1983

Community Medicine

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University of North Dakota

DEPARTMENTAL HISTORIES

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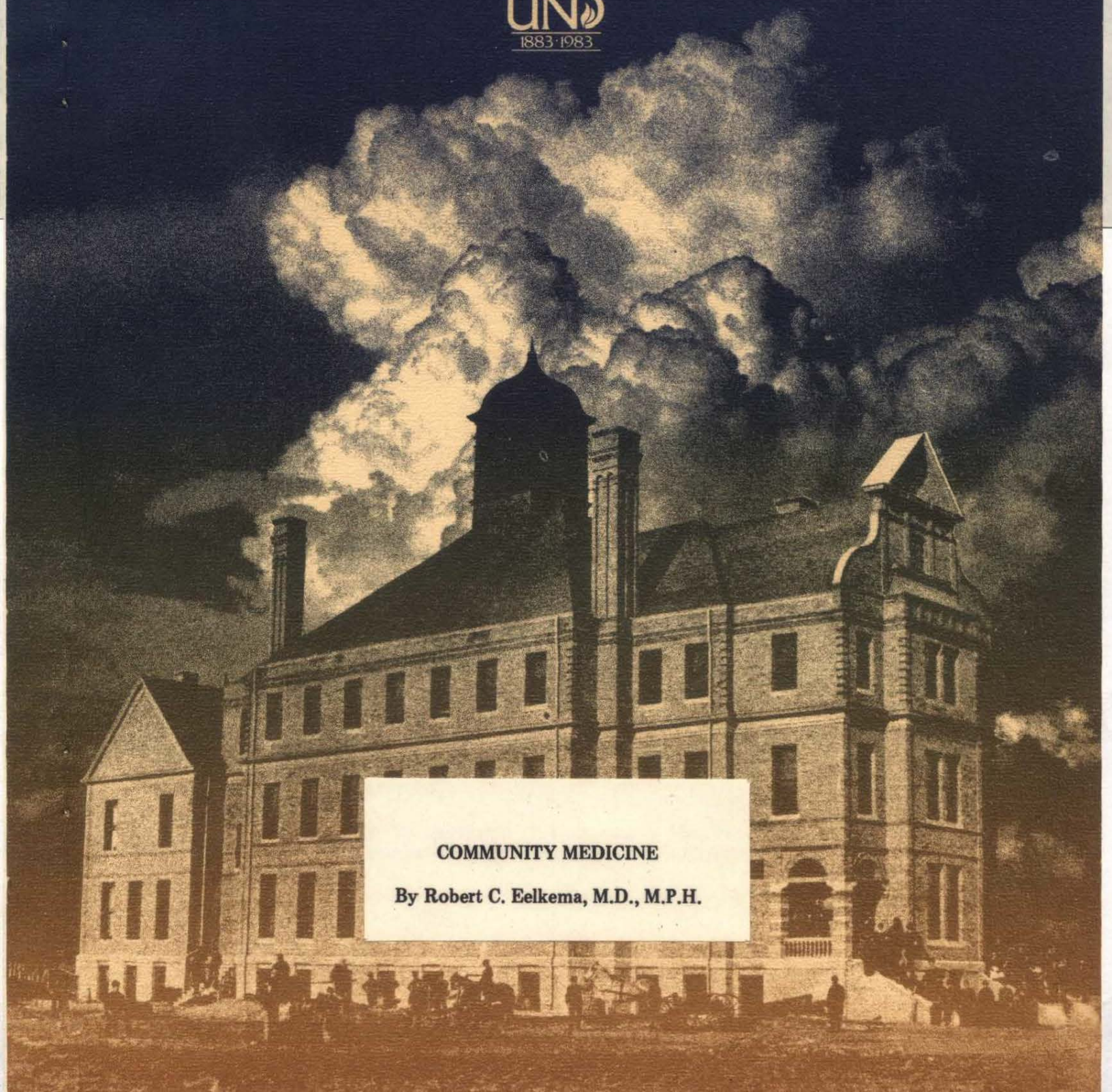

COMMUNITY MEDICINE

By Robert C. Eelkema, M.D., M.P.H.

HISTORY OF THE DEPARTMENT OF COMMUNITY MEDICINE

1968 to 1983

by Robert C. Eelkema, M.D., M.P.H., Chairman and Professor

I. Introduction

In the 100 year history of the University of North Dakota, the Department of Community Medicine represents only a small amount of time--15/100th. Although a young Department, it's the first full-time clinical medicine department at the School of Medicine.

The precursor of the Department, the Public Health Laboratory at Grand Forks, was the nucleus that started the Medical School. Over the sixty-three years 1905-1968, the State Public Health Laboratory and State Health Department staff provided the teaching faculty for the first two years in medical school. The presence of the State Health Department Laboratory in Grand Forks influenced the location of the Medical School in Grand Forks at the University of North Dakota. The story of the conquering of the infectious diseases by the development of sciences of epidemiology, bacteriology, virology and immunology, is a marvelous success story that has completely changed the face of medicine over the past 100 years. Childhood illness in 1883 was rampant. A couple needed, on the average, nine children in order for three to live to adulthood. Tuberculosis, cholera, smallpox, typhoid fever, diarrhea infantum, tetanus, diptheria, and a multitude of microbes were the big killers. In the State of North Dakota, more people died in 1918 from influenza than have died from all causes in a single year since that time. This includes heart disease, cancer, stroke, and accidents--our four big killers today. The pasteurization of milk, filtration and chlorination of the water supply, and immunization are procedures we now take for granted.

Today, medical and nursing students probably never will see a case of smallpox, diptheria, tuberculosis, typhoid, polio, tetanus, or cholera unless they happen to practice medicine in a lesser developed country where conditions are still present that have delayed the conquering of these diseases. By establishing the Division of International Health in 1981 in the Department of Community Medicine, we have served notice that we are still interested in the improvement of public health throughout the developing world. The story of North Dakota over the past 100 years hopefully can be compressed over a shorter period in many areas of the world that are still struggling to conquer what we consider nearly-conquered diseases. In 80 percent of the developing world, the under age five death rate is still the largest death rate for all ages--a tragic story. When we look at our own children under the age of five, we know the chances of their living to a ripe old age are good, yet in some areas of the world today, babies are not named until after the age of five because they are considered a child of God before that age because of the uncertainty of survival.

In 1968 when the Department of Community Medicine was established, there was a tremendous consciousness raising in our population to spread medical knowl-

edge to all people in the country. It was quite clear that medicine and the principles of public health were reaching only the favored--in education, wealth, and geographic location. There were still pockets of severe poverty and high infant mortality, and these issues were now being addressed. Medicare, Medicaid, and the War on Poverty were all programs established to address these issues. All around the country, full-time Community Medicine departments were established to help solve the problems of maldistribution of public health programs and lack of accessability to high quality health care.

The activities of the Department of Community Medicine are a reflection of these goals: to reduce the maldistribution of primary health care; to erase the inequities of health care accessability, particularly in a rural state; and, to provide opportunities for North Dakota residents and minorities for education and training in the health care fields.

TABLE I

COMMUNITY MEDICINE - Grants and Contracts History

ACCOUNT	AGENCY	DATE	GRANT AWARD *
Health Care Delivery Patterns	ND State Dept. of Health	6/21/71 to 5/31/72	4,300.00
MEDEX **	DHEW	6/30/70 to 8/31/72	923,584.00
MEDEX	DHEW	7/1/72 to 8/31/73	267,577.00
MEDEX	IHS	9/1/73 to 3/31/75	109,621.00
Health Manpower	DOL	1/10/72 to 12/31/73	522,152.00
INMED (Indians into Medicine)	DHEW	9/1/72 to 8/31/73	350,106.00 ***
AHEC (Area Health Education Centers)	DHEW	9/1/72 to 9/30/73	494,643.00 ***
Drayton Project	DHEW	7/1/75 to 6/30/76	74,279.00
Family Nurse Practitioner	Kellogg	7/1/74 to 6/30/78	266,140.00
Family Nurse Practitioner	DHEW	7/1/78 to 6/30/81	311,275.00
Physician/Family Nurse Practitioner	Kellogg	9/1/76 to	549,589.00
International MEDEX	Univ. of Hawaii USAID	6/1/79 to 5/31/82	329,266.00
Diabetes Surveillance Project	ADA	9/1/80 to 8/31/81	13,930.00
Emergency Nurse Practitioner Prog.	ND State Dept. of Health	9/1/79 to 8/31/81	14,325.00
Robert Wood Johnson	ND State	7/1/80 to 6/30/81	8,350.00
Robert Wood Johnson	ND State	7/1/81 to 6/30/82	11,353.00

Family Nurse Practitioner	DHEW	7/1/81 to 6/30/82	162,815.00
Diabetes TEAM Project	ADA	7/1/80 to current	6,260.00
International Consultancies by Merrill M. Shutt, MD, MPH	USAID APHA	4/1/80 to present	14,793.36
Continuing Education	Ross Lab		500.00
Diabetes Surveillance Project	ADA	9/1/82 to 8/31/83	10,000.00
TOTAL TO DATE			$4,444,858.36

*Direct Award to Department of Community Medicine $4,444,858.26 and Indirect to University of North Dakota $361,920.00.

**A system for providing civilian orientation to independent duty corpsmen serving in the Vietnam Conflict to work as physician extenders in rural areas.

***Subsequent to these grants, additional grants were obtained by other portions of UND totaling an additional $9,111,358.00.

II. Narrative

Table I reveals the grants and contracts history of the Department, and, to a certain extent, the far-reaching effects the Department has had on the course of medicine and medical care on North Dakota residents and the University. A more complete history will need to be written by professional historians. A synopsis follows that really does not reflect the whole story, but only gives an indication of some of the experiences, successes, and failures of the Department. Not everything the Department was involved in turned out successfully, but we never failed to learn something from each activity. Over the years, it has been a pleasure working with members of the Department of Community Medicine, University Administration, the State and District Medical Societies, staff of the now defunct North Dakota Regional Medical Program, the state legislators, and the many concerned private citizen leaders who gave us encouragement. We were extremely proud that we were the second MEDEX Program in the country and we were among the first eleven area health education centers (AHEC) to be funded. The Indians into Medicine (INMED) program was conceived, written and a grant received by the Department, which has had far-reaching effects on minority education in the state.

The Kellogg Foundation provided the Department with $815,989 over the past eight years to develop the Family Nurse Practitioner Program. The results of their faith in us cannot be entirely estimated, but the program has had and will have long lasting effects for years. We have graduated 209 family nurse practitioners (FNP's), who primarily are practicing with primary health care physicians in rural areas. Over 75 graduates are working in North Dakota with about 10 percent of the primary care physicians in the state, a remarkable accomplishment in 10 short years. To put this into perspective, if one of our family nurse practitioners sees on the average of 10 patients a day, then over 255 work days per year, she or he will have 2,550 patient encounters. Seventy-five (75) FNP's will have 190,250 patient encounters. The important point is that these encounters represent a significant educational experience for the patient which is complementary to and under the aegis of physicians. We truly are increasing accessability and quality of health care.

The UND Family Nurse Practitioner Program is accredited by both the American Medical Association (AMA) and the American Nurse's Association (ANA), the only program in the country with dual accreditation. We are extremely proud of this accomplishment.

The role of the Department of Community Medicine in developing the degree-granting school is outlined through the reflections of Dr. Willard Wright, a pioneer physician in North Dakota and Director of the now defunct North Dakota Regional Medical Program, previously known as the Heart, Cancer and Stroke Program. (See Appendix A)

The story of the development of the INMED Program, I feel, needs telling in greater detail. The first indication that the U.S. Government might provide funding for minority programs came from Dr. Douglas Fenderson, our contract officer for MEDEX and who later was involved with AHEC's at the National Institutes of Health (NIH). (Doug was born and raised in Streeter, North Dakota, where his father was a railroad telegrapher). The first federal director of minority health education programs was a Native American dentist

named George Blue Spruce. I first became acquainted with George while attending school at Berkeley. The first Native American to graduate from the University of North Dakota School of Medicine (1959), Dr. Lionel deMontigny, was director of Community Programs for the Indian Health Service, United State Public Health Service (USPHS). I first directed a member of the Department to write a grant proposal to finance Indians into Medicine. I read his first draft while taking my Preventive Medicine boards in San Francisco. The narrative was so full of racial slurs and undertones I feared for my life if it ever was released. I called back from Telegraph Avenue in Berkeley to stop the presses; we needed to go back to the drawing board. I took that first draft to Gary and Nancy Dunn, who were then living and working in the Gallery Apartments, and we completely rewrote the proposal. Over a drink and Nancy's typewriter, we (Gary Dunn primarily) came up with the eponym INMED (Indians into Medicine). The project was to be three-fold: 1) at the Kindergarten to 12th (K-12) grade level, with enrichment programs on the reservations with emphasis in science; 2) at the undergraduate college level, providing social, economic and tutorial services and, 3) at the graduate level, medical school education.

Our biggest concern was the latter, but we were granted an unconditional promise from the Dean and staff of the Medical School, as well as from our extremely supportive President, Tom Clifford, to allocate five slots for INMED students. I'll let the INMED Program tell the rest of the story in its history. It was a stormy period but an exciting one. All I can say is, if we had not had President Clifford's support, it may all have turned out differently. Without all this support from above, it would have been impossible to do the things we were able to do.

The Drayton Project, which I would rather forget, was an exercise in learning--if making mistakes is a good method of learning. During the period 1970-1973, our Departmental successes knew no bounds, so when the Drayton Hospital Board asked our help in obtaining funds to keep their hospital open, our egos and our previous accomplishments were such that we felt an obligation to try. I'm originally from Drayton and Mickey Knutson of our Department is from Hoople, so we had more than passing interest in the project. After several trips to foundations, government offices and having spent $8,000 out of our Departmental funds, we were able to attract a Department of Health, Education, and Welfare (DHEW) rural initiative grant of over $300,000 from the Medical Care Administration with a proposal emphasizing rural care, utilizing mid-level health care workers, and experimenting with the use of telecommunications. Unfortunately, our contract officers had never been to a rural area, the Drayton Hospital board had never administered so much money and everyone got into the act from the Feds in Washington, D.C. (several different offices); the Medical Care Administration (which administers Medicare and Medicaid, as well as the rural initiative grants); the appropriate regional and state offices; and, the National Health Service Corps, which assigned a medical officer to the project. With so many diverse and untrained people crawling in and out of Drayton, it became a fiasco. To top it off, because the Medical Care Administration did not have expertise in running such a project, it hired an outside consulting agency to evaluate our progress. The agency sent a nearly blind accountant from New York who had never learned to drive a car. A faculty member, therefore, was detailed as a chauffer. This type of activity took up most of our staff time, precluding gainful work such as providing accessability to health care. It didn't help things that the National Health Service Corps

provided a physician (internist) from the East Coast who felt a missionary-like zeal to help the down-trodden pagans of Drayton. A family practitioner would have been a much more appropriate choice. The Mayor of the town refused to pay the $8,000 "seed money" spent by the Department, claiming he would pay it only if the assistance provided worked out.

There were a few positive aspects of the activity: we learned a lot about people; and, the Grand Forks Clinic has provided a physician two to three times a week to keep an ambulatory clinic active. The hospital, however, was unable to survive the economic onslaught.

Such is life, and learning takes place in strange and diverse ways. I must say that we in the Department of Community Medicine have never been afraid to tackle a project just because it wasn't guaranteed to be a success. At least we made a sincere effort and we are willing to recognize our mistakes. (For a fuller discussion of the types of administrative and bureaucratic problems alluded to above, see Appendix B--Evaluation of Department of Labor (DOL) Project).

The International MEDEX subcontract with the University of Hawaii is our venture into the international field. The project, funded by the United States Agency for International Development, was conceived to facilitate the transfer of training mid-level health workers to the lesser developed nations. We agreed to provide 72 person months of effort over a three year period to the University of Hawaii Health Manpower Development Staff. This was a three year international learning experience and materials production activity to prepare four personnel categories for participation in overseas work, specifically:

1) M.D., M.P.H.
   Robert C. Eelkema and Merrill M. Shutt

2) P.A., F.N.P.
   Bonnie Bata, Sandy Tebben, Mickey Knutson

3) Educators
   Bonnie Bata, Mickey Knutson, Judy DeMers

4) Management Specialist
   Ed Klecker

Our time in the project was spent learning at UND, in-residence experience in Hawaii and also overseas. It has provided our Department members with concepts of transcultural education as well as experience overseas. Some of the places where Departmental members gained experience include Lesotho, Pakistan, Liberia, the Caribbean, and Kenya. Because of our extensive Departmental theoretical and practical preparation, we feel fully prepared to provide technical assistance to lesser developed countries in the development of mid-level health personnel. To this end, we have had visitors from Egypt and Niger to visit our state and projects. We think we contributed to a concept which can be replicated in many places in the world utilizing many of the techniques that we have learned, helped develop, and pioneered over the years. (See Appendix C--Critical Elements on New Role Development).

One of the least funded but most significant activity of the Department is the Diabetes Surveillance Project. Astonishingly, with all that has been written and researched about diabetes, no state in the United States has established a Juvenile Diabetes Registry. Dr. James Brosseau is uniquely qualified technically with epidemiological and clinical skills to provide leadership for the study. Finding causal factors in juvenile diabetes could unlock the mysteries, and forward movement towards eradication or control, much like was done for the infectious diseases. We are grateful to the American Diabetes Association for its financial support. (See Appendix D. Reflections by Dr. James Brosseau).

Over the years, we have also received financial support from the North Dakota State Health Department to develop an Emergency Nurse Practitioner and from the Robert Wood Johnson Foundation, to train and develop school health nurse practitioners in several rural counties of North Dakota.

Recently, Dr. Robert C. Eelkema was appointed by Federal Judge Bruce M. Van Sickle as Court Monitor to oversee the State's response to court orders in the Association for Retarded Citizens' suit against the State of North Dakota. The case concerns the well-being and constitutional rights of the severely limited and disabled. This activity is entirely consistent with the goals and objectives of the Department, and we consider it a privilege to be involved in such an activity.

Members of the Department continue to be recognized by national organizations for their work. Dr. Robert Eelkema served as Chairman for the Fogarty International Center on writing a manual on the State of the Art: The New Health Professionals. Mickey Knutson is immediate Past-President of the National Organization of Nurse Practitioner Faculties, and Dr. Merrill Shutt is presently Vice-President and Program Director of the International Health Society.

Members of the Department have contributed in other ways to the University. As Chairman of the University-Wide Animal Care Committee, Dr. Eelkema obtained solid veterinarian leadership for the animal quarters so that solid research programs can continue. Dr. Kap Lee has established the Division of Comparative Medicine in the Department of Community Medicine. Our goal is to move toward an accredited animal care facility.

Over the years members of the Department have provided medical services to the Student Health Service and the Medical Center Rehabilitation Hospital. We are grateful to the State for providing one and one-quarter full-time equivalent (FTE) physician positions and one FTE for the Family Nurse Practitioner Program. We are also extremely proud that we have been able to obtain outside funds from other sources. When one reviews Table I the track record is impressive. I can only say that it represents a lot of work and talent.

Dr. James Brosseau, Mickey Knutson, and Judy DeMers have had long-standing loyal associations with the Department and have contributed greatly to development of the School of Medicine, as well as serving UND in many administrative and committee roles. We are grateful to the contributions of the many past members, and impressed by the contributions of newer and present members, Martha Adams, Bonnie Bata, Edward Klecker, Dr. Kap Lee and Dr. Merrill Shutt.

The University and the people of the State of North Dakota are fortunate that they have benefited from the activities and presence of the staff of the comparatively new, but large in impact, Department of Community Medicine. We hope the next hundred years can be as productive and worthwhile as the first 100 years of the University, and that the Department of Community Medicine will continue to build on its solid foundation established during the past 15 years.

For the last 15 years we have been walking a tightrope between medicine and nursing interests, and between basic science and clinical medicine advocates. In many ways we are neither fish nor fowl; sometimes a little more creative than anyone really wants us to be. At times we were "independently innovative" and did not follow all the correct protocols in obtaining funds. In spite of this, or perhaps because of it, we've had a tremendous opportunity to be associated with some very exciting programs. We consider this a privilege and a responsibility.

We hope the University will always be a place where creativity and innovation can flourish. Very special thanks go to President Thomas Clifford, without whose unwavering support we could not exist. I take this liberty to quote (or misquote) President Clifford, who said to me one time: "I will support any damn fool program you're interested in. The good ones will survive, the bad ones will die a natural death" -- how right he is.

1968 - 69

Robert C. Eelkema
Arthur A. Gustafson
Keith Vandergon

1969 - 70

Robert C. Eelkema
Arthur A. Gustafson
Keith Vandergon

1970 - 71

Robert C. Eelkema
Gerald R. Bassett
Willard R. Wright
Keith Vandergon
Arthur A. Gustafson
Judy L. DeMers
Harriet Johnston
James D. Brosseau

1971 - 72

Robert C. Eelkema
Gerald R. Bassett
Willard R. Wright
Keith Vandergon
Arthur A. Gustafson
Judy L. DeMers
Harriet Johnston
James D. Brosseau
Gary F. Dunn
Nancy J. Hepburn
Lois Steele
Marion Knutson
Webster D. Wilson
Paul Larsen

1972 - 73

Robert C. Eelkema
Keith Vandergon
Arthur A. Gustafson
Harriet Johnston
James D. Brosseau
Paul Larsen
Gary A. Dunn
Nancy J. Hepburn
Lois Steele
Marion Knutson

1974 - 75

Robert C. Eelkema
James D. Brosseau
Gary F. Dunn
Marion Knutson
Nancy Dunn
George Johnson
Keith Vandergon
Arthur Gustafson
Harriet Johnston

1975 - 76

Robert C. Eelkema
Mickey Knutson
Margaret M. Winbourn
Kenneth D. Svedjan
Richard Gardiner
Gary Jackson
George M. Johnson
Arthur Gustafson
Keith Vandergon
Harriet Johnston

1976 - 77

Robert C. Eelkema
Charles M. Cargille
Mickey Knutson
Margaret Winbourn
Judy DeMers
George M. Johnson
Arthur A. Gustafson
Keith Vandergon
Harriet Johnston

1977 - 78

Robert C. Eelkema
Charles M. Cargille
Mickey Knutson
Judy L. DeMers
Marge Winbourn
Susanna Corbett
Jonathan Weisbuch
George M. Johnson
Arthur A. Gustafson
Keith Vanderson
Harriet Johnston
George Blatti

1978 - 79

Robert C. Eelkema
James D. Brosseau
George M. Blatti
Mickey Knutson
Judy L. DeMers
Marge Winbourn
Susanna Corbett
Martha Adams
Bill McKinnon
George A. Piccagli
Jonathan Weisbuch
George M. Johnson
Arthur A. Gustafson
Keith Vandergon

1979 - 80

Robert C. Eelkema
Martha Adams
Louise Autio
Bonnie R. Bata
George Blatti
James D. Brosseau
Susanna Corbett
Judy L. DeMers
Sue Ebertowski
Mickey Knutson
William G. McKinnon
Robert Olson
Carol Bond Staton
Sandra S. Tebben
Marge Winbourn
Arthur A. Gustafson
George M. Johnson
George A. Piccagli
Keith Vandergon

1980 - 81

Robert C. Eelkema
Martha Adams
Louise Autio
Bonnie R. Bata
James D. Brosseau
Judy L. DeMers
Sue Ebertwoski
Edward J. Klecker
Mickey Knutson
William G. McKinnon
Robert Olson
Merrill M. Shutt
Carol Bond Staton

1980 - 81 (con't.)

Sandra S. Tebben
Marge Winbourn
Arthur A. Gustafson
George M. Johnson
Keith Vandergon

1981 - 82

Robert C. Eelkema
Martha Adams
Bonnie R. Bata
James D. Brosseau
Judy L. DeMers
Sue Ebertwoski
Edward Klecker
Mickey Knutson
Kap Lee
Robert Olson
Merrill Shutt
Carol Bond Staton
Arthur A. Gustafson
George M. Johnson
Keith Vandergon