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University of North Dakota School of Medicine & Health Sciences

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

Vice President for Health Affairs and Dean **Marjorie R. Jenkins**

Editor **Brian James Schill**

Writers **Stacy Kusler
Jena Pierce
Jessica Rosencrans**

Contributor **Kristen Peterson**

Graphic Design **John Lee
Laura Stutrud**

Photography **Kristen Peterson
Shawna Schill**

ON THE COVER: Indians Into Medicine (INMED) students at the UND School of Medicine & Health Sciences.



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UND School of Medicine & Health Sciences
Office of Alumni and Community Relations
Attn: Kristen Peterson, 1301 N Columbia Rd, Stop 9037
Grand Forks, ND 58202-9037

E-mail: kristen.peterson@UND.edu
Phone: 701.777.4305

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ONE YEAR IN...

It's hard to believe, but December 1, 2025, marked my first anniversary with the UND School of Medicine & Health Sciences.

One year in, I'm proud of everything our extended SMHS family – staff, faculty, and students – has accomplished in the 12 short months following my arrival in North Dakota.

As I told UND President Andy Armacost when I was interviewing for this role, I'm a change agent. I like change and love to help organizations grow and evolve to better meet their potential.

I use that last word intentionally: what drew me to North Dakota's only comprehensive school of medicine and health sciences was the incredible potential I saw here to be the go-to place for any number of healthcare related challenges, from telehealth and rural healthcare delivery to aerospace medicine and AI in healthcare education.

Each of these fronts, all of which UND is already pursuing in earnest, help us meet our purpose of serving the people of North Dakota and improving the quality of their lives.

I wake up every day with this mission in mind.

As we close the book on 2025, then, let me thank our alumni, donors, and clinical faculty, especially. We literally could not do what we do without your tireless support and generous contributions to our School. Thanks for all you do for health and healthcare in North Dakota and around the nation all year long.

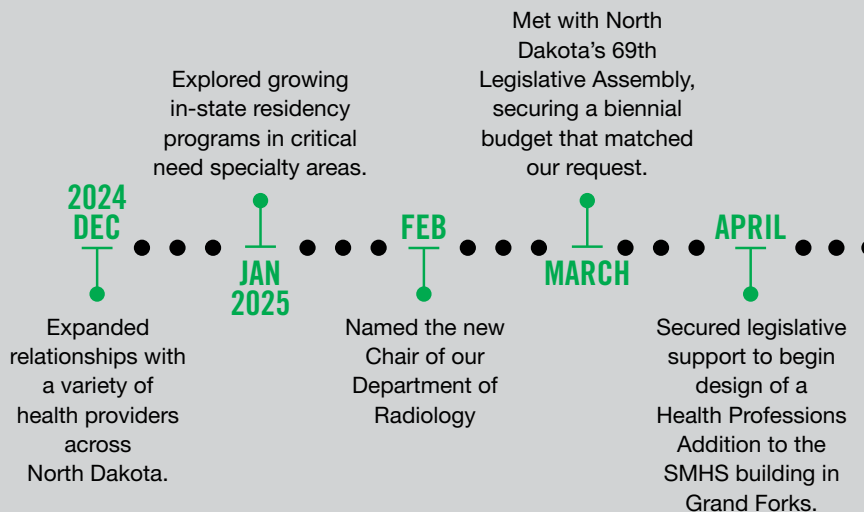
Finally, let me wish you all a warm holiday season and a happy and healthy 2026.

With gratitude,

Marjorie R. Jenkins, M.D., M.Ed.HP, FACP
Vice President for Health Affairs, UND
Dean, School of Medicine & Health Sciences



Along with celebrating 120 years since the School's founding in 1905, over the past year our faculty, staff, alumni, and students:





Laid the groundwork for the recruitment and retention of more North Dakota students through our “North Dakota 85” initiative.

MAY

Named the new Chair of our Department of Emergency Medicine.

Established an Office of Research to help our researchers identify new research opportunities.

JUNE

JULY

Began developing a Primary Care Accelerated Track (PCAT) for students interested in family and internal medicine.

Welcomed our first four-year M.D. class (1976) back to UND for Homecoming.

AUG

SEPT

Moved our Southeast Campus team in Fargo into an exciting new space closer to the state’s largest hospital.

Hired the inaugural Wadhvani Chair of Translational Research.

OCT

NOV

Established only the fifth Physical Therapy Faculty Residency program in the U.S.

DEC



UND's School of Medicine & Health Sciences looks to boost the state's healthcare workforce with an ambitious new project

Facing an audience of physicians at a recent North Dakota Medical Association (NDMA) meeting, Dr. Marjorie Jenkins, dean of the UND School of Medicine & Health Sciences (SMHS) and the University's vice president for health affairs, paused to let the figures on the screen behind her sink in.

"We saw more than 1,800 total applicants to our M.D. program last year, just over 100 of whom were North Dakota students," she explained. "The delta between total and North Dakota applications was more than 1,600."

Seeing these numbers, she tells her colleagues, the medical school's admissions team got to work on narrowing that gap.

After the SMHS Admissions Committee screened applications and offered interviews to approximately 10% of those 1,800-plus applicants – more than 80 of whom were from North Dakota – today's M.D. Class of 2029 consists of nearly 50 North Dakotans out of a class size of nearly 80, Jenkins said.

Translation: UND's team reduced the in-state / out-of-state enrollment gap from far more out-of-state applications to a majority of North Dakota matriculants on-site at UND today.

'North Dakota 85'

As Jenkins's audience of physicians understood well that night, this gap-narrowing matters profoundly for North Dakota's healthcare future.

The state is, after all, in the midst of a physician shortage.

According to the School's *2025 Report on Health Issues for the State of North Dakota*, UND's namesake is already short more than 200 physicians.

The case is similar – if better – for UND's physician assistant (P.A.) program. For the most recent application cycle, 7% of completed applications were applicants from North Dakota but the program ended up with over 70% North Dakotans as matriculants.

Part of the challenge, Jenkins said, is that North Dakota has traditionally lagged behind other states in the number of college students it sends to healthcare education programs of all types.

Fortunately, her team has a plan: North Dakota 85 or "ND85."

"The question arose during my first couple of visits to Bismarck, when one of our representatives asked me why we don't have more North Dakotans in our medical school," Jenkins said, explaining how the North Dakota Legislative Assembly's most recent higher education funding bill (SB2003) includes a statement encouraging the SMHS to shoot for 85% North Dakota students in its M.D. and P.A. classes.



So Jenkins promised the legislature that she and her team would get to work on boosting the number of North Dakotans applying to and getting through these programs.

“I said, ‘We are the one of the best funded public medical schools in the country, and you’re right. We should do better.’”

School ties

Although students with “indirect” ties to North Dakota already constitute a vast majority of this year’s first-year M.D. and P.A. cohorts, the School is looking to ensure that even more North Dakotans with direct ties to the state get to and through UND’s healthcare education programs.

Why? Because one of the major factors determining where health providers end up practicing is family. In other words, regardless of where they’re from, most physicians and physician assistants prefer to practice close to home and/or where their extended family resides.

“The legislature graciously gave us five years to get this done,” the Dean added of the 2030 date listed in SB2003. “We aim to get there faster than that. It’s a huge benefit to be part of a

university with record-breaking enrollment – 15,844 students in Fall 2025. UND’s recruitment strategies have already greatly benefited ND85.”

To that end, the UND and SMHS student recruitment teams have built a series of strategies into ND85 that should both better prepare North Dakota middle school, high school, and undergraduate college students for professional-level study in medicine and the health sciences and entice them to apply to the state’s only M.D. and P.A. programs.

Such efforts include more in-person visits to N.D. high schools, greater participation in the state’s healthcare-focused Scrubs Camps and Scrubs Academies, improving partnerships with local healthcare institutions and undergraduate college advisors, more outreach to pre-med student organizations in the state, supporting UND’s Indians Into Medicine (INMED) program, and better outreach to ND HOSA advisors and HOSA events.

Plus something called PCAT.

FACT Students with direct ties to North Dakota already constitute around 60% of our M.D. and physician assistant cohorts.



Scan the QR code to learn more about our M.D. and P.A. programs, and our vision for ND85:



“We’re actively planning a Primary Care Accelerated Track that would place graduates into our state’s family and internal medicine residencies more quickly,” Jenkins said. “There’s a lot of enthusiasm in the legislature around pathwaying students into our rural communities.”

As Jenkins outlined, she and her leadership team at the University of South Carolina School of Medicine at Greenville developed a similar fast-track program. And she’s confident it can happen in North Dakota.

“This way, students save a year, they get tuition and fees reimbursed if they enter one of our North Dakota residency programs, and communities in the state get a minimum five-year commitment from these doctors to practice in one of North Dakota’s healthcare provider shortage areas.”

On the road (again)

Such outreach efforts include not only the Dean herself but UND’s Alumni Association & Foundation (AAF).

Having already taken one trip to central and western North Dakota with Jenkins, Peter Johnson, director of government relations and public affairs for the AAF, added that his group is encouraged by ND85.

Since the legislation became law in May, Johnson and Jenkins have already visited with nearly two dozen state lawmakers on the school’s ongoing provider recruitment efforts.

“We had 21, 22 legislators we connected with,” Johnson said of one recent trip he and Jenkins undertook that brought them to Rugby, Minot, Velsa, Bismarck, and Jamestown. “She’s making a very positive impression.”

Adding that “there’s always been a very positive feeling around UND’s School of Medicine and Health Sciences,” Johnson noted that legislators have been “very impressed” with Jenkins to date.

Policymakers “all understand the value of providing opportunities for our own students – keeping them here and keeping trained physicians in the state,” Johnson said.

'Win-win for everybody'

One such legislator is Fargo-based State Representative Steve Swiontek.

A veteran lawmaker, Swiontek said that he's heard from both physicians and legislators about the need for the entire state to do more to retain health providers of all backgrounds in North Dakota.

"We want to support and fund the medical school to where it should be," Swiontek said. "And legislators understand that if more of those individuals who apply to medical school here are North Dakotans, the odds are higher that they'll stay in North Dakota [to practice]."

Recognizing that there will always be graduates who leave the state, Swiontek added that he is "seeing that more and more people want to stay in North Dakota. They want to reside here. Or sometimes, when they've left North Dakota, they come back."

The bottom line, said Swiontek, is that ND85 "is going to be a win-win for everybody."

Senator Tim Mathern agreed. Although the Fargo based legislator did add that even if it's true that the proportion of North Dakota-based M.D. and P.A. students has dropped a bit at UND, this isn't automatically a "bad" thing.

"Another way of looking at it is: we made an investment in the School of Medicine & Health Sciences – the new building – which is positive," he said. "So people in our neighboring states got more interested in sending students here. This can help increase overall quality."

The medical school's upgraded physical space in Grand Forks has helped recruit more applicants from around the region,

that is, making the admission process more competitive and increasing the School's national reputation.

Besides, Mathern pointed out, more than a few of these out-of-state recruits end up practicing in North Dakota after they graduate.

"I, for one, have always felt that getting out-of-state students here is actually positive in that we have the potential to increase the health workforce [in North Dakota]," Mathern said, noting how a large percentage of the 1,700 physicians practicing in North Dakota are not originally from the state.

Grassroots effort

Back in Grand Forks, Jenkins called ND85 "very much a grassroots effort" that spans counties, stakeholders, and institutions.

"It will reach down even into middle schools and get our students who are from those areas back to those areas to speak to younger students," she said of tapping SMHS students as ambassadors to help UND foster connections with local communities. "When I told some of our students about this idea, they said 'Oh my gosh – I'd love to go back and talk to my community about UND.'"

Because that's how news travels fastest in North Dakota: word of mouth.

"It's really going to be very much like most things that happen in North Dakota," Jenkins smiled. "With everyone coming together to make it happen."

By Brian James Schill

M.D. Applicant Figures for 2025

1,865

Total medical school applications

109

M.D. applications from a North Dakota resident

82

North Dakota residents who interviewed for UND's M.D. program

75

Total M.D. matriculants to UND

48

North Dakota students matriculating in 2025 (64% of the M.D. class)

Physician Assistant applicant figures for 2025

809

Total physician assistant applications

60

Applications from a North Dakota resident

37

North Dakota residents interviewed

35

UND Physician Assistant student class size

25

North Dakota students matriculating in 2025 (71% of PA class)



REPEALING THE 'COMPETENCE TAX'

Three UND alumni reflect on being women in medical school in the 1970s and how female physicians have changed medicine for the better

Looking at the photo of her graduating class – the UND School of Medicine & Health Sciences Bachelor of Science in Medicine (B.S. Med.) Class of 1976 – Barb Whalen is still astounded at sea of male faces.

“In all the old pictures from, say, 1917, there was one woman in the class, if that,” says Whalen from her home in Arizona. “The year before us, there were only 11 women in a class of sixty-some.”

Conceding that the number of female grads from these years may be a bit higher due to the fact that some of the B.S. Med. students continued on to UND’s four-year M.D. program, Whalen’s class, which celebrates its 50th anniversary this year, saw even fewer women than its preceding class, graduating a mere eight women out of 61 students – 13% of the total – in 1976.

Compare such numbers with today’s. All told, the three most recent physician classes at North Dakota’s only comprehensive school of medicine and health sciences included 96 women out of 174 total grads.

That’s 55%.

Changing outcomes

Indeed, medicine has come a long way in the fifty years since UND upgraded its medical education program from two-years to a four-year M.D. program.

This demographic change over half a century has been crucial, suggests Whalen, not only for physician training but for women’s health.

As a spate of studies over the past several years has confirmed, American women typically experience less intensive care in hospitals, more delays in diagnoses, and more dismissal of their health concerns relative to their male counterparts.

Part of the reason for this, says Whalen, is that the majority of practicing physicians are still men who, perhaps through no fault of their own, might not always understand fully the health needs of half of their patients.

“Treatment for women experiencing menopause has largely been ignored – there are still physicians basically saying, ‘Well, let’s give you some antidepressants,’” Whalen adds. “Too many doctors are completely uneducated about it and still refuse to give their patients anything. But the fact that there are so many women in those positions today makes a difference.”

To Whalen’s point, a variety of recent studies argue that balancing the male-to-female ratio in hospitals and clinics actually improves hospital outcomes.

One 2024 study published in the *Annals of Internal Medicine* even concluded that being treated by a woman was better for your health, positing that hospital patients in the U.S. “have lower mortality and readmission rates when treated by female physicians.”

Other studies report that patients of all types seen by female providers express higher satisfaction rates.

Marlys Schuh, from the B.S. Med Class of 1977, appreciates such figures.



“When I went into surgery, there were very few of us,” admits Schuh over the phone from Colorado. “There’s certainly a larger percentage of women [in surgery] today.”

Completing her M.D. degree and surgical residency at Washington University in St. Louis, the Lakota, N.D., native says that while it’s not automatically better to be one gender or another when practicing any medical specialty, more female surgeons has been “good for the profession.”

“Men and women can be excellent in any specialty,” Schuh says. “I don’t believe the specialty defines the gender that practices it.”

Breaking the mold

Much of America thought very differently in the 1970s, though.

“I applied for a JCPenny card, and they sent the card in my husband’s name,” explains Whalen of her spouse Tim, who graduated alongside her in 1976. “I was trying to establish credit for myself, as a 21, 22 year-old, and they flat out said ‘We don’t give credit cards to married women.’”

The kicker, she adds, is that her experience was not isolated to retail environments. Inequity was present even in her professional program on campus at the University of North Dakota.

“There was a core of men in each class who had an attitude that [women] didn’t belong [in medical school],” Whalen shares of her first year at UND’s medical school, which didn’t produce a female physician until almost 30 years after its founding in 1905. “One of the guys, who’d been a football player, body checked one of my [female] classmates into the lockers. We were all on the same team, but there was this handful of guys who just basically made it their mission to make us [women] miserable.”

Discussing the weekly meetings that UND’s patient-centered learning model today calls “case wrap-up,” Whalen explains how rather than reinforcing camaraderie and self-confidence in her growing diagnostic skills, the 1974–75 sessions “basically allowed the guys to just sit there and berate us.”

From left to right, classes are: B.S. Med. Class of 1976, B.S. Med. Class of 1977, and M.D. Class of 1976

“...Every time I have been back to UND, I have been **amazed at the growth and development of the medical school. It’s an institution to be proud of.**”

MARLYS SCHUH, B.S.
B.S. Med. '77

All of this, she admits, was just how things were for many women in certain professions in the 1970s.

Even so, a college campus is not a hospital.



M.D. Class of 2025 grads on the UND campus in May 2025.

Graduating with UND's M.D. Class of 1977, dermatologist Maria Hordinsky says that while she didn't experience any direct discrimination as a medical student at UND, she had witnessed it in the professional setting.

"I know colleagues who might have experienced that, but I have not," Hordinsky adds from the University of Minnesota campus where she serves as vice chair of research and R. W. Goltz Professor in the Department of Dermatology.

Schuh agrees.

"It was a one-for-all kind of thing, so we helped each other out," Schuh says of her medical student class. "There were only a handful of women, but, in all honesty, I didn't get a sense of discrimination. I thought that the professors and the teachers pretty much treated everybody equally."

Having graduated from UND in 1973 with a degree in medical technology (known today as medical laboratory science), Schuh says that she eventually realized she "wanted to do more than spend my entire career working in the lab."

Exploring her career options, Schuch explains that she settled on medicine as the best fit for her. So she went back to school and earned her B.S. Med. degree from UND in 1977, finishing her M.D. degree at Wash U. in 1979.

"My residency was at the Jewish Hospital [today Barnes-Jewish] in St. Louis, which was attached to Washington University," she says. "Again, I didn't feel discriminated against there [as either a North Dakotan or woman]. And in the practice group I joined, I didn't get paid any differently than my male colleagues."

Self-criticism

Part of the challenge, the alums suggest, is that it was often women who judged other women the harshest back then.

Whalen recalls watching one University of California - San Diego med student – a female – especially carefully while she was completing her own residency via the U.S. Navy.

"I finally realized that she was as average as the average guy," Whelan confesses of internalizing the credentials paradox or "competence tax" wherein women have to be "twice as good" as their male counterparts in a profession just to be seen as equal. "Somehow I'd expected more of her, which wasn't necessarily fair. I think we all felt that we just had to be exceptional or we'd screw it up for everybody else who came after."

This double standard had, and has, very real consequences for how, when, and if women end up in leadership positions.

Or if they enter the certain professions at all.

Fortunately, laughs Hordinsky, this was never her problem.

The daughter of Ukrainian immigrants who came to the Rugby-Drake-Minnewaukan area of North Dakota after World War II, Hordinsky says that because her father was a small-town physician she grew up around medicine. Seeing healthcare in action every day of her life, she knew early on that it was a profession well within reach.

“If there was a car accident or someone needed stitches, they would just ring our doorbell,” Hordinsky smiles. “There was a little office in our basement, and people would come in to get their sutures. It just became part of growing up, being in that environment. It was just normal that this was the path to follow.”

Instilling confidence

So it is that today, as the 51st Doctor of Medicine class at the UND School of Medicine & Health Sciences looks to Dr. Marjorie Jenkins, the School’s first female dean, for wisdom, it is increasingly normal for women of all backgrounds to enter medicine – and all healthcare professions.

No built-in doctor-dad required.

Although, says Whalen, she did have fatherly support of a different sort.

“Before the internet, our family bought a series of Time-Life books about different professions,” she says. “These books had a lot of pictures and there was one picture of a woman in a lab coat, standing in a room full of doctors. And my dad encouraged me – he gave me the attitude that I could do whatever I wanted to do.”

And this, concludes Schuh, was perhaps the best gift UND gave to most of its students even in the 1970s: confidence.

“UND gave me, both as an undergraduate and graduate, an ability to perform anywhere and as well as anyone,” she says. “Every time I have been back to UND, I have been amazed at the growth and development of the medical school. It’s an institution to be proud of.”

By Brian James Schill

WOMEN IN MEDICINE AT UND

% women in UND’s first three B.S. Med. and M.D. graduating classes (1976-78)

12%

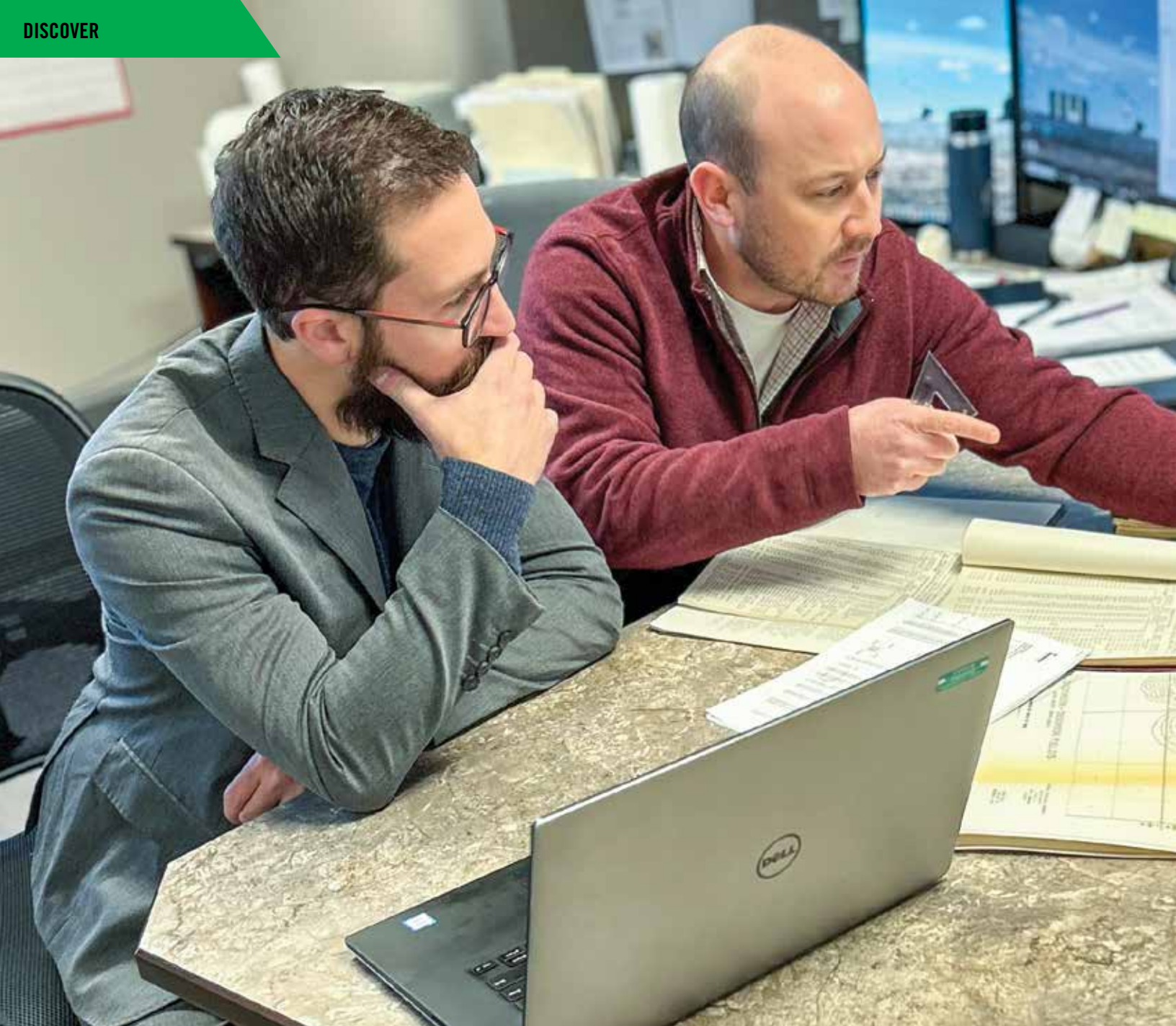
% women in UND’s three most recent M.D. graduating classes (2023-25)

55%

According to the Association of American Medical Colleges, Women constitute more than 38% of the 1 million active physicians in the U.S.

Between 2004 and 2022, the following specialties saw the largest growth in the percentage of female providers:

Specialty	% Women 2004	% Women 2022	% Change
Dermatology	35	53	+18
Family Medicine	28	43	+15
General Surgery	11	24	+13
Hematology/Oncology	22	36	+14
Obstetrics & Gynecology	38	62	+24
Pediatrics	52	66	+14



L'INTELLIGENCE ARTIFICIELLE

UND's Genomics Core manager lends a hand to another North Dakota research team

It was a vexing problem: how to transfer reams of decades-old data to modern platforms.

“By using artificial intelligence,” smiled Damien Parrello. “And I can do that.”

Earlier this year, the North Dakota Geological Survey (NDGS) reached out to the manager of the UND School of Medicine & Health Sciences Genomics Core with a question: how could geologists move geological core sample data embedded in print materials from the 1950s into electronic spreadsheets in 2025?



Damien Parrello (left) and Ted Starns, formerly of the North Dakota Geological Survey, discuss converting old data into a new format.

And do so efficiently.

“People had been extracting data by hand,” the French-born Parrello explained of the thousand-plus scanned documents that NDGS staff had been working on one-at-a-time.

“Transferring the data like that is very time consuming. And you can imagine the rate of error in doing it that way.”

So Parrello, whose UND-based core functions as a public resource for researchers of various disciplines across state, explored various AI models to do such data entry for NDGS.

“What I did is develop the tool to automate everything – I was able just to feed the tool with all the scanned

documents from the fifties,” Parrello continued. “The tool will go into each page, recognize the table I want to extract the data from, put it in a spreadsheet, and name it with the right information.”

After identifying the appropriate AI model to read scans from old publications that include data on North Dakota counties, such as the *Bulletin of Engineering Geology and the Environment*, Parrello had his AI-driven tool build a database of historical geological figures.

“The converted core analysis data has been compiled over the course of the past 70-plus years and is still very relevant to present research and resource exploration,” added Tim Nesheim, manager of the Wilson M. Laird Core and Sample Library and head of the North Dakota Geological Survey’s Subsurface Section. “Damien helped us complete a multi-year project within the span of a few months, saving on the order of several hundred to thousands of work hours.”

The converted data, said Nesheim, will be used to identify and examine subsurface rock layers for oil and gas, lithium, porous zones capable of storing carbon dioxide, and geothermal resources.

Asked if such a tool has a healthcare application, Parrello gestured to his computer monitor: “Of course.”

“AI is super versatile,” he said. “Data is data. It could be geology, or it could be healthcare, yes. And so, for example, I can definitely apply these tools to extract data from healthcare journals or from patient records.”

Referencing the coming explosion in AI-aided “precision” medicine, Parrello noted that the key now is simply to inform the software how to recognize the data in question and convert it into usable information.

“Maybe you are more susceptible to one particular type of cancer, based on your own genome and your personal health record,” he said. “By combining these three – genomics, health records, and AI – we can create powerful tool to predict what type of treatment you will need specifically for you. If I get access to a collection of patient records for specific projects, colorectal cancer for example, I could use that to mix or to combine health records with genomics data to create a powerful tool for personalized medicine.”

With a nod and a smile, he gave a subtle shrug.

“Fascinating, no?”

By Brian James Schill



Scan the code to learn more about UND's Genomics Core

GETTING BETTER TOGETHER

North Dakota's rural hospitals tackle behavioral health challenges in communities

Mental illness is growing across the U.S., and rural communities are no different. According to the Substance Abuse and Mental Health Services Administration's report "Key Substance use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health," trends in suicidal thoughts and behaviors have been increasing among adolescents, with 2.6 million adolescents aged 12 to 17 (10.1%) having serious thoughts of suicide in the past year.

Rural facilities are hardly taking the issue lying down.

To help prevent behavioral health crises and improve education in rural communities, the North Dakota Medicare Rural Hospital Flexibility Grant (Flex) Program has partnered with Rural Health Innovations and is supporting four North Dakota Critical Access Hospitals (CAHs) to take part in the North Dakota Behavioral Health Cohort.

This three-year virtual cohort has allowed CAHs in different corners of the state to come together and share ideas on how to address behavioral health concerns in their communities. Throughout the process, the cohort is guided by Debra Laine, lead program specialist, and Precious Fritz, program specialist I, at Rural Health Innovations. Laine and Fritz walked each facility through an assessment to determine their strengths and weaknesses and facilitate discussion among the group to share ideas on how to improve.

"Behavioral health is a broad subject," Laine explained. "We really look at the data behind an intended population and how each facility can make an impact in that area. It's very individualized, and we want to find an attainable solution."

Based on their assessment results, the four CAHs participating in the cohort, CHI St. Alexius Health Carrington, Jacobson Memorial Hospital in Elgin, McKenzie Health in Watford City, and SMP Health – St. Aloisius in Harvey, all identified unique concerns in their community and drew up a plan to help alleviate them. The resulting community projects all had the goal of addressing a specific population, but most importantly had to be achievable.

Establishing community projects

For its project, CHI St. Alexius Health Carrington chose to focus on its Mental Health Fair, hosted annually in May to align with Mental Health Awareness Month. The first fair was held in 2024 with 100 attendees and 10 information booths. One year later they saw nearly a doubling in participation: 150 attendees and 18 information booths.

"We've seen a number of successes related to our efforts in mental and behavioral health education," said Taylor Sabinash-Bauer, foundation coordinator and community liaison at CHI St. Alexius Health Carrington. "Our most significant achievement to date has been the noticeable increase in mental health awareness in our tight-knit community."



Inflatables were one activity offered by CHI St. Alexius Health and community partners at the Mental Health Fair.

McKenzie Health in Watford City has been taking a different tack. It has been modeling an approach that will expand case management services through a Behavioral Health Initiative program.

“Our goal is to bridge the gap between a patient’s medical care and a lack of consistent mental health services in our area,” said Sharalyn Johns, outpatient social worker at McKenzie Health. “This program allows us to support patients holistically by addressing both their behavioral health and social needs.”

Jacobson Memorial Hospital is working with the five schools in its service area to promote behavioral health education, aiming to reduce stigma. It is also looking to educate teachers and youth pastors who work closely with students to establish a first line of support in an effort to prevent adolescents from experiencing a mental or behavioral health crisis. SMP Health – St. Aloisius’s project is aimed at increasing the percentage of outpatients who receive mental health screenings.

Achieving more with collaboration

Likewise, the North Dakota Flex Program aims to support collaboration between healthcare facilities, strengthening the CAHs and improving access and quality of care in the state.

“Behavioral health is a critical component of overall well-being in rural communities, where access to care is often limited,” said Anahita Anvari-Clark, clinical project coordinator with the North Dakota Flex Program, “and stigma or limited understanding of behavioral health needs can prevent people from seeking needed services. We are proud to support this initiative as it equips our CAH cohort with tools and strategies to strengthen behavioral health services for those who need them most.”

The structure of the cohort is separated into three distinct sections: internal assessment, identifying community partners, and sustainability. As the CAHs enter into the second year of the cohort,

they are beginning to look into their respective communities for partners that can help them work towards their goals.

“The Carrington Area Healthy Communities Coalition has been a crucial partner, assisting our project by securing funding for activities related to the Mental Health Fair. Beyond financial support, they have also been instrumental in brainstorming innovative ideas and strategies for the fair’s development,” Sabinash-Bauer gratefully affirmed.

Providers also shared appreciation for the support coming from inside CHI St. Alexius Health’s walls. In particular, Amber Kruse, clinical informaticist, has played a key role in organizing events and meetings to ensure the project is successful.

“We have been blessed to have many strong partners in our community,” Sabinash-Bauer expressed.

Connections within the cohort between the CAHs have also helped to strengthen community programs. Facilities can share what efforts they have tried in the past, both successes and failures, so others can take away lessons learned without repeating mistakes.

“This initiative has allowed us to move from talking about behavioral health needs to actively addressing them,” Johns remarked. “It has opened the door to sustainable change not only within our hospital, but throughout the community as we build awareness and improve access to care.”

Overall, demonstrating how small, consistent efforts can make a large impact in a rural community is a key takeaway that Laine and Fritz hope the CAHs gain from their time in the cohort.

“It is so important to me to help these hospitals expand their thinking about how taking a lead in working with the community can really make an impact on the total health of a person,” Laine said.

Fritz agreed. “Sometimes it can seem like these small steps won’t have an impact, but they can ripple out quickly – especially in a small community.”



Anahita Anvari-Clark

By Jessica Rosencrans

CHANGING LIVES FOR RURAL VETERANS THROUGH PEER SUPPORT



A program supporting mental health needs for veterans is reaching out to rural communities.

The following article references suicide and mental health issues relating to military veterans in North Dakota.

If you or someone you know is in need of assistance, reach out to one of the resources noted below or call the Veterans Crisis Line by dialing 988 and pressing 1 or texting 838255.



Vets for Vets Project Coordinator Carlos Rodriguez (left) and his wife, Chelsea, at an outreach event in 2025.

Mental health remains a pressing concern across North Dakota, especially for military veterans. With two U.S. Air Force bases and the largest veteran population centered around Minot, the North Central region faces a sobering reality.

“The suicide rate in Minot, among veterans, active duty, and first responders, is 1.5 times what would exist in the general population for our area, and almost twice the national average,” said Tamra Huesers, executive director of Peer Vision for Mental Health. “We have a high suicide rate among our veterans and military persons. We saw [mental healthcare] as a real need.”

A Grant for hope and healing

In 2025, Peer Vision for Mental Health, which houses the Minot Vets for Vets program, was awarded a grant from the Blue Cross Blue Shield of North Dakota (BCBSND) Caring Foundation. This grant supports outreach to rural areas in North Central North Dakota, aiming to develop veteran peer support and reduce suicide rates among rural veterans.

Established in 1989, the BCBSND Caring Foundation is a private 501(c)(3) charitable organization. Through giving and investing, the Caring Foundation focuses on key health issues to help improve the health and well-being of North Dakotans and their communities. Caring Foundation staff collaborate with grantees to support non-profit sustainability, promote shared outcomes, and create lasting change.

The Caring Foundation’s Rural Health Grants Program, housed within the Center for Rural Health (CRH) at the UND School of Medicine & Health Sciences since 2001, has made a significant difference in rural communities by the programs and innovations it has supported over the years.

Holly Long, project coordinator for CRH, oversees the program and has seen firsthand the impact these dollars can have.

“The Peer Vision for Mental Health project in Minot is a powerful example of how rural communities can lead the way in addressing mental health challenges with compassion and innovation,” Long explains. “By connecting veterans and rural residents through peer support, this initiative strengthens the bonds of trust and belonging that are often the first steps toward healing. It shows that meaningful change in rural health doesn’t always start with large systems. It starts with people helping people, right where they live.”

Peer support: Building community and resilience

Peer support is more than just group discussion; it’s about building a community of trust and shared experience.

“Peer support is persons who have been there and experienced something similar to other persons and having come through it with

“... meaningful change in rural health doesn’t always start with large systems, it starts with people helping people...”

HOLLY LONG

Center for Rural Health

some success, sharing their experiences with other people, and providing support,” Huesers explained, referencing the concept of the “wounded healer.” “It is more about building a community and building that core of support for individuals as they go through difficult things.”

The peer support program offers a variety of activities, including art projects, creative writing, peer awareness, and both one-on-one and group discussions. Since receiving the grant, 18 individuals have completed Intentional Peer Support training; seven are veterans and 11 work for organizations serving veterans.

Intentional peer support training: Expanding access

Intentional Peer Support training focuses on the dynamics between the supportive person and those being supported. It prepares peer support professionals to work with people who may have different worldviews or face power imbalances, helping uncover the untold stories behind behaviors.

“This training really investigates those issues and brings them into a peer support setting. It is an intentional program and good training on how you can relate to difficult situations you may encounter with someone when doing peer support,” said Huesers.

Inclusive support for veterans and families

The Vets for Vets program welcomes active-duty military personnel



The May 2025 class of Intentional Peer Support Core training, which includes four veterans.

and those seeking alternatives to traditional mental health systems. Support extends beyond the individual to families, who are invited to participate in activities addressing broader concerns. Segmented groups such as women’s groups and all-veterans groups also ensure tailored support. Zoom access is available for those in remote communities, and all activities are confidential and not reported to any organization.

“It’s been tremendously helpful to have this funding from BCBSND Caring Foundation because it has given us the ability to do outreach we otherwise would not have been able to do,” said Huesers. “It has also helped us maintain in our vision the fact that it is not just the veterans who are concentrated here in Minot, it is the whole web of veterans in the surrounding areas, and we really need to maintain focus on those individuals and not leave them behind.”

Despite reduced state funding, Peer Vision is diversifying its resources and building collaborations with organizations such as the VFW, area churches, Inspiritus Community Health Foundation, Together with Veterans, and the Vet Center. These partnerships strengthen the support network and ensure that services remain free for those in need.

By Jena Pierce

For additional information or resources to assist North Dakota veterans, please reach out to any of the following:

The Vet Center Four main locations in North Dakota including:

- Bismarck..... 701-224-9751
- Fargo..... 701-237-0942
- Grand Forks..... 701-620-1448
- Minot..... 701-852-0177

Peer Vision

peervision4mh@gmail.com 701-500-1565

Vets for Vets

minotvetsforvets@gmail.com 701-852-1924

North Dakota Veterans of Foreign Wars

vfwnd.org

Together with Veterans

twvminot@gmail.com

North Dakota Veterans Affairs

veterans.nd.gov 701-239-7165

Become a peer support provider by completing 40 hours of training:

The virtual option ensures that rural residents who cannot travel to Minot can still participate. Anyone interested in training for 2026 can reach out through the Peer Vision for Mental Health website:

peervisionnd.org

■ '20s

Brittany Almquist, MPAS '23, has joined Essentia Health in Fargo, practicing family medicine. "After working here as a nurse, I experienced first-hand the supportive culture, patient-centered care, and strong team-based approach to care," explained Almquist of her decision to continue with Essentia. "After beginning my career in emergency medicine, I transitioned into family practice because I have seen how vital strong primary care is in preventing illness and ensuring appropriate follow-up."

Jordan Barth, MD '22, a family medicine specialist, has joined the Sanford North Mandan Clinic and is accepting new patients. Dr. Barth completed his residency in family medicine at the University of North Dakota Center for Family Medicine in Bismarck.

Megan Bryn, MPAS '25, has joined the Essentia Health-South University Clinic in Fargo, N.D. Bryn is certified by the National Commission on Certification of Physician Assistants.

Kimberly Hinkel, MPAS '25, a certified physician assistant, is excited to join the Essentia Health-32nd Avenue Clinic to practice interventional neurology. "Essentia Health has been a central part of my professional journey," explained Hinkel, who has worked in diagnostic imaging at Essentia for seven years. "The support, mentorship, and sense of community I found here made a lasting impact. I'm grateful for the opportunity to give back and to serve the patients and community I've grown to care deeply about in this new role."

Samantha Simley, MPAS '21, has joined Essentia Health in Fargo to practice palliative care. "I chose Essentia Health because of its values, and I've heard wonderful things about working for Essentia and how they value their employees," said Simley. "I chose palliative care because I feel this area focuses on the patient as a whole."

Jonah Warwick, MD '22, an internal medicine specialist, has joined Sanford Bismarck, Bismarck, N.D. Dr. Warwick completed his residency in internal medicine at HCA HealthONE in Lone Tree, Colorado.

■ '10s

HIA Hospice, Fargo, N.D., is proud to welcome **Mark Rostad, MD '16**, as its new Medical Director. A Kindred, N.D., native, Dr. Rostad brings a wealth of experience and deep local ties to his new role, where he will lead the organization's medical team in providing compassionate end-of-life care throughout North Dakota and Minnesota.

■ '00s

Thomas Matzke, MD '01, has joined Essentia Health in Fargo. "Essentia has an excellent reputation for patient care and as a place to work," said Dr. Matzke of his decision to join the Essentia Health team. Dr. Matzke completed his residency in dermatology at Mayo Clinic in Rochester, Minn. Dr. Matzke also completed year-long fellowships in Mohs-micrographic surgery in West Des Moines, Iowa, and dermatopathology at UT Southwestern Medical Center in Dallas. He is triple-board certified by the American Board of Dermatology in dermatology, dermatopathology, and Mohs-micrographic surgery.



Brittany Almquist, PA-C



Samantha Simley, PA-C



Jordan Barth, MD



Jonah Warwick, MD



Megan Bryn, PA-C



Mark Rostad, MD



Kimberly Hinkel, PA-C



Thomas Matzke, MD



Student attendees visit employers during the annual Community Meet and Greet, a pillar event during Primary Care Week.

MAKING PRIMARY CARE PRIMARY

Primary Care Week brings students and employers together at UND

Each fall, the University of North Dakota (UND) School of Medicine & Health Sciences (SMHS) is buzzing for two hours with chatter, excitement, and connection during its annual Community Meet and Greet. This year's event took place on Oct. 28 and attracted 190 UND students and 28 employers from the state and region.

The Meet and Greet is held in conjunction with Primary Care Week, an annual event led by the American Medical Student Association (AMSA) that highlights the importance of primary care and raises awareness of its role in healthcare. Co-hosted each year by the UND Center for Rural Health, this year's event organizers were Brooke Miller and Camryn Schall, second-year UND medical students and the leaders of AMSA at North Dakota's only medical education program.

"The Community Meet and Greet is super important for students," Schall said. "It's where they can network and build relationships with different people from around North Dakota. You really see how supportive everyone is and how much they want you to stay here in the state."

Miller added that events like the Meet and Greet help students learn what employment options there are in North Dakota.

"There were a lot of organizations I'd never heard of before, and just going up and talking to everyone who was at each booth," she said. "They're so genuinely excited for you to potentially be interested in them. You can tell they want you to come work for them in the future."

One of the 28 employers in attendance was Heart of America Medical Center (HAMC) of Rugby, N.D. Sara Radomski, human resources manager for HAMC, has attended UND's Meet and Greet for the past four years.

Her favorite aspect of the event is seeing repeat students and connecting with them year after year.

"Today I talked with students I saw at an event here in the spring and it's nice to catch up and continue to interact with them again," she said.

Radomski noted that students she met from this event in the past have come to Rugby for training and job shadowing, and the continuous presence of her organization is both a marketing and recruitment strategy.

"We are a town of 2,500 people competing with all the big healthcare employers in the region. It's important that students know where HAMC is, and where Rugby is," she said.

Coming back to meet with students regularly is beneficial to Radomski's organization.

"It's important to keep our name out there so students know we are an option for them," she added.

The event isn't only for medical students, of course.

Cindy Flom-Meland, professor and chair of the UND Department of Physical Therapy (PT), noted how almost 30 of the 190 student attendees of the event this year were from the PT program. Flom-Meland prioritizes this event for her students so they can interact with future clinical training sites.

"The Meet and Greet gives our students a great opportunity to meet people from our clinical partners," Flom-Meland shared.

"It gives [students] an opportunity to start networking and be able to understand what it means to build relationships with potential employers. It is a great resource for them."

Additionally, the event allows program faculty to thank their clinical partners in person.



Alex Dralle and Taylor Kittelson from ND AHEC (seated) talk with students at the Meet and Greet about their programs.

"We are reliant on our clinical partners for the clinical education experiences that our students do in the summer of year one, and all of year three," said Flom-Meland. "Without them, that training doesn't exist. This gives us an opportunity to tell them face-to-face 'thank you for supporting our students and our program.'"

The remainder of Primary Care Week events included a Summer Opportunities session to discuss options for research or clinical experiences for first-year medical students, a skills lab hosted by the Family Medicine and Ob/Gyn Interest Groups, a primary care resident panel, and a stipend and scholarship support breakfast provided by the North Dakota Area Health Education Center.

By Stacy Kusler



Scan the QR code to watch video interviews with participants of Primary Care Week 2025!



Dr. Loren Wold (center) and his lab team at The Ohio State University.

Clearing the air

UND alum Loren Wold talks air pollution, cardiac research, and giving back

Referencing the recent wildfires that although originating in California and/or Saskatchewan have impacted much of North America, Loren Wold reflected on his childhood.

“Growing up in North Dakota, I used to always think how we had, well, perfect air,” mused the 2003 UND grad who today serves as Senior Associate Vice President for Research and Professor of Surgery at The Ohio State University. “Farmland. Open fields. But that’s actually far from the truth.”

Wildfire smoke notwithstanding, the constant churning of earth and plant matter by farm machinery has the potential to “re-aerosolize” herbicides, pesticides, and other airborne particulates, noted Wold, resulting in a less pristine prairie than those living in North Dakota might think.

And not only farmland, but places like Columbus, Ohio, where Wold lives today, feel the impacts of such industrial activity.

“In 2023,” said the researcher, “there were three days when Columbus had the worst air quality of anywhere in the world.”

From North Dakota to Boston and back

This thinking about the effects a person’s environment has on their health is what took Wold from Bismarck to Boston University (BU) to UND – and eventually to Ohio.

After earning an undergraduate degree as a biology-psychology double major at BU in 1997, Wold took a year off in Bismarck to decide his next step: medical school, grad school, or work – likely as a science teacher.

“I taught the anatomy and physiology and chemistry labs at the University of Mary,” he said of his gap year. “I also worked as an EKG monitor tech at the hospital and also was a bellman at a local hotel. I was just figuring out what I wanted to do.”

As Wold was weighing his options, one of his U. Mary colleagues – Margaret

Nordlie – suggested he consider a career in research. Many longtime UND School of Medicine & Health Sciences supporters will recognize the name: Margaret is the daughter of Robert Nordlie, then Chair of the UND School of Medicine & Health Sciences (SMHS) Department of Biochemistry & Molecular Biology (which was later folded into what is today the Department of Biomedical Sciences).

“I said, ‘I’ve never really done research.’ But she said, ‘Well, go shadow my dad,’ who was an international superstar in biochemistry,” Wold continued.

And while it turned out that Wold wasn’t especially keen on biochemistry, he was taken with physiology as a field of study, he said. So he applied and was accepted into what was then the UND medical school’s master’s program in anatomy and physiology.

A master’s program soon turned into a doctoral program at UND under cardiovascular physiologist Jun Ren, and by late 2003 Wold was in a postdoctoral program at the University of Southern California in Los Angeles, studying under a variety of world-renowned researchers.

Air pollution you can see

Having focused on diabetic cardiomyopathy for his doctoral research, Wold said that at USC he was turned on to stem cell therapy for heart disease, also known as cellular cardiomyoplasty.

It was here, in L.A., that Wold realized what acute air pollution really looked like.

“I remember driving into work one day and I had to turn my windshield wipers on because the ash in the air was so thick,” he mused. “And I said to my boss, who was very famous and on television all the time, ‘I’m curious what effect all this junk in the air has on the heart.’ And he said the effect would be on the lungs, which then might affect the heart.”

Agreeing with his superior in the moment, Wold said, the junior researcher developed a hypothesis and later “proved him wrong in the lab. We published one of the foundational papers in the new field of environmental cardiology, back in 2005.”

That is to say, Wold helped establish the fact that whether wildfire smoke or aerosolized pesticides, factory emissions or automobile exhaust, air pollution affects heart health directly.

Giving back

Today, the nearly 20-year OSU veteran is the senior researcher – the one who fields calls from major news outlets to comment on the health effects of airborne particulates.

“Part of my goal has been to give back to everyone who helped shape me into the scientist I am today.”



LOREN WOLD, PH.D.

And he’s giving back to the institutions that got him there – including UND.

Earlier this year, Wold established the Loren E. Wold, PhD, Biomedical Sciences Endowment with the UND Alumni Association & Foundation. The endowment, Wold said, is designed to produce an annual scholarship for UND students “pursuing a degree” via the SMHS Department of Biomedical Sciences.

“We haven’t defined yet whether it will be just for students in graduate school or also those who are pre-med but are considering careers in the biomedical sciences,” Wold explained. “Part of my goal has been to give back to everyone who helped shape me into the scientist I am today.”

This includes not only UND, BU, or Bismarck High School, but Wold’s friends and family who are not research-trained biomedical scientists.

“I’ve become very passionate about describing science to non-scientists,” he continued. “My mother was a nurse and my dad was an electrical lineman for 43 years. Being able to describe to them what I do is so important because, as I say to them, the majority of science is funded by taxpayer dollars.”

Or, as Wold put it more directly, “It should be a requirement, in my mind, to give back the information we learn in the lab to the taxpayers.”

By Brian James Schill

For more information on how to establish an endowment for the UND School of Medicine & Health Sciences, contact Corey Johnson at coreyj@UNDfoundation.org

Corey Johnson, '93

Director of Development
UND Alumni Association & Foundation
701.777.5512
coreyj@UNDfoundation.org



Brian Schill, '00, '05

Director
Office of Alumni & Community Relations
701.777.6048
brian.schill@UND.edu

‘WE’RE HERE TO SERVE THE PUBLIC’

Three UND Master of Public Health program grads discuss serving North Dakota by creating solutions to improve health outcomes



Rachel Goebel (left) with Lakin Kath at the 2025 North Dakota Public Health Conference.

It’s become a common thought of late among public health professionals, said Rachel Goebel: “We didn’t think we would have to deal with this.”

This sentiment was shared by several North Dakota Health and Human Services-based UND Master of Public Health (MPH) graduates who recently spoke with *North Dakota Medicine*.

The trio – Goebel, Amy Hanson, and Lakin Kath – are working on everything from infectious disease to sexually transmitted infections (STI) to public safety across North Dakota these days.

And things are only getting more challenging, they said.

“Would I ever have seen that coming up? No,” acknowledged Hanson of the H5N1 respiratory virus. “But were we prepared to handle it? Yes.”

Long distance race

As the trio put it, although public health work was always a challenge, several factors have made it even more of an endurance race over the past decade.

From declines in immunization rates and unpredictable state or federal budgets dedicated to public health to the emergence of new viruses and vectors of transmission, public health feels more volatile these days.

“I work in the northeast region and with the Turtle Mountain Tribe as a field epidemiologist,” explained Goebel, who graduated from UND’s MPH program in 2018. “I do a lot of what we recognize as ‘contact tracing’ from COVID.”



Amy Hanson at the 2025 North Dakota Public Health Conference.

That means, she said, working with communities on the reporting and containment of a variety of outbreaks: West Nile, Lyme disease, tuberculosis, syphilis.

“I’m working with people to see where they traveled, where they might have been exposed to these bugs, and who they’ve been in contact with,” she said. “That way, we

can help counties with their mosquito surveillance programming, for example, or the quality of their food and water – where they were, where they ate, what they drank, who they were around when they got sick.”

To hear Goebel tell it, today’s public health is very different from what it was when she graduated from UND in 2018.

“When I first started a few years ago, we did all the syphilis training, but I was kind of led to believe I’d maybe have a case or two every year or so,” she said. “Now, I’m always working syphilis – and I never thought I would see measles.”

Nodding in agreement, Kath added that upon graduating from UND in 2022, she expected to be working primarily with COVID and its effects in the state.

“COVID helped teach us that we need to be prepared, so we’re working to strengthen our disease surveillance system and other preparedness activities,” said the electronic surveillance systems manager. “Amy talked about some of the emerging viruses that we’re watching, like H5N1. Even without a human case yet, we still need to be ready.”

Preventive medicine

And they are prepared, said the North Dakota Health and Human Services (NDHHS) crew. For now.

Part of the irony is that when public health programs work well, they can seem to disappear into the background. It can be easy to assume, in other words, that public health programs are inessential when children and the elderly, women and men, are not missing work or dying young of preventable diseases.

But the reverse is true.

“Public health is working when you don’t hear about problems,” Kath reasoned, echoing Hanson’s quip that “public health is everywhere, and I wish more people realized that it affects the water you drink and your daily coffee. When you drive to work, what do you do? You buckle your seat belt.”

This paradox, the team said, affects how and where public health programs are resourced.

“I recently read an article that really stuck with me – it said that public health funding rises and falls with disease trends,” Kath continued, explaining how prior to COVID many public health teams across the U.S. scrounged for resources. “Then COVID came and funding poured in. But now that the pandemic has eased, that support is starting to decline again.”

The research suggests, though, that for every \$1 invested in public health, \$14 are saved on community care over the long term. That is to say, financing public health programs can often prevent public outbreaks of disease – or at least reduce their severity – in advance.

And prevention, in the end, saves money.

Just look at the recent measles outbreaks across the U.S. said Hanson, who serves as emerging diseases and outbreaks manager for NDHHS.

“Our Measles example is obviously a pretty good success story,” she said of this past summer’s relatively minor flare up. “We just had that larger outbreak in the state, and I feel like it was handled well overall. We don’t have any more cases right now.”

In the end, the UND grads suggest, a community’s public health isn’t simply about dollars and cents. It’s about communities working together to stay healthy: educating each other about the benefits of routine vaccinations and smoking cessation, reminding each other to wear seat belts or eliminate spaces that can breed insects carrying infection.

“We work for the public – that’s what we do,” stated Kath. “And while we’re in a stressful time, right now is a really important time for public health communication. Having good people in public health can help make sure we’re getting the right information out to people. Because like Amy said, we’re here to serve the public, even if the public doesn’t always realize that.”

By Brian James Schill

'THIS IS A HUGE WIN'

UND's Department of Physical Therapy becomes only the fifth program nationwide with an accredited Faculty Residency program

Marking a rare achievement, the University of North Dakota's Department of Physical Therapy (PT) has become only the fifth program in the nation – and the first in the Midwest – to earn American Board of Physical Therapy accreditation for its PT Faculty Residency Program.

The milestone represents more than just a recognition of excellence for North Dakota's original PT education program. It's a multi-professional solution to one of the biggest challenges facing healthcare training: a nationwide shortage of qualified educators.

"Our goal is to prepare the resident to be the best faculty member they can be for a physical therapy department anywhere," explained Gary Schindler, professor of PT at the UND School of Medicine & Health Sciences (SMHS). "This isn't just good for UND. It's good for the profession."

Nationwide shortage

Like other healthcare professions, PT is facing a nationwide provider shortage. The shortage of PTs in hospitals and clinics means a shortage in the classroom for schools that need quality instructors, said Cindy Flom-Meland, chair of UND's Department of Physical Therapy.

"What's happening around the country is that people are retiring, resulting in faculty shortages," Flom-Meland explained. "So we see the residency as a pathway to additional faculty for us, and for Doctor of Physical Therapy (DPT) programs in general."

For many health professions, the terminal degree for practicing healthcare on patients in hospitals and clinics is considered a "clinical doctorate." In the case of physical therapy, this means a DPT, which is the degree that UND's PT program provides its students.

UND Department of Physical Therapy Professor Gary Schindler (right) discusses PT as UND's Senior Associate Dean for Health Sciences, Dave Relling (second from left) looks on.



However, accrediting agencies also require that programs maintain a certain number of research-oriented faculty – with Ph.D. degrees to their name – in the classroom.

Unfortunately, there aren't a lot of Ph.D.-trained physical therapists out there, added Dave Relling, senior associate dean for health sciences at SMHS. As a result, health science training programs often have to grow their own faculty in-house.

"If, for example, a department can't hire another full time faculty member because they don't yet have their Ph.D. or Doctor of Education degree," Relling explained, "they can fill a gap through a residency program. This helps build the next generation of physical therapy educators at a time when they're needed most."

Multi-professional residency

Each year, the PT department will welcome one resident – a licensed physical therapist – who will serve as a short-term faculty member while completing the two-year residency. Residents gain hands-on experience in teaching and curriculum design, participate in scholarly projects, and complete graduate-level coursework through UND's College of Education & Human Development (CEHD).

These courses will result in a College Teaching Certificate from the CEHD and the opportunity to further explore the College's Ed.D. or Ph.D.-granting programs.

"Residents are obviously in the classroom. They're teaching their syllabus, leading a class," said Schindler, who helped build the PT residency, in part, through his own doctoral training at UND. "As time goes on, they're also learning about governance in higher

ed and learning about service. And there's a scholarship piece where they have to complete a project as part of the residency too, meaning research."

Residents will also complete UND's Alice T. Clark mentoring program and a Faculty Development Workshop through the American Physical Therapy Association.

Celebrating the program's collaborative character, Relling said that the residency is truly multi-professional in scope, which is what a university is supposed to encourage among faculty, staff, and students.

"Even within the building, Gary reached out to different faculty across departments," he said. "There are other people involved who he's brought into play – more than just PT faculty. This way, the resident gains a broad perspective of what it means to be an academic."

Other American universities managing a PT Faculty Residency program to date are: Duke University (Durham, N.C.), Nova Southeastern University (Fort Lauderdale, Fla.), Rocky Mountain University of Health Professions (Provo, Utah), and the University of Colorado Anschutz Medical Campus (Aurora, Colo.).

By joining this select group, UND is not only strengthening its own academic program but also contributing to the long-term sustainability and excellence of the physical therapy profession nationwide.

"This is a huge win," smiled Schindler.

By Brian James Schill

PHYSICAL THERAPY WORKFORCE*



\$101,000

median salary for PTs in the US

11%

expected growth in demand for PT services through 2034

12,070

shortage of PTs to meet demand

233,890

physical therapists practicing in the US

2,208

UND physical therapy graduates since 1967

43%

Percent of physical therapists practicing in North Dakota who graduated from UND

* 2022-2024 data from US Bureau of Labor Statistics and American Physical Therapy Association

UND School of Medicine & Health Sciences Southeast Campus moves to new space

The University of North Dakota School of Medicine & Health Sciences (SMHS) Southeast Campus Office in Fargo is on the move.

For Dr. Scott Engum, associate dean of the SMHS Southeast Campus, the new space at 4820 23rd Ave. S. in Fargo was long overdue – and will better facilitate innovation and collaboration in healthcare.

“It’s about bringing everybody together,” said Engum, a pediatric surgeon in the Fargo area. “We’ve brought the learner and the teachers closer together, which is number one. Number two is better engaging the healthcare system. We’ve got those systems – like Sanford and Essentia – constantly around us now.”

Describing how “a classroom or a conference room can happen anywhere,” Engum added that this bringing together of faculty, students, providers, industry, and staff produces more and often better ideas for local patient care.

Steve Westereng inducted into North Dakota Athletic Trainers Association Hall of Fame

Steve Westereng, Chair of the UND School of Medicine & Health Sciences Department of Sports Medicine, is the latest Hall of Fame inductee for the North Dakota Athletic Trainers Association (NDATA).

“I serve as the Chair of the NDATA Honors and Awards Committee and I’m usually involved in the process of giving the awards out,” said Westereng, adding that he knew nothing about the award until it was a done-deal. “I was shocked at the time to even be considered, much less receive the award.”

An NDATA member since 1999, Westereng served as the organization’s President from 2013 to 2016 and was NDATA Executive Director from 2016 to 2019. In this latter capacity, Westereng represented NDATA at Mid-America Athletic Trainer’s Association (MAATA) meetings.

“To be recognized by your peers in the profession is an honor I truly appreciate,”

“People are starting to run into each other here,” he said, which is producing new ideas, partnerships, and opportunities for health providers and medical students. “Not only do [providers] ask ‘How can we train students and residents better?’ They say, ‘How can we train ourselves?’ Meaning, they also want to use our space for Continuing Medical Education.”

Having outgrown its original space, the Fargo team, which has been partnering with other Fargo-based health providers for decades, is excited to be in a space that includes its own medical simulation technology, more study space for Fargo students, and a location closer to the

said the Minot, N.D., native, who has been faculty in the Department of Sports Medicine since 1999 and chair since 2003.

Among his career highlights, said Westereng, was testifying before North Dakota Legislative Assembly on North Dakota Century Code revisions for athletic trainers in 2015. This change in state law, combined with the action of other NDATA members, “resulted in the NDATA receiving a national award from the National Athletic Trainers Association Governmental Affairs Council for legislative/regulatory action.”

Explaining how Westereng “has been instrumental in progress made by the



newest hospital in the Fargo metro area.

“We want to thank the Fargo VA Health System for supporting our students and staff for so many years,” added Dr. Marjorie Jenkins, UND’s vice president for health affairs and dean of the SMHS. “At the same time, because we’ve expanded class sizes more than once since we started sharing the previous space – and we’re hoping to grow again in a few years – this upgrade is overdue.”



NDATA in improving the profession for our athletic trainers and the athletes” in North Dakota, NDATA President Alyssa Albrecht lauded her longtime colleague.

“I could go on about Steve’s accomplishments and dedication, but the bottom line is that this award is well deserved,” Albrecht said.

School of Medicine & Health Sciences Medical Laboratory Science students receive Scholarships for 2025–26

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

Scholarship winners for the 2025-2026 academic year include:

Marcia and Gary Anderson MLS Scholarship Award

Abigail Chrisman, Knoxville, Tenn., Ava Hoffman, Hastings, Minn., Elise Foell, West Fargo, N.D., Josie Jensen, Argusville, N.D., Liam Rebrovich, Dilworth, Minn., Genevieve Wodrich, Reiles Acres, N.D., and Madison White, Grafton, N.D.

Janice and Clifford d'Autremont Scholarship Award

Kylee Falk, Hankinson, N.D., Amanda

Johnson, Sibley, N.D., and Allie Werth, Wahpeton, N.D.

Dr. Cyril J. Dillenburg Memorial Medical Scholarship

Sophia LeMire, East Grand Forks, Minn.

Jean Holland Saumur Award

Abigail Meier, Bismarck, N.D.

Janice Schuh-Horysh MLS Scholarship Award

Alyssa Ratke, West Fargo, N.D., and Victoria Opstedahl, Dickinson, N.D.

Duane and Judy Lee Scholarship Award

Minhyeok Yang, Grand Forks, N.D.

Miltza (Mitzi) Luper Biochemistry Award

Abigail Meier, Bismarck, N.D.

Eileen Simonson Nelson

Scholarship Award

Charlee Schenfisch, Makoti, N.D.

Mary Noble Award

Randi Herndon, Grand Forks, N.D., Kasey Kuker, Rochester, Minn., Leia Lauer, Bismarck, N.D., Maya Orvis, Cross Lake, Minn., Trevor Peterson, Fayetteville, N.C., and Torry Westereng, Grand Forks, N.D.

Eleanor Ratcliffe Award

Charlee Schenfisch, Makoti, N.D.

The Ralph and Hazel Rohde Award

Sophia LeMire, East Grand Forks, Minn.

Mary Stanghelle Coleman MLS

Scholarship Award

Tori Wetterlind, Inver Grove Heights, Minn.

Linnea J. Veeder MLS Scholarship

Emalyne Bieber, Sentinel Butte, N.D., William Gniffke, New Salem, N.D., Angel Kaiser, Grand Forks, N.D., Jesse Mendoza, Fargo, N.D., Hannah Scholand, Hatton, N.D., and Andrew Storstad, New Rockford, N.D.

UND Occupational Therapy students receive scholarships for 2025–26 academic year

The Department of Occupational Therapy (OT) at the UND School of Medicine & Health Sciences (SMHS) has awarded scholarships to several students for the upcoming academic year. Funds for the scholarships are given from various private sources, endowments, and scholarship funds.

“UND’s Occupational Therapy Department is incredibly grateful to our generous donors who make scholarships like these possible for our students,” said Mandy Meyer, Ph.D., associate professor and OT student scholarship committee chair. “Donor support helps to alleviate the financial burden of higher education and empower the next generation of compassionate and skilled occupational therapists. We thank our donors for investing in the future of healthcare and are excited to be able to support our students in this way.”

Scholarship winners for the 2025-26 academic year include:

The Jody Spencer and

Dave Dornacker Scholarship

Payton Bauman, Waconia, Minn.

Kriegel and Gorter Family Occupational Health Student Scholarship

Kiana Benson, Tracy, Minn., and Hailey Hoffman, Alexandria, Minn.

The Katherine Bangsund Occupational Therapy Scholarship

Julia Borrmann, Thornton, Colo., and Katie Quinley, Gibson City, Ill.

John and Jo-Ann Jedlicka Occupational Therapy Scholarship

Jatin Cranmore, Laramie, Wyo., and Hannah Street, Crookston, Minn.

The Audrey Crum Occupational Therapy Scholarship

Abigale Ellenberger, Castle Rock, Colo.

Matt and Katrin Hjalmarson Scholarship

Morgan Harshman, Casper, Wyo.; Jalen Taylor, Foreston, Minn.; Izabella Kent, Brandon, Minn.; and Joslyn Nordmark, Bottineau, N.D.

The Wesley Hoffman Memorial

Occupational Therapy Scholarship

Taylor Illg, Glyndon, Minn., and Shaiah Lunday, Belcourt, N.D.

Amy Lind Occupational Therapy Scholarship

Kearyn Nelsen, Leeds, N.D.

Gail Shimer Bass Occupational Therapy Scholarship

Sara Scott, Severance, Colo.

Occupational Therapy Alumni Scholarship

Ariel Tix, Solway, Minn.

Established in 1954, the UND Department of Occupational Therapy was the state’s first OT program.

“We are so grateful for the generous support we receive from our alumni,” said Sarah Nielsen, Ph.D., O.T.R./L., FAOTA, chair of UND’s Department of Occupational Therapy. “These gifts are not just scholarships – they’re an investment in the future. I know our students are incredibly grateful for alumni support.”

Carol Bondy-Morrison, OT '65, age 82, of Northwood, N.D., passed away peacefully at home on Sept. 26, 2025. Carol was born Feb. 28, 1943, to her loving parents Florence Myster Bondy and Gordon Kingdon Bondy in Drayton, N.D. She lived there with her loving brothers Dennis and Bruce. She attended the University of North Dakota where she graduated with a degree in occupational therapy. This journey of family took her to Grand Forks, Park Rapids, Winston-Salem, Northwood, Fargo, and Cold Spring. She focused on her family and was the cornerstone to their foundations. Carol was preceded in death by her parents, Gordon and Florence, and both her brothers, Dennis and Bruce.

Paul Marcus Burgett, MD '93, age 57, of Waterloo, Iowa, passed away unexpectedly at his home on July 17, 2025. Paul was born on Sept. 28, 1967, in Jamestown, N.D., to Richard Charles and Jean Carol (Ritter) Burgett who both taught in Litchville, N.D. He graduated at the top of his class from Jamestown High School in 1985. Paul married Heather Renee Hoffman on Feb. 21, 1998, in Iola, Kan. Paul attended MidAmerica Nazarene (College) University, graduating with honors in 1989. He began his medical education at the University of Kansas School of Medicine in Kansas City. Upon his father's death in 1991, he transferred his studies to the University of North Dakota School of Medicine to be closer to family, graduating in 1993. Dr. Burgett's lifelong love of taking intricate things apart and putting them back together influenced his decision to pursue a medical career in general surgery. He matched with the KU School of Medicine's Wichita General Surgery Residency program, where he graduated in 1998. Upon graduation from residency, Dr. Burgett accepted a position with Cedar Valley Medical Specialists General Surgery in Waterloo, Iowa. His career as a board-certified general surgeon and fellow of the American College of Surgeons spanned 27 years, where he served as a general and trauma surgeon and preceptor for medical and advanced practice provider students in Waterloo, Grundy, and Waverly, Iowa. He also served in medical missions with Hospitals of Hope in Liberia, Africa, in 2010 and over the past six years with the Missions Outreach Program of Prairie Lakes Church in Canilla, Guatemala.

George M. Johnson, BS Med '58, age 90, died at his home on July 17, 2025. George was born June 16, 1935, to Nels and Ruth Hallendbeck Johnson while they were living in Towner, N.D. When George was 10, the family moved to Bismarck where his father became North Dakota Attorney General and later State Supreme Court Justice. George graduated from Bismarck High School. He went on to UND where he completed undergraduate work followed by the two years of medical school that UND offered at the time. He completed his M.D. degree at the University of Washington.

While in Seattle he met and married Janice Benson in September 1959. Their first stop was Duluth, Minn., where George completed his internship at St. Luke's Hospital. It was a satisfying year with good training, good friends, and new son, Nels Christian. The U.S. was deep into Vietnam and George chose to join the epidemic intelligence service in lieu of the military. He was assigned to the North Carolina State Board of Health in Raleigh. He loved that job. He went to every county in the state traveling with the state veterinarian as they searched for disease outbreaks. On one of these trips George found a young girl with brain swelling of unknown origin. Of course he did not realize at the time, but this was to be the source of his "fifteen minutes of fame." His written account of his discovery was the first American description of what became known as Reyes-Johnson syndrome. Mayo Clinic at Rochester was their next home. George completed his fellowship in two years and then began practice in Bismarck, but he still had to take boards in pediatrics in Chicago. Janice went with him to supply moral support and look for rugs while he completed his board exams on Oct. 28, 1966, and on Oct. 29, Christian Stefan was born one month ahead of schedule in Chicago. One more move brought them to Fargo in 1970. George joined the Fargo clinic (later Meritcare) where he spent the next three decades in general pediatrics. His last career move added teaching to his workdays, an experience he found fulfilling. He was professor and chair of the department of pediatrics at UND from 1989–2001.

Robert Edward Klingbeil, BS Med '55, age 96, passed away peacefully surrounded by his loving family on Aug. 2, 2025, after a brief illness. Bob now joins his beloved wife of 68 years, Gerda E. Klingbeil, M.D., who passed away a few months ago. Bob was the loving father of Mark (Mary Ann), Bruce, Dean (Lynn), Eric, and David (Mary) Klingbeil. He will be fondly remembered by his grandchildren Anna, Catherine, Ben, Eva, and Lily Klingbeil. Bob was born just before the start of the Great Depression in Detroit Lakes, Minn., on Oct. 15, 1928. Growing up, he moved with his family from one rural farm town to another, following jobs in Minnesota and North Dakota. His other "hometowns" included Wahpeton N.D., Fergus Falls, Minn., Rugby, N.D., Devils Lake, N.D., Jamestown, N.D., and Fargo, N.D. At the age of 17 upon graduating high school, Bob started U.S. Marine Corps basic training in San Diego. Following boot camp, he trained in aviation maintenance; at the end of WWII he accepted the GI bill offer and attended pharmacy school at North Dakota State University. After graduating, Bob began his medical education at UND, where he met and married Gerda in 1956. After obtaining his B.S. Med. degree at UND, Bob took an M.D. from the University of Illinois in 1957. He then moved to the Milwaukee area where he completed

an anesthesia residency. Dr. Klingbeil described his job as 99% boredom punctuated by 1% moments of sheer terror. He noted that most of his career was spent sitting on a hard stool passing gas. Such was Bob's dry sense of humor. He practiced his entire career as an anesthesiologist at St. Joseph's Hospital in Milwaukee until his retirement on May 17, 1993.

Christopher Alan Meeker, M.D. '97, age 56, passed away with his family at his side on July 25, shortly after being diagnosed with angiosarcoma at St. Mary's Hospital in Rochester, Minn. Born to E.D. (Darrell) and Mary Meeker in Mandan on Dec. 20, 1968, he graduated from Mandan High School in 1987, followed by the University of North Dakota, then the UND School of Medicine & Health Sciences, where he earned a Doctor of Medicine degree in 1997. After a residency in Little Rock, Ark., Chris's career as an emergency room physician began at Immanuel St. Joseph's in Mankato, Minn. On Oct. 20, 2001, he married Bismarck native Janel Neameyer and their son, Spencer, was born in Sept. 2003, followed by son Nolan in May 2006. In Oct. 2006, the family moved to Bismarck, where Chris joined the ER team at Medcenter One. He spent a decade there before undergoing a kidney transplant, after which he was made the Bismarck hospital's first Chief Medical Officer. In that position, he was responsible for devising policies regarding patient safety and quality of care, was involved in the credentialing of physicians, and helped the hospital's legal team amend its bylaws. As a member of the Board of Trustees, he helped shape the organization's role as it expanded staff and services. Throughout his time as CMO, he was recognized and awarded by peers, the Board, and the Sanford Foundation, including being named the 2023 Physician Leader of the Year. Chris is survived by his wife, Janel; sons, Spencer and Nolan; and brother, Ward.

Wayne Swisher's hard-working hands, accustomed to holding cups of his favorite hot coffee, came to rest on Oct. 13, 2025. Wayne Swisher was born Nov. 29, 1940, to Gene and Hattie Swisher in Haxtun, Colo. He was the youngest of five children, with responsibilities on the farm before and after school. He carried the skills he learned on the farm along with a strong work ethic throughout all his years. Wayne attended Colorado State University where he earned bachelor's and master's degrees. He was awarded a Ph.D. in communication sciences and disorders from the University of Wisconsin in 1974. CSU is also where he met his beloved wife, Judy Hefner. Both Wayne and Judy described their life together as "better than a Hallmark." Following their marriage in 1962, they began many adventures: travel, moves, work, and the growth of family. Ultimately Wayne's teaching career brought the family to Grand Forks, N.D., which has been home since 1986. He

taught at Phillips University in Enid, Okla., the University of New Mexico in Albuquerque, Northern State College in Aberdeen, S.D., and the University of North Dakota in Grand Forks, where he served first as Chair of the Department of Communication Sciences and Disorders, and then as Dean of the School of Graduate Studies. Following his retirement from the Graduate School, Wayne served as a preceptor in the UND School of Medicine & Health Sciences, working with first- and second-year medical students to share his lifetime of expertise with the next generation of healthcare professionals. Wayne is survived by his beloved Judy, his sons Anthony and Jeremy, his grandchildren Jaimee, Zella, Michael, Noah, and Jacob, and the countless other people whose lives he touched in his 84 remarkable years.

Alayne Julie Van Erem, BS Med '77, age 73, of Arden Hills, Minn., died of complications due to advanced dementia, on Aug. 11, 2025. Alayne was born in Jamestown, N.D., in 1951, to Shirlee and Harvey Van Erem. As a child, Alayne spent endless hours outside, curious about the natural world, plants, and animals. Some of her most prominent memories of childhood were set on the farm homestead in Jamestown, N.D., where her maternal grandparents lived, and involved unsupervised adventures, no doubt some of them dangerous, and many of them messy. Alayne was also creative, like her mother, and inquisitive and intuitive about how things are put together, like her father. After graduating at the top of her class at Jamestown High School in 1969, Alayne attended the College of St. Catherine in St. Paul, Minn., on a merit-based scholarship. Alayne attended medical school at the University of North Dakota in Grand Forks, N.D., where she met Kevin Ruggles, her first husband and the father of her two children. True to her high-achieving nature, Alayne also excelled in medical school. Following medical school, Alayne spent the first year of her residency in pediatrics at Milwaukee Children's Hospital. She then earned entrance into a prestigious pediatric residency at Georgetown University in Maryland. After a few years of practicing pediatric medicine in Maryland, where her first daughter Emily was born, and then California, where her second daughter Molly was born, she moved to Marshfield, Wis., where she spent the majority of her years of medical practice at the Marshfield Clinic. Early on in that practice she received advanced training at Duke University to further specialize in developmental and behavioral pediatrics. This specialty aided her in working with children and families with complex needs, including cerebral palsy, ADHD/ADD, and autism. Alayne also became director of the residency program in pediatrics at Duke, a position which allowed her to mentor and support physicians in training.

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 for possible inclusion in the next *North Dakota Medicine*.



UND students with local kiddos at the School's annual student-led Teddy Bear Clinic in Grand Forks, Oct. 2025



Students from across UND engaged in medical simulation at the second annual Interprofessional Healthcare Day at the SMHS in Sept. 2025.



Occupational Therapy students received their Adopt-an-OT gifts from donor-representative Jolene Mikkelson (right), a 1998 OT program grad, in Aug. 2025.



Dr. T.A. Schultz (B.S. Med. '69), Maureen Schultz, Susan Feist, and Dr. Don Feist (B.S. Med. '56).



UND occupational therapy students at an in-house training session for very young clients in May 2025.



The first annual medical-student-led Health in Motion 5K walk/run was held on the UND campus in Sept. 2025.



SMHS Dean Dr. Marjorie Jenkins (left) with members of the Joe & Norma Peltier Family at the dedication of the Joe & Norma Peltier East Atrium in Grand Forks. Also present are UND President Andy Armacost (second from right) and UND Alumni Association & Foundation CEO DeAnna Carlson-Zink (right).

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Feb. 12–14

American Physical Therapy
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April 24–25

American Occupational
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