A PIONEERING SPIRIT

From the day they arrived in Dakota Territory in 1878, the Benedictine Sisters have been pioneers in serving the healthcare needs of this region. Over the decades the Sisters have brought innovative techniques and technology to their communities, and selflessly served the wellbeing of others.

The blessings of the Sisters’ dedication have spread far in the years since they arrived. Today, University of Mary graduates practice values-based health care in every region of the world. The University of Mary remains dedicated to bold innovations in health care, with new programs such as a master’s degree in bioethics and a doctorate of nursing practice.

In this issue of Momentum, see how University of Mary graduates are continuing the Sisters’ tradition of service.

Florence Nightingale (1820-1910)
The founder of modern nursing. During the Crimean War, she became known as “The Lady with the Lamp” after her habit of making rounds at night.


Clara Barton (1821-1912)Pioneer nurse prominent during the Civil War who founded the American Red Cross.


Major Walter Reed, M.D. (1851-1902) U.S. Army physician who in 1901 led the team that postulated and confirmed the theory that yellow fever is transmitted by a species of mosquito.

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The silk produced by the Darwin’s bark spider in Madagascar is 10 times tougher than Kevlar. It is the world’s toughest known biological material. Scientists have so far identified 200,000 distinct spider silks, sophisticated proteins of stunning elasticity and strength. Woven together, these silk strands become the web, a marvel of engineering — home, hunting ground and nursery.

The gentlest touch on a single strand will shiver down the entire web, rippling throughout its intricate geometry to the center. The strength of the web is its integrity, its wholeness. Humans are also builders. Tinkers and toolmakers, driven by unquenchable curiosity, we erect cathedrals and dams, design cell phones and sailboats.

From our earliest days, we have also been driven by a compulsion to take things apart — deconstruct them to see how they tick. We include ourselves enthusiastically in this fascination with dissection.

As our tools become more complex, our ability to deconstruct ourselves has accelerated. We are able to tease out smaller and smaller strands of our being and put them under microscopes or through chemical analyses. Through our lenses we discover, as the Psalmist writes, that we are “fearfully and wonderfully made.” In various biblical versions, “fearfully” is translated as ‘strangely and delicately formed,’ ‘remarkable,’ ‘amazing,’ ‘miraculous,’ and ‘awesome.’

If, however, in our fascination with manipulating the parts, we forget that they are elements of a whole being, even with the best of intentions, we have chosen a fraught road.

Because we are able take ourselves apart, shake the pieces and rearrange them, we risk considering ourselves as things that can be reduced to parts. We can begin to think of ourselves in terms of bolts and batteries, conductors and wires, hard drives and software.

Focusing on these individual strands can blind us to the higher reality — the wholeness of the web.

To divide the human person into separate parts, to fragment the creation that works in such a miraculous and interconnected way, risks mechanizing it, moving it from life to non-life.

Tinkering at such an esoteric level teases us to trespass into unknown territory, where we can create something blurrily like humanity, but is only a simulacrum of humanity, a Frankenstein creature of parts.

In Benedictine thought, wholeness, health and respect for persons are not separate values. Like a beautiful Celtic knot, they are seamlessly interwoven.

Can one truly be whole without respecting others? Can one be truly healthy as a compartmentalized creature? Can respect for others thrive in a sick and shattered soul?

This is the essential reason that the University of Mary weaves the Benedictine value of respect for persons into all aspects of its student experience. The human is an awe-inspiring wonder, to be respected and revered.

Can respect for others thrive in a sick and shattered soul? It is understood that the task is not just when that person is in the bed, but goes beyond that. “The commitment to ‘walking with’ is a long one. It was from monasteries that the idea of hospitals sprung. The Rule of Benedict says that care of the sick must rank above all others.”

“... when we’re hiring someone, we try really hard to make sure it is understood that the task is not just when that person is in the bed, but goes beyond that. ‘The commitment to ‘walking with’ is a long one. It was from monasteries that the idea of hospitals sprung. The Rule of Benedict says that care of the sick must rank above all others.’”

“We have a value called the healing presence — the connection that you and I have that has nothing to do with whether I’m a nurse or not. It’s the ‘God string’ that goes between us.”

“... the Sisters constantly innovated, starting programs in physical therapy, anesthesia, labs and X-ray, LPN programs, rooming-in maternity and child-friendly spaces.”

“... that from the beginning of the Benedictine Sisters’ presence in North Dakota, the women were innovative and forward thinking, risking so much.”

“... the more high-tech we become, the more touch is necessary. We try to look at the person as a whole person. We rely on technology so much, that a nurse could read a chart and scan a bracelet and conceivably never have to look at a patient. But the patient doesn’t really care about the computer.”

“... we will walk with you. We will walk with you through the fear of ‘what will they find? I’m going to be there before surgery and when you come out.”

“... Sister Angel, an administrator at Garrison Memorial Hospital, once told me, ‘never pass a light. If you are walking by and you see a light on, never walk by. You never know what that patient needs.”
Jackie Grunefelder's philosophy of care is based on what is taught at the University of Mary, citing all the years with Sister Thomas and what the Sisters were trying to teach.

Rural practice is not for everyone. "Those who do it, those who love it, often have a personal connection to these places, she said. Jackie is one such person.

"Having grown up in the rural setting, you have this bond," she said. "You understand.

"You have to understand the farmer who says, 'I can't do this (procedure) now; I'm in the middle of harvest.' How this community - some of whom were in the Depression - how they feel about certain things."

"It's hard to overstate the importance of having a clinic or a hospital in a small town, Jackie said. Without it, patients who are elderly, or unable to drive, but want to stay in their homes, face a painful choice — uproot themselves or take the risk of being far from health care."

"We offer many services to keep them comfortable and safe and meet their health care needs," she said. "We are able to offer MRIs, CT scans and emergency care."

In Linton, the hospital also is one of the county's largest employers, providing more than 100 jobs.

"We are fortunate we have county support, ambulances staffed by paramedics. We still have a hospital. We are a critical access hospital."

"We have the same standards of care, the same regulations as any larger facility," Jackie said. "We have the same standards of care, the same regulations as any larger facility," Jackie said.

The personal connection with patients is the reason Jackie's students tell her they want to come to rural North Dakota.

"And so you can ask them that personal question about their life or family. When test results come in, we already have a relationship with them. That is key."

"It's not just a job. They put their hand over mine and they'll say, 'I trust you.'"

"Jackie's philosophy of care is based on what is taught at the University of Mary, she said, citing all the years with Sister Thomas and what they were trying to teach us as servants and leaders, she said."

"Be compassionate. "It's not just taking care of — it's caring for," she said.

"Jackie's patients tell her their trust comes because they know she will be there: "It's knowing you are going to stay," she said. "People want somebody to know them, to know their background."

"Of all the numbers that add up Jackie Grunefelder's work week — 80 hours on the job, 350 miles on the road, patients ages 2 to 102 — there's another number that matters more — "how many hugs do you get a day?"

That's the question that health care students regularly ask Jackie, a Family Nurse Practitioner who has been caring for patients in the Linton, Strausburg and Hazelton areas since 1995.

Jackie, a graduate of the University of Mary with a bachelor of nursing degree and a master's as a Family Nurse Practitioner, is a lifesaving link to health care in rural North Dakota. She works out of Linton Hospital and divides her 350 commuting miles a week among Hazelton Monday mornings; Linton Monday afternoons; the nursing home in Strausburg on Wednesday; Thursday in Hazelton, and Friday; back in Linton, "and a couple of nights as well."

Providing health care to rural and small town North Dakota has always had its challenges. Before the oil boom, the sharpest dilemmas were the state's declining population and struggling to meet the needs of the aging in rural areas. To maintain their credentialing, hospitals, clinics and care centers found that attracting the necessary professionals to small town and countryside North Dakota was a hard sell.

Even now, Jackie said, "it can be hard to get people when they can go west and get twice the money. You almost have to have a connection to this community." But the impact of the oil industry has also filtered eastward to North Dakota's central counties, she said.

"People are coming here; some are retiring from small communities from the western part of the state," Jackie said. These people still want to live in a rural setting, but not such a frantically busy one.

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Five years ago, April 1, Maundy Thursday, it was raining in Baker, Montana, when Billie Madler and her family got there. Billie and her husband and two children had wavered about whether to drive to her hometown of Baker for Easter that year. Maybe she was touched by heaven — her brother-in-law, moving as though through quicksand and white-faced. “That’s the great thing about nursing,” Mary said. “There are so many options.”

“Respect for persons is critical to the function of nursing. We intersect with people and families and the community at their most vulnerable times: when they’re afraid of the unknown, in unfamiliar surroundings or in disaster. You can’t care without having respect for persons, and caring is really the essence of nursing.”

“I've spent my entire nursing career in critical care and I had this deep intuition that something wasn't right. We’re going in to the hospital,” Billie said.

Patty had veins so hard to find that sometimes scans were needed to find them. “I didn’t see a vein. I didn’t feel a vein,” Billie said. “But I just dropped an IV. And it went in.”

At this point Patty was in ventricular fibrillation; her heart was just quivering. By medical standards, Patty was dead. Billie applied the paddles, delivered the shock. “We have to shock her again,” Billie told the student next to her.

The next shock brought Patty back to a normal heart rhythm, but she didn’t wake up and she wasn’t breathing on her own. Patty was transported to Bismarck, where she was put into therapeutic hypothermia, “like a corpse,” for 24 hours.

Billie worked hard against projecting all her fears; “Dear God,” she prayed, “I hope she wakes up.”

During the gradual rewarming period, the family left briefly. They hadn’t been gone 20 minutes when the intensivist called and said, “She’s alive.”

Billie says that although her sister still has no memory of those few days, Patty is now perfect.

“It is amazing what you can do when you put your mind to it,” Billie said. “It was an incredible time of faith formation for me. “It’s about letting God guide you where your life is supposed to be.”

Afterward, he said, “Billie, you were a machine.”

How many celestial nudges had been part of this night? Why did her brother-in-law call her at her dad’s. Why had she felt that deep inner sense that something wasn’t right. Why couldn’t she be talked out of taking Patty to the hospital.

Patty had been adamant. They were going in to check things out.

At the hospital, Patty had her vitals checked. Billie had asked for oxygen for her. Standing behind Patty, Billie looked back over her shoulder. By the moment she turned back, Patty had gone into full cardiac arrest.

The nurse in Billie went into action, calling for help, for an oxygen bag. Pointing to the nurse nearby, she told her, “you breathe for her, hooked up the bag, called for a hard board, zipped open Patty’s shirt and started chest compressions.

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“It is amazing what you can do when you put your mind to it,” Billie said. “It was an incredible time of faith formation for me.

“You’re able to care for patients of all different backgrounds and in all stages of life,” she said. “Nurses enjoy that patient contact.”

Critical thinking skills are vital for a good nurse, she said, to be able to assess patient needs and make correct judgments. Nurses also need to know when to step back, when they’ve done all they can. Then, she said, “we’re going to have to let God handle it.”

Eventually, Mary would like to end up in the ER (“as a nurse, not a patient,” she quipped). She could imagine going on to get her master’s degree and perhaps even teaching to. “That’s the great thing about nursing,” Mary said. “There are so many options.”

Billie, left, with her sister, Patty Mertens, on Billie’s wedding day.

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Billie Madler
Chair, Online and Distance Nursing Education

Christiaan Barnard (1922-2001)
South African surgeon who performed the world’s first successful human-to-human heart transplant in 1967.

Dr. Billie Madler
Chair, Online and Distance Nursing Education
The average age of a nurse today is around 47. Fifty-five percent are age 50 or older. One million nurses will hit retirement age in the next 10 to 15 years. These retiring nurses will be leaving an already-short nursing workforce just as their fellow aging Boomers will needing more health care.

The U.S. shortage of nurses is expected to grow past a quarter-million by 2025. This shortfall is twice as large as any shortage experienced in the U.S. since the 1960s. Furthermore, in 2010, the Institute of Medicine released a report that called for increasing the number of baccalaureate-prepared nurses to 80 percent and doubling the population of nurses with doctoral degrees.

The demand and rigor of health careers is only increasing, said Dr. Glenda Remts, chair of the Nursing Division at the University of Mary. So when Catholic Health Initiatives (CHI) announced a gift of $10 million to the University of Mary for nursing scholarships, the reaction from the university’s Nursing Division was ecstatic: “We were thrilled,” Remts said.

The demand for highly qualified nurses continues to grow. “As a recent study from Georgetown University demonstrates, the market for healthcare workers is expected to grow at twice the rate of the U.S. economy by 2020,” Roller said. “The CHI Scholarship Program positions the University of Mary to meet this need while fulfilling our mission of providing a serious and affordable education.”

This gift offers the university a tremendous tool in its mission to attract and educate top-tier nursing students by offering generous scholarships for student nurses and other healthcare science students. Through these generous incentives, students can earn awards ranging from $3,000 up to a tuition-free senior year. Three new scholarship options will be available to students to meet the demand, as their fellow aging Boomers will needing more health care.

• The CHI Nursing Scholarship: Nursing students with a start date of fall 2015 or later can receive up to $3,000 of additional scholarships their senior year.

• The CHI Commitment Scholarship: Current and transfer nursing students who complete the nursing program in spring 2018 can receive up to $3,000 of additional scholarships their senior year.

• The CHI Future Healthcare Leaders Scholarship: All North Dakota high school graduates majoring in eligible health sciences, business and behavioral sciences programs can receive up to $1,500 of stackable scholarship aid per term. That’s up to $12,000 of savings that can be combined with other scholarships.

To qualify, students need to be enrolled at the University of Mary, complete courses on the Bismarck campus, and intend to seek employment with a CHI Health organization. To apply, visit umary.edu/chi-scholarships.

Additionally, the University of Mary and Catholic Health Initiatives announced an endowment of $10 million to establish a new Division of Bioethics.

“As a nurse educator, I am honored to be able to facilitate such professional growth and feel privileged to be a part of each student’s ultimate goal — to be the best nurse they can be.”

— Molly Nolan

Monsignor James P. Shea, University of Mary President, believes the scholarships are a “game-changer” for North Dakota and the region. “This is an incredible opportunity,” Shea said. “It turns college dreams into reality, expands the pool of well-trained healthcare professionals and raises the standard of living for North Dakotans and residents of the upper Midwest region alike.”

Dr. Jodi Roller, Dean of the School of Health Sciences and Professor of Physical Therapy, said the CHI Scholarship Program is a timely one as the need for healthcare workers continues to grow.

“Today’s nurse must have a perfect blend of compassion, critical thinking, and the ability to be technologically savvy.”

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The University of Mary, in partnership with the National Catholic Bioethics Center (NCBC) in Philadelphia, is developing a new degree, Master of Science in Bioethics, which grapples with contemporary issues surrounding medical technology and techniques in the setting of Catholic social teaching.

This makes Mary one of just a few Catholic universities in the nation to offer a master’s of science program in bioethics and the first in North Dakota. “It is exciting that the University of Mary is expanding its identity to include bioethics,” said Dr. Karen Rohr, associate professor and new director of Bioethics and Faculty Formation at the university.

Medical and legal professionals today face many difficult ethical situations, such as human embryonic stem cell research, cloning and euthanasia — profound issues of life and death and the human person.

“We are at a critical time in our culture,” said University of Mary President Monsignor James Shea. “We need systematic formation of health care professionals who are able to supply the Catholic moral tradition to challenging contemporary issues.”

The program, Shea said, will work toward establishing a culture of life that respects and safeguards human dignity.

A degree in bioethics can benefit professionals and specialists in areas such as churches, healthcare facilities, ethics committees, biomedical and biological research facilities, universities, government, and more.

For more information, visit www.umary.edu/bioethics.
The lives of doctors who work in obstetrics and gynecology aren’t measured by the tick-tock of traditional office hours — babies are born on their own timetable.

Between them, Drs. Bob and Jan Bury have delivered more than 10,000 babies.

But, Jan says, even after delivering thousands of babies, each new delivery is as rewarding, as joyful, as the first one.

It’s one reason she loves to go to work each day — the chance to do work that she passionately loves is a blessing, she said.

Bob, a South Dakota-raised farm boy, and Jan, a Bismarck Catholic Schools girl, have 10 children in their family and are approaching that number of grandchildren as well.

“Jan is different,” Bob said. Most people in practice as long as she has been are drifting toward taking more time off, he said.

“They don’t give the absolute personal care that she gives.”

After attending South Dakota State University to earn his veterinary degree, Bob practiced in Fargo for a year and then joined the faculty at SDSU. From there he went to Baylor University in Houston to attend medical school and complete his residency.

Bob moved to Bismarck in 1979 and the couple has lived here ever since, except for the years that he and Jan lived in Kansas City while she finished her medical training.

Even then, so far away from Bismarck, they supported the University of Mary, he said, without even knowing for sure if they would return to Bismarck.

It was a Mid Dakota surgeon, Steve Hamar, who called Bob relentlessly to come back to Bismarck. He was needed here, Steve said.

Steve succeeded, even if he may have picked the wrong persuasive approach.

As they talked on the phone one February day, Bob asked Steve what he was doing. He was shoveling his car out to get to work, he said.

“Steve, Bob said, “I’m mowing my lawn.”

Nevertheless, coming to Bismarck was a perfect fit, Bob said. The lack of OB/GYN practitioners meant that Bob was able to create a practice that used all his skills. The practice at Mid Dakota Clinic is now called the Center for Women.

The University of Mary is a cornerstone of Bismarck, Bob said. When recruiting medical staff, Bob always points to the campus on the hill as an incentive to come here.

Bob said he appreciates the energy with which the school has pursued its programs, the doctorates it is adding, and its proactive vision for the future.

Jan gives credit to the Benedictine-guided nursing education she received at the University of Mary for her approach to her patients.

At St. Alexius (now CHI St. Alexius Health) she started out as a candy-stripper, became a nurse’s aide at 16, and went on to become a student nurse at Mary, and eventually on to medical school.

The Catholic, Benedictine, Christian base of the university is something she especially appreciates, she said.

“It’s really vital to this community to have the university to keep us moving forward,” Jan said. “It readsies young people. That’s the future of any community, to have them stay or to have them come back.”

Jan was a member of the planning committees for the university’s strategic plan, Vision 2030, in which establishing a medical school was discussed.

Medical schools are scarce in this region of the country, she said, “and Bismarck is the hub.”

With North Dakota’s phenomenal growth in the past few years, births are up 30 to 50 percent, Jan said.

Somebody will have to deliver all those babies.

For herself and for Bob, she said, OB/GYN “feels right.

Nothing else that either of us could do could be one-tenth as satisfying.

“If you have that calling and that passion,” she said, you think each day, “I get to go to work today and do what I love.”

Jan doesn’t complain if a baby comes in the middle of the night because she takes her role beyond the delivery room.

“That’s the nurse in me,” she said. “I think that nursing education gave me a better compassion for people.”

The compassion encompasses the sorrowful, the hard times that can come with birth, as well.

When a baby is stillborn, or dies, or has severe health problems, Jan doesn’t put on a hard protective shell. In those profound moments, Jan is sitting at the patient’s bedside.

“To cry with that person, to just hold their hand, being there in their sadness, just sharing your presence, those are such meaningful moments.

“Somebody has to do those things,” she said.
Tony Hollar became interested in physical therapy as early as the eighth grade, when he job-shadowed a physical therapist. “This is fun,” he thought then – to be able to know people, to interact with them, exercise with them, improve their quality of life.

Today, in his physical therapy practice, Tony, a native of Beach, N.D., believes that one of the best enablers of success is to surround oneself with smart people. In this case, those people also happen to be fellow University of Mary alumni. Of Tony’s team of therapists at Advanced Physical Therapy in Bismarck, Beach and Steele, all but one is a University of Mary graduate. Tony gives credit to that team as a huge part of making his practice thrive, along with his partner, Marcus Hieb.

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The Benedictine values of the university infuse their work with the compassion with which they deal with patients, he said.

Tony works with people with a variety of conditions, from arthritis to chronic pain to injuries and more, and the most important to do he offers people is strengthening exercise, he said.

“The body is a puzzle,” Tony said. Even patients who come in with the same symptoms are unique individuals. “We treat each person differently,” he said.

The goal of the therapists in his group is to get people to a point where they can self-manage and then give them the tools to maintain their health, he said.

In a culture where many people no longer do the hard physical work common to earlier eras, and where lifestyles are more sedentary, anything that promotes mobility is important, he said.

A culture in which many people once had no place for people with the same symptoms are unique individuals. “We treat each person differently,” he said.

The body is pretty good at healing itself,” Tony said. “There’s a saying in the profession,” he said, “motion is lotion.”

Tony Hollar received his bachelor’s degree in biology in 1999, and his Master’s in Physical Therapy in 2001, both from the University of Mary. Tony and his wife, Kristi, have two children, Ava and Pierce.

Jill Jensen Kandel graduated from the University of Mary in 1977 with an RN/BS. After graduation, she married and moved with her husband, who was from the Netherlands, to Zambia, Africa, where he taught agricultural practices. The couple has four children.


Signed copies of So Many Africas are available directly from Jill, with free shipping at www.jillkandel.com.

Books can also be purchased from Autumn House Press (www.autumnhouse.org) or at Amazon.

“writing is an act of faith”

Jill Kandel’s book, So Many Africas: Six Years in a Zambian Village, has received critical praise and the 2014 Autumn House Press Nonfiction Award for its compelling story of a young wife and mother’s experiences as she adapts to the very different world of Africa from her girlhood on the prairies of North Dakota.

Her memoir, spare and immediate, takes the reader to the sandy, hot countryside and villages of Zambia, where Kandel is immersed in a world far different from the rich soil and the cold winters of North Dakota.

Q. How did your years in Zambia change you?
   “Living in Zambia gave me a larger perspective on life. It made me stronger. In many ways, Zambia was my coming-of-age. It made me who I am today.”

Q. How do you feel now that your book is written?
   “I worked on this book for 14 years. Winning the Autumn House Prize and having it published is still kind of a wonder to me. When you start writing, you hope and you dream. You put in the work. But you don’t know where it will go. Writing is an act of faith.”

Q. Has writing about your experiences changed how you feel about that part of your life?
   “Writing about Zambia changed everything. Words have always been an important part of my life and I was living in a village where the act of talking was a daily struggle. When you lose the ability to speak - to really communicate - there is a sense of loss and isolation. And something odd happens: when you stop talking, you stop hearing yourself. Y ou forget who you are.

When we moved back to America, I needed to find the words in order to understand the years. When I started writing about Africa, what I was doing was putting words into a time that was basically a big silence in my life. I was allowing myself to say what I hadn’t said. I needed to articulate both the grief and the glory. I needed to take away the silence.

Q. Anything else you’d like to share?
   “The publishing process has been remarkable. It’s like getting a new job without a job description. There is a lot more to learn than I realized. I suppose, what has surprised me the most is the doors writing has opened. Three years ago, I was asked to teach journal writing to female inmates at a local county jail. I was very hesitant, but eventually started. I’ve been to jail over a hundred times now. Many of the women have lost their voices and have stuffed their own stories. I tell the women a little about my life, and it gives them courage to begin to tell their own stories. The difficult things I lived through and wrote about have been redeemed in ways I never expected.”
The University of Mary Alumni Association is an integral part of the university community. The Alumni Committee promotes the interest and welfare of the alumni association, fosters the growth of the University and establishes mutually beneficial relations among the university, students, faculty, parents, friends and its alumni. Current alumni committee members include:

RYAN BARTH, ’94, Bismarck, manager, Bill Barth Ford-Maza-Kia.
NICOLETTE BORLAUG, ’09, Bismarck, marketing coordinator, Lewis & Clark Fort Mandan Foundation.
DUBI CUMMINGS, ’06, ’07, ’08, Williston, public relations and marketing manager, Mercy Medical Center, Williston.
DALE DINGMANN, ’01, ’03, West Fargo, IT operations manager, Border States Electric.
WHITNEY FAUL, ’08, Mandan, instrumental teacher, Mandan Middle School.
RICHARD GEARY II, ’02, ’05, Bismarck, sales representative, Lilly USA, LLC.
MOLL Y HERRINGTON, ’04, Bismarck, government relations specialist, KadarMas Lee & Jackson (President).
DANIEL KEITH, Bismarck, ’05, orthodontist, Feil Orthodontics (Vice President).
KARL LEMBKE, ’94, Bismarck, development officer, State Historical Society of North Dakota Foundation.
MATT POWER, ’06, ’09, Bismarck, sales professional, BSN Sports.
SARAH POWER, ’04, Bismarck, medical dosimetrist, Bismarck Cancer Center (Secretary).
JANA RAKOWSKI, ’94, ’10, Bismarck, family nurse practitioner, Sanford Health Center.
ARIK SPENCER, ’05, Bismarck, executive vice president, North Dakota Motor Carriers Association.
LEE WEISBECK, ’05, Bismarck, market president, Starion Financial Mandan location.

1980s

SHELDON WELTZ, ’81, received the 2013 North Dakota Choral Director of the Year award at the American Choral Director’s Association Conference. Sheldon is the Choral and Instrumental Music Director at Park River Area High School in Park River, ND.

BONNIE (MILLER) BENSON, ’88, moved to Brentwood, CA and is working part time as an elementary school counselor at Key Elementary. Bonnie earned her Master of Arts in School Counseling in 1999 from Boise State University, and has worked as a counselor for the past 15 years. She is married to Mark Mason and has one daughter and two stepchildren.

LEMA (LAPONTE) LEADER CHARGE, ’84, received a 25 year coaching award from the South Dakota High School Coaches Association May 31, 2014. She spent 21 years coaching at Todd County School District. Lema was part of teams that captured district and regional championships in volleyball, including the 1993 State “A” Volleyball Championship. She also won seven Lakota Nation Championship titles in girls sports. Leader Charge was the Native American Representative with the South Dakota Volleyball Coaches Association and the State Volleyball Advisory Board.

JAMES MAIR, ’88, Director of the Kansas City Kansas C.C. Blue Devils Jazz Orchestra, was invited in 2014 to perform two concerts at the 30th Annual Havana Orchestra, was invited in 2014 to perform two concerts at the 30th Annual Havana Jazz Festival in Cuba. James was the 2015 Faculty of the Year award recipient at Kansas City Kansas Community College, and the 2014 Rouche Family Foundation League for Innovation award recipient.

1990s

DANIELLE (GALT) MCBEAN, ’92, completed her Doctor of Nursing Practice degree with specialty in Anesthesiology from Barry University in Miami, Florida in July 2014. Danielle currently works as a full-time staff Certified Registered Nurse Anesthetist at Memorial Regional Hospital in Hollywood, Florida. In addition, she is a part-time faculty member for Barry University’s Master of Science in Anesthesiology program.

MARIA OSWALD, ’99, is now working as the Clinical Director of the CVICU (cardiovascular intensive care unit) and PCCU (progressive cardiovascular care unit) at a Level I Trauma hospital – John C. Lincoln, North Mountain, in Phoenix, AZ. John C. Lincoln, North Mountain is one of five acute care hospitals within the Scottsdale Lincoln Healthcare Network.

2000s

JASON DUPPONG, ’02, has accepted a position as Human Resource Manager with CompNet in Meridian, ID.

MERRETTA (KAHL) ANDERSON, ’03, is employed by the Dupree Public School, Dupree SD, as an Athletic Director and High School Science Instructor.

ERIN HILL-OBAN, ’04, was elected to serve a four-year term in the North Dakota State Senate on November 4, 2014, representing the people of District 35 in the heart of Bismarck, ND.

LEE WEISBECK, ’05, has been promoted to Mandan market president at Starion Financial. Lee began his career with Starion in 2007 as a business banking officer. He was promoted to assistant vice president of business banking in 2009 and vice president of business banking in 2011. Lee has served on the North Dakota Bankers Association (NDBA) Agriculture Committee as vice chairperson and chairperson.

2010s

ALLISON (HAYNES) STREETER, ’10, to Steven Streeter on September 13, 2013.

LACEY (JACOBS) OLEHEISER, ’11, to Casey Oleheiser on June 1, 2013.

SMALL BLESSINGS

MERRETTA (KAHL) ANDERSON, ’03, & Chance Anderson, a boy, Augustus Melvin, born November 6, 2014.

You are welcome to send photos to include with your news, such as baby pictures, wedding pictures, or professional photos. Photos sent electronically should be print quality. Sorry, we can’t return photos sent by mail.

KEEP IN TOUCH! HERE’S HOW.

Submit your information electronically at: www.umary.edu/forms/alumni/ or by mail to:
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7500 University Drive
Bismarck, ND 58504
alumni@umary.edu

Alumni News & Notes
MORAN SAGHIV HAS A FOOT IN TWO different cultures

Moran Saghiv, 39, Israeli-born, came to the U.S. with his family at age 2, living in Chicago and Madison, Wis., while his father went to school. After seven years in the U.S., Moran’s family moved back to Israel.

While at school, Moran was an athlete, playing tennis at the national and international level. At age 18, he joined the Israeli Army, since three years of military service is mandatory for men, and two years for women.

Officers serve an additional year and members, like Moran, of elite units similar to Navy SEALs or Army Rangers, serve five years; officers, six.

“I can’t offer too many details about my military service,” he said, but he can say he was released into civilian life as a major, automatically enrolled in active duty reserves.

Skills required of elite units include weapons training and specialized skills – sniper training, mining, explosives, SWAT team tactics, hostage training, parachuting, diving, and hand-to-hand combat.

The Israeli martial art called krav maga was developed in the 1970s out of those elite units to deal with situations in which you cannot use a weapon, Moran said.

Two basic things make a good soldier – you always produce a positive outcome and you never lose control, he said.

Working in groups in the military teaches some important lessons, Moran said.

It’s not having ‘the best of the best’ people that matters most – it’s having a group with compatible skills, a group that can work together, which may include a leader, a secondary leader, a quiet leader, a joker, a sniper.

“When you are sending people to God-knows-where, you have to get along, because it can be for years and in the worst conditions,” he said.

At the University of Mary, Moran is determined to bring his cutting-edge specialty of clinical exercise physiology to benefit the school, he said.

Moran’s PhD is in clinical exercise physiology with extensive experience in research, and is the author of 34 published articles.

Moran chose the University of Mary because he felt a good connection with the program.

“I saw a challenge here,” he said, in being able to offer a clinical exercise component to the university’s human performance program.

Human performance, Moran said, is directed primarily at sports, athletes and exercises. The clinical component adds population studies of both those who are healthy and those with renal, cardiac and other conditions.

Adding a clinical component, he said, gives students more options, another range of positions and possibilities working in hospitals and rehabilitation centers.
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