiences throughout the region to learn about different types of practice settings, and patient care. For Osbjornson, one particular fieldwork experience in rural Minnesota will stick with her as she considers what type of practice she wants to enter.

"I was able to do home health as part of my rotation, and it really opened my eyes to caring for patients who were on the lower end of the socioeconomic scale. They needed care, but couldn't afford it," she said.

Rural healthcare, after all, has a special place in Osbjornson's heart. Growing up, her grandparents had many health conditions that required care, and she came to realize the importance of having rural healthcare providers available locally. UND's focus on rural health, and training students to be able to serve patients in areas of need, was a big draw for Osbjornson.

Sarah Nielsen, associate professor for the Department of Occupational Therapy, says that this focus is intentional.

"Our curriculum is designed so that students are always thinking about rural practice," she said.

Osbjornson's home health experience seemed to be the link to providing the type of care she has always understood as important, and what the UND curriculum has helped her learn.

"I would love to go see patients who cannot leave their homes," she said. "Everyone deserves care."

### Help and guidance

While employers can easily conclude if a resumé or interview is good or bad, they might not often think about how students are educated and prepared on the topics of resumé building, interview skills, or connecting and communicating with employers about a job.

Mike Duginski, one of 51 DPT graduates from the 2022 class, feels confident as he enters the job-seeking phase of his career. “During the last semester of the program, we had an entire class on how to write a resumé, and how to build a portfolio,” he said.

With help from both UND Career Services, and his clinical instructors, Duginski said he never felt like he didn’t know what to do.

“The UND PT website posts open jobs, and it’s important, and nice, that UND set up our various rotations. I received different job options from that,” he said, adding that creating a LinkedIn profile has helped him connect to more job offers.

### From student to employee

Ben Germolus, OTD, is a native of Bismarck, N.D. He chose UND for his graduate degree because of reasonable tuition and the draw of being closer to home. Since entering the program, Germolus has focused on eventually providing pediatric occupational therapy.

To that end, Germolus was paired with a private pediatric clinic in Bismarck for his doctoral project and corresponding clinical experience. His project involved working closely with all aspects of the clinic, its patients and parents, and clinic management to develop a summer camp for kids.

At the end of his experience, the clinic offered him a job.

“The selling point for me was the interaction with management,” he said. “The staff had an open-door policy and I could go to them with any questions I had. They do a good job of mentoring new graduates, and they want everyone to succeed.”

While Germolus still considered other jobs, and looked at other offers, he ultimately decided he had everything he wanted and needed in his former clinical site and accepted a job that began in July 2022.

### Salary versus culture

Regardless of their profession, SMHS students closing in on graduation have a lot to consider as they train and prepare to

### TREATING KIDDOS

2022 OTD grad Ben Germolus on-site with his employer in Bismarck.



enter the workforce. Overwhelmingly, the students who shared their experiences with the UND Center for Rural Health were deeply influenced by their clinical training experiences, and by the interaction with supervising staff at the clinical sites.

As healthcare facilities compete to hire workforce, the seemingly easy thing to do is increase salary and compensation offers. What staff at the CRH have learned through conversations with newly graduated OT and PT students, though, is that positive training experiences and an inviting and supportive workplace culture typically outweigh salary. Facilities need not only think about how to recruit, but also how to retain valuable employees. Finding the right fit early on can help with successful staffing in the long run.

*By Stacy Kusler*

# GOOD THINGS IN SMALL PACKAGES

It was one heckuva Christmas present.

“Not only was I extremely humbled by this wonderful gift,” wrote Kristen Erredge from her Mayo Clinic office in Rochester, Minn., “but I am honored that my family chose to support athletic training.”

The daughter of a UND School of Medicine & Health Sciences graduate, Greg Greek (MD, '85), Erredge was speaking of what at the time seemed a rather “small” physical gift last year that turned out to be hugely significant—for her and the generations of athletic trainers to come.

In 2021, Kristen’s father took advantage of the dollar match opportunities at the UND Alumni Association & Foundation in an effort to double the impact of a scholarship endowment he established in his daughter’s name: the Kristen Greek Scholarship.

Aimed at UND athletic training students, who are housed within the School of Medicine & Health Sciences Department of Sports Medicine, the endowment will provide a scholarship of approximately \$5,000 each year to one or more master-level student in the School’s growing athletic training program, which just this year began offering a Master of Athletic Training degree.

“My parents have always been extremely supportive of my endeavors, but they have also guided me to be the person I am within the health professions,” Erredge continued. “I grew up in and out of the athletic training room—going to games with my dad as a child—so my passion for sports and caring for people continued to grow as I got older. I knew this profession was where my heart was.”

Such passion runs in the family, of course, as does understanding the value of a scholarship.

Born and raised in North Dakota, Greg Greek took an interest in problem-solving—not to mention science—to UND in 1973 to earn a degree in what is now called medical laboratory science. Looking to up his game after a few years in the field, Greek matriculated into the medical doctor program at UND’s School of Medicine & Health Sciences in 1981.

“I knew right away that I wanted to do family practice, and the residency they were just starting here at the time was responsible for taking care of the university’s athletics program,” Kristen’s father

A father-daughter pair of SMHS grads join forces on a scholarship endowment for athletic training students



## THE APPLE DOESN'T FALL FAR

Dr. Greg Greek (left) and his daughter, athletic trainer Kristen Erredge, are the force behind a new scholarship endowment at UND.

explained of his post-graduate training. “So, as a resident, I got interested in the sports aspect of [primary care] right away and ended up taking care of the 1987 hockey team—you know, the [Tony] Hrkac Circus and all that—under the guidance of Dr. William Mann.”

Shortly thereafter, the now Doctor Greek was offered a position at what is today the Altru Health System Family Medicine Residency on the UND campus where he and Mann have worked shoulder-to-shoulder ever since.

It was here that Greek would bring his endowment’s namesake, teaching her about all aspects of medical care for athletes from a young age, and come to appreciate the dedication of the athletic trainers he would meet both on and off the ice.

“I worked with a lot of athletic trainers, and they were always the first ones there—whether for practice or game day—and the last to go home,” Greek mused. “And they have a great deal of responsibility with, often, one of the lower salaries for health professionals. So I thought that was fitting to set up the scholarship for students who go into that profession.”

The veteran physician says such a desire to give back comes from his own experience.

“Both as an undergraduate and a medical student, I received scholarships,” admits Greek, who first matriculated at UND in 1973. “So I always felt an obligation to give back, and I think that’s what a lot of people do. But this was especially important to me.”

Erredge agreed, noting that had it not been for the generosity of others, she would not likely be practicing patient care at Mayo Clinic.

“From my parents to the wonderful athletic training staff at the University of North Dakota, I would not be where I am today without the support of everyone who helped me along the way,” she said.

“This scholarship will provide an opportunity to a deserving athletic training student every year, and I am honored that my family has provided such a wonderful gift.”

**For more information on the Kristen Greek Scholarship Endowment for athletic training, or to give to the UND Alumni Association & Foundation, call 701.777.2611 or email Jeff Dodson at [jeffd@UNDfoundation.org](mailto:jeffd@UNDfoundation.org).**

*By Brian James Schill*

# ADOPT-A-MED STUDENT 2022 IS IN THE BOOKS!



Thank you again to each of the generous donors who gave to our Adopt-A-Med Student campaign in 2022. We received enough gifts to provide each of our first-year medical students with a high-fidelity stethoscope, and are already looking forward to next year's campaign!

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| Mark Colliton                     | Michael Greenwood                | Adrienne Mallen   | Marlys Schuh                     |
| April Coming Hay                  | Dwight Grotte                    | Wayne Martinsen   | Robert Startz                    |
| Albert Cooley                     | Ronald Hanson                    | Erling Martinson  | Basir Tareen                     |
| Jon Dangerfield                   | Diane Haugen &<br>Alan Lindemann | Dale Moquist      | Stephen Tinguely                 |
| Archana Dhasarathy                | Erik Heitkamp                    | Bruce Nelson      | Mary Van Winter                  |
| Amy Diede                         | Richard Hicks                    | Mark Odland       | Timothy Whalen                   |
| Robert Ellis                      | Kyle Hoffert                     | Mark Paulson      | Jack Wilson                      |
|                                   | Mike Kaminski                    | Rene Pelletier    | Joshua Wynne and<br>Susan Farkas |
|                                   |                                  | Donald Person     | Stephan Zentner                  |



**Jeff Dodson**

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**Brian Schill, '00, '05**

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# COMPREHENSIVE COVERAGE

UND's Indians Into Medicine  
program announces  
\$1 million comprehensive  
campaign for students



The Indians Into Medicine (INMED) program at the UND School of Medicine & Health Sciences (SMHS) kicked off a \$1 million comprehensive campaign, the largest campaign of its kind for Indigenous medical education, in July 2022.

“For nearly 50 years this program has led the nation in training Indigenous physicians,” said INMED Director Dr. Don Warne, referencing the persistent but incorrect notion that American Indian students are given free education at public universities. “Unless our students are offered one of a limited number of scholarships, most of which only go so far, they pay full tuition like everyone else. So, we’re always looking for ways to be more efficient in our operations and expand our base of supporters. This campaign will help us do both.”

Alexandria McLearen is one of those future physicians who benefitted from INMED’s many programs even before entering an M.D. program.

“When I matriculated at UND, I felt like a fish out of water,” admitted McLearen, who came to UND from Anchorage, Ak. “I didn’t know what I was doing or even how I was going to survive, but my INMED classmates and the INMED staff squeezed my hand and reassured me I could do it and they would help me.”

McLearen’s colleague Megan Corn agreed.

“Alex and I can actually thank the INMED program for our friendship,” laughed the Oklahoma native who suggested that the social support INMED offers students is as valuable as its academic programs—if not more so. “Aside from the social support INMED offers, the faculty and staff are also advocating for us at every turn and helping us be as prepared as we can be for Step exams, shelf exams, and pre-clerkship exams. The INMED faculty have helped me at the drop of a hat when I reached out, and always go above and beyond.”

Timed to coincide with the program’s 50-year anniversary in 2022-23, the comprehensive campaign hopes to generate funds that will directly support many of INMED’s various programs. These programs provide not only direct support to Indigenous M.D. and other health professions students at UND, but pre-college students and instructors through programs such as:

- **Summer Institute (SI)**, a program wherein students in grades 7-12 live together on the UND campus as they learn about science and healthcare. SI gives Indigenous students access to programs and facilities like a tour of an Indian Health Service clinic, the Science Museum of Minnesota, and a character-building ropes course.



### WRAPPED IN MEDICINE

Dr. Don Warne (left) and graduating INMED students at the Wacipi Powwow on the UND campus in 2022.

- **Med Prep**, a summer program for American Indian college upperclassmen and graduates who are preparing to take or retake the Medical College Admissions Test (MCAT) and apply to medical school. Program costs include faculty time, test prep materials, and Association of American Medical Colleges (AAMC) practice exams.
- **Career and Life Instruction for Matriculation Building (CLIMB)**, a summer program for incoming INMED medical students designed to assist new students to acclimate to the rigors and culture of medical school and develop a sense of community prior to the start of classes. Educational activities and sessions include an introduction to the curriculum, library resources and research skills, financial literacy, study skills, wellness strategies, biochemistry review, and tours of the medical school and community.
- **Native Educator University Research Opportunity in Neuroscience (NEURO)**, a professional development program for high school teachers that places teachers in a UND Department of Biomedical Sciences research laboratory at the School of Medicine & Health Sciences. This comprehensive professional development program aims to build on and improve teachers' understanding of the scientific process and support their science pedagogy in an effort to provide learning environments for American

Indian students that foster scientific inquiry and promote the attainment of careers in health care.

“We are thrilled to partner with the INMED program on this important campaign,” added DeAnna Carlson Zink, CEO of the UND Alumni Association & Foundation (AAF). “UND alumni and friends have been great supporters of the program over the past 50 years. I believe we will see an enthusiastic response to this fundraising effort.”

Founded in 1973, The UND Indians Into Medicine Program was one of the first university-based programs in the nation dedicated to cultivating and producing Indigenous physicians and other health providers. In 50 years, the program has graduated nearly 300 American Indian/Alaska Native physicians and countless other health providers: physical and occupational therapists, medical laboratory scientists, physician assistants, and public health professionals.

“It is our goal to put INMED in the best position to assist our students with all of their needs during their academic career at UND,” said Dr. Daniel Henry, co-director of INMED. “We assist our students with technology needs, test prep, skill-building, textbooks, mentorship, shadowing, research opportunities, and much more. And all of this is getting more expensive, all the time.”

The campaign will run through April 20, 2023, at which time the campaign ends with a celebration at the 2023 Time Out Wacipi powwow event on the UND campus.

“It was during the MCAT prep program that I first truly felt like I could envision myself as a medical student, because I had, for the first time in my life, met Indigenous medical students and doctors,” concluded McLearn. “Until then, I was walking down the path without any guidance or support, not expecting to really make it to an MD program. INMED has been the key to my success since before I even applied to medical school.”

**Those interested in contributing to the campaign can contact Jeff Dodson, the AAF director of development at the UND School of Medicine & Health Sciences, at [jeffd@UNDfoundation.org](mailto:jeffd@UNDfoundation.org) or 701.777.5512.**

*By Brian James Schill*

## Medical Doctor Class of 2026 begins studies at UND School of Medicine & Health Sciences



### UPON MY HONOR

First-year medical students recite the Oath of Hippocrates at the MD Class of 2026 White Coat Ceremony in July 2022.

“I am extremely grateful for the opportunity to continue my education at the UND School of Medicine & Health Sciences,” beamed first-year medical student and Mandan, N.D., native Madelyn Jablonski. “I chose UND for its small class sizes, state of the art medical school, and compassion for creating healthcare providers for subsequent work in the state. I am most excited to get to know my peers, professors, and use the Simulation Center.”

Jablonski is one of 78 first-year medical students, members of the Doctor of Medicine Class of 2026, who began their journey to become physicians recently at the UND School of Medicine & Health Sciences (SMHS).

The students’ first two weeks are dedicated to orientation, including an introduction to UND’s nationally recognized, four-year, patient-centered learning curriculum where biomedical and

clinical sciences are taught in the context of an interdisciplinary educational setting. Special emphasis is placed on students’ new roles and expectations of them as health professionals.

“I’m very excited to start medical school at UND,” added Carson Herbert, who comes to the SMHS from Thompson, N.D. “While I am excited for content to begin, what most excites me is the opportunity I will have to work with students from across a variety of health professions. That is what really drew me to the SMHS – the potential to learn in a patient-centered environment where I have the opportunity to collaborate with a wide variety of students and learn from exceptional faculty who will take extra care to ensure that I am getting the most out of my medical education.”

The orientation segment of the curriculum concluded with a White Coat Ceremony, wherein students recited the Oath of

Hippocrates and received their first white coats, were donated by the North Dakota Medical Association.

More than half of this year’s class is female. Ranging in age from 21 to 35 years, and the vast majority of whom are from North Dakota and Minnesota, this year’s cohort comes to UND with experience in an array of fields, including: art, biochemistry, biology, business, chemistry, computer science, engineering, forensic science, kinesiology, mathematics, medical laboratory science, microbiology, philosophy, physics, psychology, and public health.

Some of these first-year students already hold advanced degrees, including master’s degrees in public health, athletic training, and biomedical science.

**The UND MD Class of 2026 (listed alphabetically with hometowns added) is as follows:**

- Autumn Ahlbrecht, Carson, N.D.
- Carissa Amundson, Moorhead, Minn.
- Kajsa Anderson, Westby, Mont.
- Matthew Anderson, Hackensack, Minn.
- Noah Antes, Rochester, Minn.
- Alexa Asplund, Ham Lake, Minn.
- Jaelyn Baisch, Eagan, Minn.
- Chloe Bakkum, Moorhead, Minn.
- George Beddow, Billings, Mont.
- Gaurav Behera, Rochester, Minn.
- Michael Burd, Grand Forks, N.D.
- Mathew Bushey, St. Paul, Minn.
- Nolan Christenson, Alexandria, Minn.
- Claire Diede, Lakeville, Minn.
- Elizabeth Driscoll, Lake Park, Minn.
- Josephine Dwamena, Fargo, N.D.
- Henry Elsenpeter, Blaine, Minn.
- Bailey Engesether, Bagley, Minn.
- Devin Evavold, East Grand Forks, Minn.
- Zachary Even, Lidgerwood, N.D.
- Annie Ferguson, Snohomish, Wash.
- Nathan Fix, Grand Forks, N.D.
- Madeleine Flanders, Houston, Texas
- Miriah Forness, West Fargo, N.D.
- Delton Gabel, Fargo, N.D.
- Cole Garrett, Mountain Home, Idaho
- Jack Gibbons, Fargo, N.D.
- Connor Griffin, Fargo, N.D.
- Rachel Guyer, Rochester, Minn.
- Wyatt Hahn, Hutchinson, Minn.
- Carson Herbert, Thompson, N.D.
- David Hettich, Grand Forks, N.D.
- Kathryn Hnatko, Duluth, Minn.
- Phillip Hoffarth, Shakopee, Minn.
- Mercedes Hoffner, Omaha, Neb.
- Elizabeth Holzwarth, New Rockford, N.D.
- Riley Huffman, West Fargo, N.D.
- Madelyn Jablonski, Mandan, N.D.
- Shahmeer Kanwar, Watford City, N.D.
- Benjamin Kearney, Andover, Minn.
- Ashley King, Devils Lake, N.D.
- Peter Knutson, Foley, Minn.
- Lincoln Kranz, Grand Forks, N.D.
- Mikale Kuntz, Grand Forks, N.D.
- Regan Lawrence, Fargo, N.D.
- Megan Lorenz, Fargo, N.D.
- Abby Lund de Costa, Grand Forks, N.D.
- Nicholas Mathias, Kindred, N.D.
- Ashley Matter, Fargo, N.D.
- Alexis Meduna, Dickinson, N.D.
- Sydney Morris, Mahtomedi, Minn.
- Kennedy Mueller, Bismarck, N.D.
- Tyler Mueller, Fargo, N.D.
- Jonah Muller, Bemidji, Minn.
- Graysen Myers, Fargo, N.D.
- Emilee Ohman, Corvallis, Ore.
- Hunter Olstad, Valley City, N.D.
- Cade O'Neill, Butte, Mont.
- Jace Otremba, Lakeville, Minn.
- Morgan Pierce, Mandan, N.D.
- Kelly Reishus, Dent, Minn.
- Kathleen Ruff, Ashley, N.D.
- Gretchen Schreiner, St. Louis, Mo.
- Ryan Schulte, Grand Forks, N.D.
- Greta Schwartz, Maple Grove, Minn.
- Madison Seifert, Bismarck, N.D.
- Rebecca Solloway, Fargo, N.D.
- Jenna Steichen, Overland Park, Kan.
- Blair Stewig, Buffalo, Minn.
- Alyssa Thielges, LaMoure, N.D.
- Katherine Tomczik, Saint Cloud, Minn.
- Jacob Tupa, Larimore, N.D.
- Nicole Virgin, Woodbury, Minn.
- Paxten Wahlund, Minot, N.D.
- Emma Weisner, St. Louis Park, Minn.
- Medora Witwer, St. Paul, Minn.
- Shirley Yang, Grand Forks, N.D.
- Natalie Zinn, Lake Elmo, Minn.

# DON'T MISS UND HOMECOMING 2022 @SMHS!

Sept. 26 - Oct. 1

## Friday, Sept. 30

### Continuing Education Symposium

A continuing medical education event will be held in Room W202 of the School and via Zoom online from 8:30 to 11:30 a.m. This multidisciplinary symposium will focus on the latest research into and diagnosis/treatment of neurological conditions.

### Building Tours

Tours of the School of Medicine & Health Sciences building in Grand Forks will be held between 1 and 3 p.m., leaving every half hour.

### Milestone Program and Banquet

Celebrating milestone (1942–2012) graduates and ten years of our Public Health program! The banquet will be held at Alerus Center in Grand Forks (1200 S. 42nd St., JR Ballroom, Door #6) from 5 to 8 p.m.: social at 5 p.m., dinner at 6 p.m., and program at 7 p.m.

## Saturday, Oct. 1

### Homecoming Parade

10 a.m. | Along University Ave

### Fighting Hawks Football

UND vs. Missouri State | noon @ Alerus Center

Complimentary football tickets may be available for School of Medicine & Health Sciences milestone alumni and their families. Please contact Kristen Peterson if interested at 701.777.4305 or kristen.peterson@UND.edu.

Register for all events at:

[UNDalumni.org/smhs-homecoming](http://UNDalumni.org/smhs-homecoming)

## Paul Olson named Assistant Dean of UND School of Medicine & Health Sciences Northwest Campus in Minot



**Paul Olson, M.D.**

Dr. Paul D. Olson, a critical care and family physician in Minot, N.D., and clinical assistant professor of emergency medicine at the UND School of Medicine & Health

Sciences, has been named assistant dean for the School's Northwest Campus.

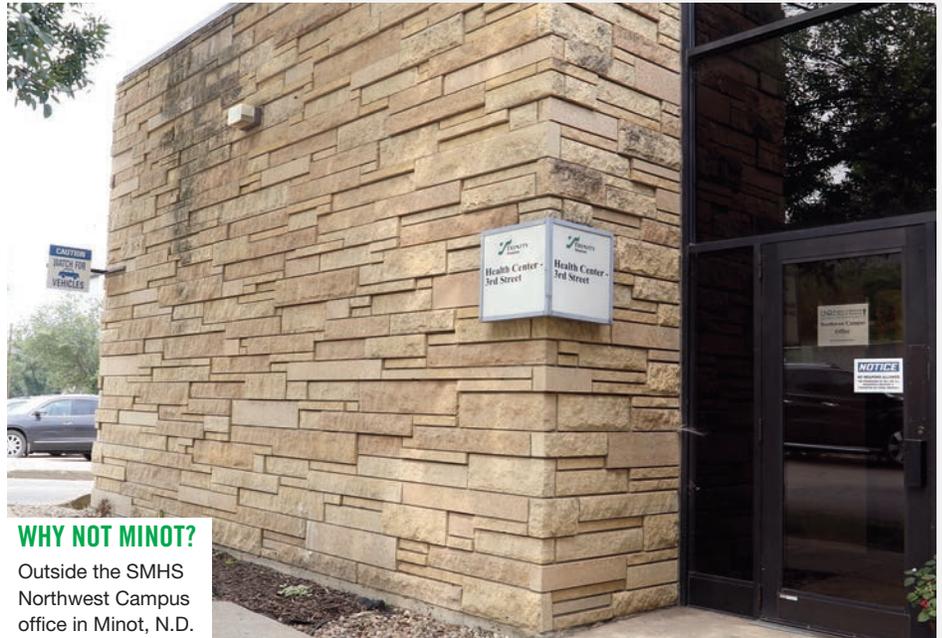
In taking the new position, Olson is assuming the role of Dr. Scott Knutson, who was the School's assistant dean in Minot for many years.

"I am an avid advocate for the medical community of northwestern North Dakota, and a believer in the need for medical education in our region," said Olson. "I believe this advocacy encourages doctors to return here to provide care near home. I have always loved teaching and am looking forward to helping our region's students be successful in their careers."

A Williston, N.D., native, Olson completed an undergraduate degree at UND in 1983 and earned his M.D. from the University of Iowa College of Medicine in 1987.

After completing a residency in family medicine in 1990, at what was then the University of North Dakota Family Practice Center in Bismarck, N.D., Olson has practiced both family and emergency medicine in North Dakota for more than three decades. He is certified by the American Board of Family Practice and licensed in North Dakota and Montana.

As the primary representative of the SMHS and the Office of the Dean in North



### WHY NOT MINOT?

Outside the SMHS Northwest Campus office in Minot, N.D.

Dakota's northwest region, the assistant dean in Minot develops and meets curriculum goals and objectives for the School, provides a resource for volunteer/clinical faculty, recommends physicians for clinical faculty appointments, and serves as a student advocate who organizes third- and fourth-year student clinical rotations in the community.

The assistant dean also functions as a liaison between Northwest Campus students and the SMHS, works with clerkship directors, chairs, and faculty to optimize education on the Northwest Campus, reviews campus electives, and cultivates links between the SMHS and local hospitals/clinics to encourage their participation in the School's educational mission.

Finally, the assistant dean in Minot helps manage the School's Minot Integrated

Longitudinal Experience (MILE) third-year clerkship program. Through MILE, medical students work with preceptors in each of the region's many specialties as they follow a panel of patients throughout the year, accompanying them to consultant visits and procedures and following them through hospitalizations.

"We are very pleased that Dr. Olson will provide continuity and continued leadership on our school's Northwest Campus after the wonderful tenure of Dr. Knutson," said Joshua Wynne, M.D., dean of the UND School of Medicine and Health Sciences and vice president for health affairs at UND. "One of special attractions of the Minot campus to our students is the MILE program, and I know that the program and campus experience are in good hands going forward."

**Julie R. Callahan, MPT '97**, of Worcester, Mass., formerly of Waltham, died at home on Thursday, July 14, 2022, after a valiant battle with metastatic breast cancer. She was 64. Julie was born on March 19, 1958, a daughter of the late Francis C. and Rita M. (Ehler) Callahan. Raised in Waltham, she graduated from Our Lady's Academy and Waltham High School with the class of 1976. She earned her bachelor's degree from the University of North Dakota at Williston, and later her master's degree from University of North Dakota in Grand Forks. She lived many years in Waltham and later North Dakota before returning to her native Waltham in 2004. Julie moved to her new home in Worcester in 2007. Julie loved her work as a physical therapist. In addition to her positions in North Dakota, she worked at Meadow Green Nursing Home in Waltham where she treasured her time with the elderly residents. More recently, she worked with Bayada Home Health Care in Worcester and the surrounding area. She loved all things purple! The youngest of six children afforded her the love and care of her older siblings, and as their families grew the love of nieces and nephews. She loved the various dogs that were her companions throughout her life, tending to her gardens at home, and time in Wellfleet on Cape Cod. In addition to her parents, she is predeceased by siblings, John J. Callahan (late Patricia) and Jane M. McCarthy. She leaves her siblings, Joan E. Callahan (Thomas Mansfield) of Palm Coast, Fla., Joyce A. Condon (Dennis) of Alexandria, Va., and Francis 'Frank' Callahan (Barbara) of Woburn, Mass. She is also survived by nine nieces and nephews and 10 great-nieces/nephews.

**Phyllis Jean Cory, BS MT '61**, age 82, of Fergus Falls, Minn., died Thursday, July 14, 2022, at Park Gardens Memory Care in Fergus Falls. Phyllis Jean (Jeannie) Cory was born September 26, 1939, in Grafton, N.D. Her parents were Elmer S. and Sophia Isabelle (Berndson) Thorfinnson of Grafton. She was baptized at Vikur Lutheran Church in Mountain, N.D., and confirmed at the United Lutheran Church in Grand Forks, N.D. Jeannie attended Wilder Grade School and graduated from Central High School in Grand Forks in 1957. She attended the University of North Dakota in Grand Forks and graduated in 1961 with a Bachelor of Science degree in medical technology. On September 9, 1960, Jeannie married David Brooks Cory. The couple had three sons, Paul, John, and Mark. After graduation, Jeannie worked in the Microbiology Department at UND. After moving to Fergus Falls, she was employed in the pathology lab at Lake Region Hospital. She also worked as a receptionist for the Fergus Falls Medical Group Mall Clinic. After moving to Oregon in 1987, she worked for the Aloha Dermatology Clinic for ten years before moving back to Fergus Falls. In 2001, she became the manager of the River Bend Apartments in Fergus Falls before retiring. Jeannie was always excited to tell you about her years at UND, especially her ties to the

sorority, Delta Gamma. Knowing that both of her granddaughters will continue that legacy was a dream come true. She also had a deep love and loyalty for her family and friends. She was proud of her Icelandic heritage, always celebrating it, especially on August-the-Two. Her endearment of her two granddaughters, Grace and Hannah, was always obvious to all that knew her. Fixing them "Chicken and Stars" soup and making the traditional Icelandic Jam-Jam cookies were a joy for her and the girls. Her true "happy place" was Swan Lake! This included all of the people around the lake who she considered her family. Preceding her in death were her parents, her sister Darlene, and her son Paul. Jean is survived by her children, John and Mark (Amy); granddaughters, Grace and Hannah Cory; and special friend and dear-to-her-heart, Diane Swanson.

**Kathleen A. Dodd, PA '94**, age 72, passed away on April 20, 2022, at Memorial Hospital of Carbondale, Ill. Kathy was born on January 28, 1950, in Evanston, Ill., to Michael and Cecile (Ward) Kelly. Kathy worked as a physician assistant at Heartland Regional Medical Center in Marion until her retirement in 2018. She also worked in a variety of jobs over the years, including Carbondale Clinic (20-plus yrs.) and Southern Illinois University Carbondale (SIU) Student Health Service (13 yrs.), along with volunteering at several free clinics in the Carbondale area. She was a graduate of SIU (1974) and University of North Dakota School of Medicine (1994 with honors). Kathy enjoyed the outdoors, gardening, swimming, camping, music—listening and playing harmonica and guitar—and was a pet lover/rescuer. She was a member of SIU Alumni, Sierra Club, and the ACLU. Kathy is survived by her siblings: Jim Kelly of Barrington, Ill., Kevin (Debby) Kelly of Byron, Ill., Karen Knox of Indialantic, Fla., Steve (Kathy) Kelly of Gibson City, Ill., and Peggy (Dan) Beyer of Hawthorn Woods, Ill. She was preceded in death by her parents. Memorials may be made in Kathy's name to the SIU Foundation, Salvation Army, Habitat for Humanity, or St. Jude Children's Research Hospital.

**Craig B. Grorud, MD '82**, age 68, Bismarck, N.D., passed away peacefully at home on Tuesday, June 14, 2022. Craig was born on October 13, 1953, the son of Robert and Mary Jane Grorud. He grew up in Bismarck. He found a love of music at a young age and became an accomplished pianist. He also played cello and sang in choirs. He earned a black belt in karate and was a gymnast on the first boys' gymnastics team at Bismarck High School. Upon graduating from BHS, he attended Bismarck State College, then Concordia College in Moorhead, Minn., earning a Bachelor of Science degree in biology. He was accepted into UND's medical school and graduated in 1987 with a Doctor of Medicine degree. He became an ER/urgent care physician. He had a love and compassion for the people he cared for and often spoke of how

he loved helping people. Craig's true joy, strength, acceptance, forgiveness and love came from his faith. He was a kind, loving, gentle, patient, calm, and funny man. Craig is survived by his daughter, Kristin (Ben) Kindred, Essex Junction, Vt.; sons, Anders Grorud, Charlottesville, Va., and Lars Grorud, Raleigh, N.C.; brother, Scott Grorud, Spokane, Wash.; sisters, Jane (Seth) Grorud and Kristin (John) Olson, Bismarck, N.D.; many nieces and nephews; and long-time friend, Gary (Diane) Garvey. Craig was preceded in death by his parents, Robert and Mary Jane Grorud.

**William E. Haun, BS Med '75**, passed away due to complications after open heart surgery. Born in St. Thomas, N.D., to John E. Haun and Frances "Lorraine" Haun, he graduated with honors in chemistry from the University of North Dakota in 1973 and the Baylor College of Medicine in Houston, Texas, in 1977. He was in private practice as a general surgeon from 1982 until his retirement in 2018. In 1988, Bill received his Executive MBA from the University of Denver. Bill was married to Marsha Traveny for 23 years. He is survived by his daughters Kristin Christiansen, DDS (James), of Elizabeth, Colo., Kelley E. Cleveland (Parker) of Parker, Colo., and Kelzey Haun of Girdwood, Ark. He is survived by his grandchildren Eve Christiansen, Owen Christiansen, and William "Will" Cleveland. Bill especially enjoyed spending time with his wife and daughters, and more recently, his beautiful, precious grandchildren.

**Dr. Ronald Russell Henrickson, BS Med '65**, passed away on January 2, 2022, only a few days after the death of his wife Linda. Ronald was born in 1941 in Hawley, Minn., to Elwood and Doris (Burnside) Henrickson. Ronald was the eldest of four children. He was a very involved father and grandfather and was always their greatest fan. Ronald was medical doctor, navy flight surgeon, and business owner. Upon completing his medical training, Ron started his ENT practice in Bismarck. Linda and Ronald raised their children in Bismarck. When they were not with family, they shared a love for their many hobbies, visiting with family and friends, and travelling. In their spare time at home, Linda and Ronald were always busy with their next project. There is no question, they were the most devoted parents and set a wonderful example of life and love. They are survived by their children: Sherry (Henrickson) Ellingson, Tina (Henrickson) Cowley, Kathy (Henrickson) Stastney, and Randy Henrickson; their grandchildren: Jennifer, Jordan, McKinzie, Amelia, Trey, Spencer, Madilyn, William, Tyler, Pierce, Ava, and Soleil; and their great-granddaughter, Avery. They were preceded in death by their parents Elwood and Doris Henrickson and Andrew A. and Dena Johnson; and grandson, Brandon Ellingson.

**Dr. Donald Richard Lamb, BS Med '82**, age 63, passed away unexpectedly on July 24, 2022, at the lake home he built on Pickerel Lake in Minnesota. Don was born in St. Paul, Minn., on August 2, 1958, to Mary M. Wright and Donald L. Lamb and was raised in Fargo, N.D. After graduating from Fargo South High School in 1976, he attended the University of North Dakota, earning a B.S. in medicine in 1982. He continued his education at the University of Utah School of Medicine, attaining his Medical Doctorate in 1984. He married Linda J. Tabata on May 6, 1984, in Salt Lake City, Utah, before returning to the University of North Dakota for his residency in general surgery. He completed his plastic surgery fellowship at the University of Wisconsin, in Madison, in 1991. During that time, he and Linda welcomed their two children Patrick William and Jessica Rachel. The family returned to Fargo, N.D., to join Don's father's private practice Lamb Plastic Surgery in 1991. In his 31 years of practice, he was instrumental in the cleft lip and palate clinic of Fargo and Grand Forks. He performed reconstructive plastic surgeries on several humanitarian mission trips to Ecuador, Peru, and Haiti. He was involved in teaching tomorrow's health care professionals at the University of North Dakota, Minnesota State University - Moorhead, and Sanford Health. He was the recipient of the Resident Award for Outstanding Surgical Technical Ability in the Department of Surgery at the University of North Dakota School of Medicine in 1988-89; the Service to Mankind Award from the F-M Sertoma Club in 1995 for his cleft-lip and palate work; and he was inducted into the Fargo South High Hall of Fame in 2004. Don was preceded in death by his parents and his brother Daniel L. Lamb. He is survived by his wife, Linda; son, Patrick (Katie Oines) and their children Lillian and William; and daughter, Jessica. He is also survived by his sister, Billie L. (John) Rowles; brother, David L. (Barbara) Lamb; Billie Bell; aunt, Angell Wright; and numerous cousins, nieces, and nephews.

Former UND School of Medicine & Health Sciences faculty **Roger Melvold, Ph.D.**, died on May 6, 2022. Roger was born in Wadena, Minn., to Sam Reder Melvold and Palma (Ronning) Melvold. He grew up in Henning, Minn., and graduated from Henning High School in 1964. Roger enrolled at Moorhead State University in 1964, graduating with a degree in biology in 1968. He earned his Ph.D. from the University of Kansas (Lawrence) in 1972, working as a teaching fellow, assistant instructor, and researcher in the Department of Physiology and Cell Biology. Roger worked as a research associate in radiation biology (genetics) at Harvard from 1972-79 in the Dept. of Radiation Therapy, becoming a principal research associate in radiation therapy (genetics) 1976-79. Roger joined the faculty at Northwestern University Medical School from 1979-1997. Roger moved "back home" to the University of North Dakota in 1997. He served as chair and professor in the

Dept. of Microbiology and Immunology in the School of Medicine and Health Sciences until his retirement in 2008. Dr. Melvold is internationally recognized as a leader in the field of mice genetics and immunology. As a scientist and administrator he strengthened the resources, faculty, and the scholarly reputation of the department at UND. Roger's research resulted in more than 135 full length publications and numerous abstracts and reviews. Roger collaborated on two medical textbooks in the area of Immunology published in 2005 and 2007. Dr. Roger Melvold was recognized by a Distinguished Alumni Award at Minnesota State University Moorhead (MSUM) in 1985, and honored in 2008 as a Chester Fritz Distinguished Professor at UND. Roger Melvold was unique as a professor, linking history, as well as art history, to his science curriculum. His philosophy was to offer a well-rounded education for his students. He was a historian, fascinated by the world around him and always eager to share his vast knowledge with students and others. Roger had an infectious laugh and a sincere way about him. Roger will be missed in unfathomable ways by all who were fortunate to have known his gracious soul. He is survived by his nephews J. Erin Rourke and J. Bracken Rourke; and brother-in-law, Vern (Cid) Rourke, Mission, Kan. Roger is preceded in death by his parents Sam and Palma Melvold, brother Charles Wesley Melvold, sister Shirley Joan (Melvold) Rourke, and brother-in-law Orland J. Rourke.

**Mary Beth Noble, BS MT '63**, age 80, of Fargo, N.D., passed away in Fargo on Sept. 28, 2021. Mary Beth was born in Cavalier, N.D., on June 14, 1941, to Thora and Kristjan Dinusson. She attended and graduated from Cavalier High School and then the University of North Dakota with a degree in medical technology (medical laboratory science). Mary Beth married Noble (Atilla), and together they had one child, Anita. She worked as a medical technologist at the Cavalier Clinic and enjoyed gardening and was a voracious reader. Mary Beth was also a proud member of Delta Gamma sorority. Mary Beth is survived by her daughter and son-in-law, Anita and Matthew Mitlyng; her grandson, Gregory; her brother and sister-in-law, John and Suzanne Dinusson; her niece, Jacqueline Dinusson; and nephews, John and Matthew Dinusson. She was predeceased by her parents, Kristjan and Thora Dinusson, and by her husband.

**William Thomas Powers, BS Med '53**, age 92, died peacefully at home in Grand Forks, N.D., on Friday, May 27, 2022. Bill was born on May 21, 1930, the son of Leonard and Carol (Harm) Powers. He grew up in East Grand Forks, Minn., and graduated from Sacred Heart High School in 1948. Bill earned a Bachelor of Arts and Bachelor of Science degree in medicine from UND and earned his Doctor of Medicine degree from Creighton University in 1955. Bill served in the National Guard for several years. Dr. Powers was a family medicine physician at Valley Medical Associates in Grand Forks from 1955 until his semi-retirement in 1990. Over the course of his career, he was Chief of Staff at St. Michael's Hospital, Deaconess Hospital, and United Hospital. He was also Public Health Officer of Grand Forks County and served as the president of the North Dakota Medical Association. He was an active Rotarian and a proud member of Beta Theta Pi. Bill continued to care for patients at the Dakota Clinic in Walker, Minn., until fully retiring in 1995. Bill married Helene Wachtler on June 29, 1953. Together they raised six children that they both loved and cherished. They would have celebrated their 69th wedding anniversary in June. Bill was an active member of Holy Family Catholic Church in Grand Forks and St. John the Evangelist Catholic Church in Naples, Fla., where he sang in the choir for many years. Bill enjoyed downhill skiing with family and friends, fishing at Lake of the Woods, traveling with Helene and their children, singing, and solving crossword puzzles. After his retirement in Grand Forks, Bill and Helene moved to their home on Lake Kabekona in northern Minnesota and spent their winters in Naples, Fla. Bill is survived by his wife, Helene, and his six children and their spouses: Terry & Jane Powers, Kevin and Jean Powers, Pam & Paul Lander, Lynn & Marc Chorney, Beth and Phil Gandier, and Kelli & Dan Tannahill. He is also survived by his younger brother Dennis, as well as seventeen grandchildren and fifteen great-grandchildren. Bill was preceded in death by his parents, older brother, Richard, and his sister, Mona Catherine.

Former UND School of Medicine & Health Sciences faculty **Richard Charles Vari**, age 68 years, died at his home in Botetourt County, Va., on June 12, 2022, after being diagnosed with ALS (Lou Gehrig's disease) one year before. Rick lived a large life and was generous with his love and talent. He was born in Lynch, Harlan County, Ky., April 9, 1954, and then moved to Cumberland, Ky., a few years later. Born to Elizabeth "Lib" Vari Ball, he was then adopted and raised by his grandmother, Elizabeth Orres Vari. He attended St. Stephen Catholic Church and school before graduating from Cumberland High School in 1972. Rick first finished one year at Southeast Kentucky Community College, then attended the University of Kentucky in Lexington where he obtained a biology bachelor's degree, followed by master and doctoral degrees in physiology. Rick was an example of a full life in all aspects. His family was his rock: his wife of 43 years, Patty Ryan Maloney Vari; daughter, Elizabeth Ryan (Liz) Vari Mutcheson and son-in-law, Brock Mutcheson; son, Richard Alexander (Alex) Vari and daughter-in-law, Jill Robideaux Vari; and grandchildren, Sylvia Elizabeth Mutcheson, Ryan Irene Mutcheson, Gibson Charles Vari, and Eloise Victoria Vari. The grandchildren were at the center of his big heart and he, as their Pupo, loved sharing with them all the tricks of fishing and crabbing at the beach. He loved them immensely and was most sad to think he wouldn't be physically present in their lives as they grew up. His wife, daughter, and son were everything to him as he was to them. Rick was passionate about living, which manifested itself in the many ways he succeeded in life. He was trained in kidney research at the University of Missouri Columbia, conducted cardio-renal research at Tulane University in New Orleans, and then found himself immersed in medical school curriculum development first at the University of North Dakota, followed by his recruitment to Roanoke to help start the Virginia Tech Carilion School of Medicine problem-based learning and interprofessional education curriculum, which were his hallmarks. He was beloved by students, faculty, staff, family, friends, and anyone who was within his sphere, because he had the unique ability to make everyone around him feel seen. He was valiant and dignified in the face of such a cruel disease that tried to take it all away. But, even at the very end, it could not take away his essence, his character, his integrity, and his passion. The care, compassion, and support shown by his Virginia Tech Carilion School of Medicine family helped sustain him through this intense year of illness. The love extended to him and his family by those who provided medical and nursing care, therapies, pastoral visits, food, companionship, correspondences, and especially daily caregiving will be forever appreciated and are a testament to the presence of human kindness.

**Diane Weispenning, BS MT '75**, age 69, passed away peacefully at home on July 8, 2022. She chose to embrace life while living several years with cancer. Diane was born in 1953 to E. Myron and Colleen Erickson and grew up on the family farm near Cooperstown, N.D. She attended and graduated from Cooperstown Public Schools, graduated with a Bachelor of Science degree in medical technology from the University of North Dakota, and later earned a Master of Management degree from the University of Mary in N.D. She married her best friend and love, W. William Weispenning, Jr. (Bill). The couple set up Christian homes first in Jamestown, N.D., then Oakes, N.D., before moving back to Jamestown. Diane worked in the Jamestown hospital laboratory for a short time before moving to Oakes where she led and worked in the laboratory at the Oakes hospital for several years. She then was promoted to the leadership teams of the Oakes, Lisbon, Valley City, and Carrington Hospitals. Gifted with organizational skills, she integrated and managed the then-new Critical Access Standards and Rules team at these rural hospitals in the areas of mission, quality assurance, risk management, and compliance. She was elected to the board of ND Society of Clinical Laboratory Science, served as President in 1998-1999, and was named "Member of the Year" in 1999. She is survived by her husband of 47 years; sons and daughter-in-law, Ryan (Anna) and Michael; grandchildren, William, Christian, and Katherine Weispenning; sister, Pam (Curtis) Sommer; brothers and sister-in-law, Glenn Roemen, John Weispenning, and Bonnie Weispenning; and several nieces, nephews, and two uncles. Preceding her in death are her parents, sister, brother-in-law, and aunts and uncles.



# PARTING SHOTS

Did you attend an event related to the UND SMHS? Share it with your colleagues. UND SMHS alumni, faculty, staff, students, friends, and family are welcome to send a high resolution photo to [kristen.peterson@UND.edu](mailto:kristen.peterson@UND.edu) for possible inclusion in the next *North Dakota Medicine*.



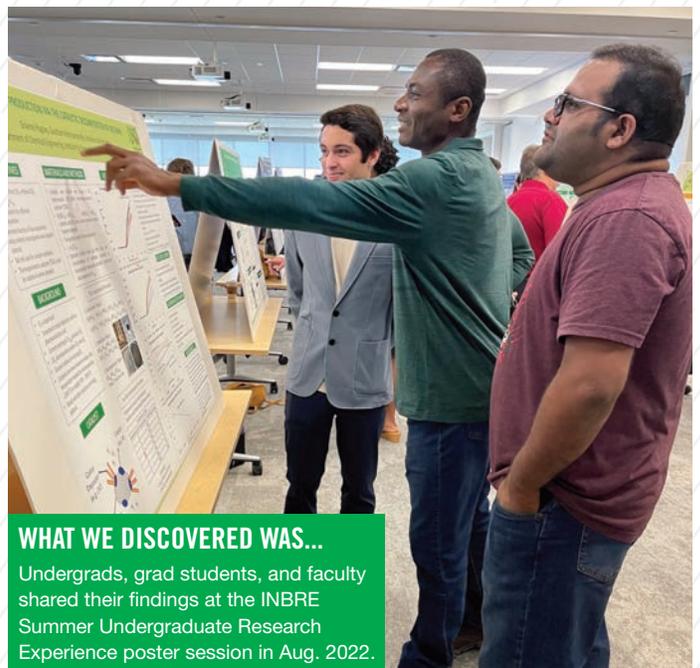
## GOOD AS GOLD

The SMHS re-established its Gold Humanism Honor Society in 2022. This year's cohort of inductees are: (left-to-right, front row) Justin Schafer, Caleb Ellingson, Mikaela Herberg, Leesha Heitkamp, Sarah Wherley, Mishell Quiridumbay; and (back row): Jacob Stern, Parker Rosenau, Karan Saravana, Amanda Palme, Ann Marie O'Connell, Natisha Corum, Dr. Susan Zelewski, and Dr. Ian Roche.



## FINALLY!

Dr. Jim Porter (left) shares a smile with second-year medical student Emily Anderson at the much-postponed Class of 2025 M.D. White Coat Ceremony in Aug. 2022.



## WHAT WE DISCOVERED WAS...

Undergrads, grad students, and faculty shared their findings at the INBRE Summer Undergraduate Research Experience poster session in Aug. 2022.

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# ALUMNI RECEPTION WITH UND AND USD

Saturday, November 12  
6:30 p.m. - 8 p.m.  
JW Marriott  
201 8th Ave S, Nashville, Tenn.  
Griffin G Ballroom

RSVP to Kristen at  
[kristen.peterson@UND.edu](mailto:kristen.peterson@UND.edu)



Nashville, Tenn.

