

# Dakotafire



*Plus:*  
WILLOW LAKE  
REDEFINES  
ITSELF  
AFTER FIRE  
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SPARKING RURAL REVIVAL  
ONE STORY AT A TIME.  
NOVEMBER/DECEMBER 2014

Medical practitioners  
describe changes  
you'll see soon Page 5

# TOMORROW'S HEALTH CARE



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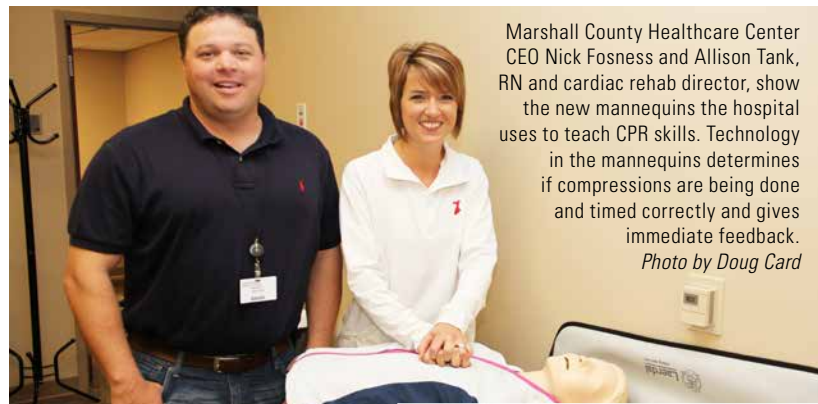
Dakotafire is sparking a revival in rural communities of the Dakotas and beyond by encouraging conversations that help rural residents rethink what's happening and what's possible.

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Marshall County Healthcare Center CEO Nick Fosness and Allison Tank, RN and cardiac rehab director, show the new mannequins the hospital uses to teach CPR skills. Technology in the mannequins determines if compressions are being done and timed correctly and gives immediate feedback.  
*Photo by Doug Card*



**NEXT ISSUE:** Mindset



The January/ February issue will feature ideas from our Prairie Idea Exchange project! Read more about what we're up to and join the conversation at [www.pie4.us](http://www.pie4.us).



Architect Tom Hurlbert

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**ON THE COVER**

The work of Mayor Melissa Mebius, Fire Chief Jim Vavra and the staff at Avera Weskota Memorial hospital was made easier when employees at the eHub at Avera McKennan Hospital, Sioux Falls (S.D.) activated the system, calling in extra staff in preparation to care for injured patients during a June tornado in Wessington Springs.

Blake Willman is thankful for the care he received after he was injured in 2011. The care was enhanced by eCare Services, shown on the monitor on the wall of Avera Weskota's emergency room. Willman is pictured with Dr. Tom Dean and nurse Christina Christiansen.

*Photo by Wendy Royston / Illustrations above by Jamie Horter*



# Returning to a pain-free life.

## Sanford Aberdeen's orthopedic surgeons provide personalized care close to home.

The pain that shot from Mary Collins' knee told her that something wasn't quite right. Standing for long periods of time or walking long distances was tough for the 51-year-old Aberdeen resident.

"My lifestyle was severely affected," Mary recalls. "And it wasn't just my life, but also my husband's. Vacations we took, or even just an evening walk was tough. I couldn't keep up with him because of the pain."

Approximately two years ago, Mary sought help for her knee. However, she wasn't happy with the services provided and didn't feel the physician was listening to her needs.

Soon after, she began working at Sanford Aberdeen Medical Center as a kitchen supervisor, where she was on her feet all day long.

"I would go home at night after work and not be able to do anything but sit," Mary says. "So I knew something needed to

be done, but I wasn't sure since I felt my doctor wasn't providing the care I needed."

Then she heard about Daniel Lister, MD, board-certified orthopedic surgeon, joining Sanford Aberdeen and was eager to make an appointment. And that was Mary's first step toward regaining her life before being plagued with knee pain.

"After my very first appointment with Dr. Lister, I knew I was in the right place," Mary says. "He really listened to me, and what my concerns were. I could tell he was committed to helping me find relief for my knee pain."

After an initial scope of Mary's knee, Dr. Lister explained that the reason for her knee pain was quite obvious. The cartilage in her knee was gone, so the bones in her knee were rubbing directly against each other.

Knee replacement was her best option, and last July, Dr. Lister performed the surgery. Mary spent approximately three weeks at home recovering, then

transitioned to working part-time, and now has returned to full-time work.

Physical therapy was also part of her recovery process, which she also received at Sanford Aberdeen, providing Mary with a strong continuity of care from the beginning to the end.

"I've completed my outpatient physical therapy program and now perform exercises at home," she says. "While I am still recovering, I am so pleased with the results. My husband even noticed that I'm able to keep up better than before, and I'm not even fully recovered yet."

Mary is grateful for the expertise and compassion provided by Dr. Lister and rest of the team at Sanford Aberdeen for helping her regain her life.

"Dr. Lister was so personable," she says. "I would recommend him to anybody dealing with joint pain, as he will do his absolute best to help provide relief."

Call (605) 725-1700 to schedule an appointment or for more information.



Sanford Aberdeen offers orthopedic and sports medicine care for a variety of services including:

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- Carpal tunnel and hand surgery

To provide the full spectrum of care for our patients, we also provide physical and occupational therapy services in the same location.

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**Dakotafire magazine is starting conversations that help rural Dakota residents rethink what's happening and what's possible.**

We bring together community journalists to do reporting that looks at how news fits into larger systems and highlights solutions that address the bigger picture. Those stories get people talking about how we can make our communities better.

And we visit communities to encourage conversations, asking, what kind of future for rural places can we imagine together?

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# Healthy attitudes



by HEIDI MARTTILA-LOSURE

Editor Heidi Marttila-Losure can be reached at [heidi@dakotafire.net](mailto:heidi@dakotafire.net).

THANK YOU  
TO OUR NEW  
**FIRED UP!**  
MEMBERS!

Mari Biehl  
Paul Symens  
Megan Fuller  
Gary Peterson  
Lois Aroian

We rural folks sometimes get a bit of an inferiority complex: We assume that things from the city are somehow better.

OK, and sometimes they are. In terms of health care, some city hospitals are justifiably famous for the care they provide.

But, as the story that starts on page 5 shows, rural health care providers are increasingly able to bring big-city expertise into small towns through technology—in effect putting rural places on close-to-equal footing with some of those famous places, and keeping shorter wait times and more personalized service to boot.

There are also areas where rural places hold a clear advantage. As we take steps to make ourselves more like cities in some ways, it's important to recognize the inherent strengths of our rural places so we don't accidentally lose them in pursuit of something that seems as if it might be better.

We have, for example, childhoods that many city people would envy—if they knew such a thing still existed.

Here's how a July 10 *New York Times* column by Timothy Egan begins:

*In the tardy twilight of a Puget Sound evening, we caught a glimpse of a boy, maybe 6 or 7, playing in mud exposed by low tide. Ankle-deep in vibrant muck, he called out a discovery to his father.*

*"I found a bunch of baby crabs," he said. "A jillion of them." From there, he slipped into the woods, chasing some other curiosity of the natural world. A butterfly, I think. He disappeared for some time, without a word of concern from his parents.*

*"You don't see much of that anymore," a friend said.*

*Somehow, we've arrived at a moment when a kid playing by himself, Internet-free and helicopter-parentless, is a surprising thing. Huck Finn may be deep in the American DNA, but he's disappeared from the summer landscape, replaced by the boy in the bubble. No dirt, no unplanned moments, and no time for discovery.*

Other articles have lamented the loss of children's

Continued on page 4

Dakotafire coverage area and points of interest from this issue.





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*Continued from page 3*

freedom—children who, in previous generations, could have gone up to a mile by themselves are no longer trusted out of their parents' eyesight.

I contrast this with the experiences of my 6-year-old son, who a few days ago spent hours making a leaf pile large enough to jump in with nary a glance from me. I try to send him and my 8-year-old daughter outside most days after they get home from school, and I feel no need to go out and supervise them. They get tired; they get dirty. They have to deal with problems like grasshoppers or wind or not being able to reach to pick an apple from our tree.

They also get healthier from the experience, various studies show. Getting dirty builds up children's immune systems; having the freedom to solve their own problems enhances creativity.

Could this kind of childhood exist in the city?

Well, it's much more difficult. Children are not allowed to "loiter" as they did in previous generations. Getting to nature—and a place where it's acceptable to get dirty—is a lot harder. And there's little chance that children would be sent out alone for any length of time. It's not acceptable in our society, where parents have even been prosecuted for leaving their children in the park by themselves.

I don't worry about my children on the farm because they know where they can roam and where they're not allowed, and we rarely get anyone in the yard who wouldn't know to watch for children playing.

Our stories about Langford two issues ago and Willow Lake this issue suggest many parents in those communities are comfortable with their children having the freedom to explore the town, in part because all of the parents (and grandparents, and neighbors) help to keep an eye on the children. The strength of the communities' ties to one another leads to a tangible benefit for the health of their children.

The strength of rural communities shows up in myriad other ways throughout the rest of life—the people who lined up along the road in Faulkton when their beloved coach was heading out for cancer treatments, or the fundraisers that happen in Langford for alumni of the community—even if that person has moved away for years, or the record-breaking amount of fundraising that Britton does nearly every year for Relay for Life.

Maybe supportive communities don't by themselves lead to better health outcomes, but I'd guess they provide a little more motivation to get to them.

As we reflect on all the ways that rural health care is changing, it's also nice to realize that some things don't have to change. In fact, in some ways, the city folk may well want to be a little more like us. \*

**CORRECTION:** A graph in the Sept/Oct issue was missing the label "in thousands."

		\$9,185,270
CA (1):		
SD (44):	\$203,354	Amount of federal funding received, in thousands (state rank in parentheses)
ND (47):	\$161,484	
VT (51):	\$102,785	

# ways rural health care is changing

by WENDY ROYSTON  
*additional reporting by*  
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 JOURNAL; KEN SCHMIERER;  
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 GACKLE and HEIDI  
 MARTTILA-LOSURE

Say “country doctor” and you might think of a genial, gray-haired man who makes house calls with his black bag. Today, rural medicine is vastly different from that image—and as we look into the future, it’s going to change even more. Most of these changes have the potential to improve health outcomes, but as with all changes, acting mindfully will help us ensure we don’t lose something of value in the process. **Here are seven ways that health care is going to be different in the years to come—starting now.**

**1** As baby boomers age, the need for health care will increase.

One of the biggest trends in rural health care cuts two ways: More people will soon require increased care, but fewer professionals will be available to provide it.

“South Dakota communities are aging,” said Dave Rogers, CEO of Sanford Webster (S.D.) Medical Center. “There is going to be a continued demand for senior services, home health, senior living, assisted living, or nursing homes.”

The youngest of the “baby boomers”—the large number of people born in the post-World War II war era, between 1946 and 1964—is turning 50 this year. As they get older, the age of the United States overall will skew older: “By 2030, more than 20 percent of U.S. residents are projected to be age 65 or older, compared with 13 percent in 2010 (before any of the baby boomers turned 65) and 9.8 percent in 1970,” according to a June story in *U.S. News & World Report*.

Older people require more health care in general; aging baby boomers will require more care than current

*Continued on page 6*



Dave Rogers, CEO of Sanford Webster Medical Center, sees many changes ahead for rural health care. *Photo by Kelli Nimmer/Kelbel Designs*

*Continued from page 5*

seniors do just because there are more of them. But baby boomers are also anticipated to demand more amenities, more entertainment and more privacy than their parents, according to Tony Hanson, administrator/CEO of Avera Clinic of Ellendale (N.D.).

"Baby boomers (are) now reaching the age that they need another level of independence," said

Nick Fosness, administrator of Marshall County Healthcare Center in Britton, S.D. "We're looking at other services such as independent living and home-care/senior care needed in our area. The question is: How are we equipped as a small town to have services to offer right here? We've just finished up some strategic planning for the next 10 years, and we're trying to identify who we're going to be and what services we will be providing 10 years from now."

## 2 Finding health care providers is hard, and will only get harder.

The same demographics that are increasing the need for health care are also decreasing the number of health care providers, as some of the baby boomers who may soon require more health care were in professions where they were providing it.

"Because of the demographic shift, we're seeing a lot for people retire who are caregivers, and I think it's going to be harder and harder to fill health care jobs," said Todd Forkel, administrator of Avera St. Luke's Hospital in Aberdeen (S.D.).

Serving the needs of the aging baby boom generation with the smaller generations that followed will present challenges nationwide, but the need will be particularly acute in many rural areas, where the population already skews older than the national average.

As with a lot of rural businesses, Dave Rogers said, the demand for the service is there, but the people to provide the service are not.

Already now, nursing homes in many rural areas are using expensive contracting services to fill gaps in their workforce. In Day County, S.D., workers from Illinois come to the Webster area to work in nursing homes for a few weeks at a time, Rogers said.

Needs range from certified nurse's aides, which require no experience, to nurses, doctors and specialists.

"We need to have a push to get people excited about being in these health care jobs, from top to bottom," Forkel said.

# Dakotafire Café



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Wessington Springs, S.D.**



### 3 Health care will be forced to become more efficient.

A year ago, Congress cut Medicaid and Medicare reimbursements by 2 percent. Looking ahead, health care officials anticipate increased pressure to provide quality care at a lower cost.

"Two major factors are driving that—more and more baby boomers are retiring, so the pressures on the Medicare system are causing this, and then health care grew to become unaffordable," Todd Forkel said. "I think we, as an industry, need to figure out how we can get high-quality health care to be affordable. ... There's going to be much greater pressure around reimbursement. Whether you're a critical access hospital or a (larger) hospital like Aberdeen is, health care is not affordable throughout the country, so we need to figure out how to deliver a higher quality of care for a lesser price."

Dan Ellis, CEO of Coteau des Prairies Hospital in Sisseton, S.D., added that the amount that hospitals receive in reimbursement will be directly affected by the quality of care given to patients.

"The Affordable Care Act is dictating that—to receive the best reimbursement rates—you do need to comply with their standards with regard to getting paid for performance, and the prime insurance plans are moving that direction as well," Ellis said. "Both rural and metropolitan area providers will have to become more compliant with what's in the Affordable Care Act, as far as getting paid for performance, providing more quality care

in terms of complying with certain quality standards in order to receive certain levels of reimbursement—from not just the government, but from private insurance plans as well."

And, as Congress considers removing the 1 percent margin it has paid to smaller, rural hospitals on top of expense reimbursement, some administrators are concerned.

"If they take away that 1 percent from us, then we will have a really hard time making ends meet," said Gaea Blue, administrator of Avera Wesskota Memorial Hospital in Wessington Springs, S.D.

Dave Rogers pointed out the challenge this presents to rural communities.

"When critical access hospitals were set up (in the 1990s), a lot of hospitals were going to close," Rogers said.

Some rural residents would have had to drive 50 miles or more for basic health care. The critical access hospital designation provided extra funding to help those hospitals stay open.

As leaders on the federal level look for efficiencies in the health care system, they may no longer find those hospitals as "critical", Rogers said, even though the distances to other providers have not changed.

"In the 1990s, (they said,) 'We need you,'" Rogers said. "Now the community needs us, the state needs us ... but at the national level there's a disconnect in enabling critical access."



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## 4 Technology will dramatically change how we receive health care.

Health care administrators in the Dakotas interviewed for this story were united in one theme: In a hundred ways, both big and small, technology is the change that is having the biggest impact on rural health care.

### Electronic records

The move to electronic records, encouraged by the American Recovery and Reinvestment Act of 2009, made perhaps the biggest splash so far.

"The biggest change that I've seen over the last 20 years in rural health



Luann Streff has seen technology improve how the Sanford Clark Medical Clinic serves patients. Photo by Bill Krikac

care is the automation of the records," said Luann Streff, physician's assistant at Sanford Clark (S.D.) Medical Clinic. "There are pluses and minuses having everything computerized, but it definitely has brought about a better sharing of the records."

"If you don't go to electronic records, you will become obsolete," Todd Forkel agreed.

There is room for improvement. Some better compatibility between different systems and more user-friendly devices are needed, according to surveys of physicians, and many health

care providers are not using electronic records at the level that the federal government would like (few health care providers have reached the second stage of the "meaningful use" standards included in the legislation). But those electronic records set the stage for many other technological health innovations—some of them already happening.

### Bringing specialists to rural

Tony Hanson said a "virtual revolution in health care delivery" is underway, and rural care is positioned to get better as technology "eliminates distance."

In Marshall County, for example, technology has given health care providers the ability to provide digital mammography and CT scans, according to Nick Fosness.

"We're now able to do things like colonoscopies so patients don't need to travel," he said. "And sleep studies is now a service we're doing here. Someone can come in at 7 p.m., spend the night, and be out of here by 6 a.m. and back to the office with the information monitored and read in Minnesota. That's technology at work."

Streff said new technology has sped up the abilities of providers to diagnose and treat a patient's condition.

"(Digital radiography) allows us to read images in real time," she said. "We then can interact immediately and directly with the patient."

Fosness said providing services "at home" is a huge asset to communities



The cardiac room at Marshall County Healthcare Center is connected by audio and video to Avera in Sioux Falls, with doctors and nurses available there 24/7. Pictured here are CEO Nick Fosness with RN Denise Huckell. Photo by Doug Card

like Britton, which is 60 miles from the closest community—Aberdeen—with a larger hospital.

"We're having more conversations about what else we can do in a small town and assessing what works in Marshall County," Fosness said. "We want to do things that mean something and save miles for those who live here, and there are a lot of services we can do very well here."

Specialized care is increasingly available in smaller communities, according to Forkel: Ten years ago, patients would have had to drive to the Mayo Clinic in Rochester, Minn., for certain things that

now can be done in Sioux Falls or even Redfield.

Streff said her clinic is looking at new technologies that can help them provide the best possible service to local patients.

"Two areas we already are exploring are the e-visits, where one is treated and diagnosed by computer, and Skype-like visits whereby one sits in front of a computer," she said, adding that some limitations are imposed upon so-called "virtual visits," but that Sanford is using them on a limited basis already.

Lane Nelson, owner of Edgeley (N.D.) Pharm Store, said virtual visits

will be beneficial for providers.

"The phone service will take the pressure off family doctors who are spending a large portion of their time on easily treatable bugs," she said. "This will free them up to spend more of their face-to-face time on conversations around lifestyle issues."

Technology such as eEmergency can be beneficial to rural communities' efforts to recruit physicians, according to Gaea Blue.

"When the practitioner on call at night is all alone, and particularly if they're someone who is new out of residency, (there is) someone else they can get input from," she said. "Otherwise, a less-experienced practitioner is leery of coming to a smaller community, where they know they'll be all alone."

### Losing in-person conversations

Eventually, Nelson thinks "vending machine pharmacies" will make their way across the Midwest, as they already have hit other parts of the nation.

Nelson worries that vital person-to-person connections might be lost in the process.

"People demand cheap before they demand service, and to do cheap, you have to drop labor costs or consolidate them," she said. "But losing labor moves the system away from personal service. However, study after study has shown that the faith of a patient in their practitioner is directly correlated with the success of the treatment. If we get



Pharmacist Lane Nelson values the personal interactions she has with her customers. *Photo by Sarah Gackle*

to phone-call doctor visits and vending machine pharmacies, we are completely undermining the personal relationship and its success in treatment. The times when I have felt I've made a big difference, it came from conversation and relationship, not a standard Q&A and prescription."

Less-personal pharmacy structures are already in place in some areas of the Dakotas, however. Some medical professionals are pleased with the result.

"In a rural hospital, we do not have a pharmacist who is on staff all of the time," Blue said. "Our local pharmacist ... she comes out every day ... but that's

difficult to meet the regulations, because you need someone to review the prescriptions."

In instances when the local pharmacist is unavailable, Avera's ePharmacy service allows Sioux Falls pharmacists to oversee local doctors' prescribing methods from a distance through telemedicine.

"That's very valuable for us, in conjunction with our local pharmacy and our local staff," she said.

Dave Rogers thinks sparsely populated rural areas could be served in the future with mobile clinics, which may have no trained medical person on site at all: A layperson could sit the person down in the exam room and hook them up to a computer that takes blood pressure, temperature and other readings. That information would be sent to a physician at a larger regional hub, or to a specialist at a place like Mayo Clinic.

Patients would have to decide for themselves whether care provided close to home but over technology is a good trade-off for driving for an in-person visit, Rogers said.

"How (health) care will be delivered, and how we define care, is a lot different (compared) to how we defined care a decade ago," he said. "We want to keep care close to home. Each individual will have to judge whether it's something they are comfortable with."

*Continued on page 12*



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# eEmergency service provides local hospital a lifeline of its own

by WENDY ROYSTON

Small hospitals serve a vital role in the Dakotas' rural communities, but having full-time specialists available for major emergencies has been impossible until recently.

Avera's "eEmergency" system "is certainly the most useful piece of technology that we've had to work with in the last 30 years or so," said Dr. Tom Dean, who is employed by Horizon Health Care with privileges at Avera Weskota Memorial Hospital in Wessington Springs.

With the eEmergency system, subscribing rural hospitals simply push a button in the emergency room to activate the system, bringing physicians "into" the room from Avera McKennan Hospital in Sioux Falls via two-way video equipment.

"With the really urgent kinds of things, when we need to do a lot of different things at the same time, the folks in Sioux Falls can help us out with that," said Dean, who has practiced family medicine since 1978. "They do some of the record-keeping while we're involved with the patient, and then they have a doctor there who would help us to think through the problems and try to come to a conclusion about what the next step should be."

The doctors are there to advise when needed—which is not often, but when they are needed, their help can be vital. "Ninety-eight percent of the time, you don't need that, but there are occasions that you get someone who is really serious, and we do every so often, that it's very helpful to have the extra hands, but more than anything—to have the extra heads there—to help us think things through, and help us sort out what the next steps will be," Dean said.

The team in Sioux Falls can also arrange for

transportation, such as a helicopter, if that's needed.

## Local support, specialized expertise

Three years ago, one Wessington Springs family learned firsthand how valuable the service can be. On June 30, 2011, Blake Willman, then 19, was mowing the lawn at the local golf course when the tractor mower he was riding rolled on top of him, pinning him for over an hour.

"As time went on, I really thought I was going to die," Willman said.

Willman's employer, Jim Vavra, also the Wessington Springs volunteer fire chief, found him.

"We don't ever really check up on each other, but we'd made plans to go out for dinner that day, so when he got done, he was supposed to come find me," Willman said. "He couldn't find me, so he started looking for me."

Vavra promptly summoned help, and Willman was taken by ambulance to the local hospital, where the eEmergency system helped local staff work through his case.

"I thought that was really cool, connecting with people who see trauma like that every day," said Willman, now 22. "It kind of relaxed me a little more. I trust all of the doctors out in Springs, but they don't see that every day, so they wouldn't necessarily be prepared all of the time ... It was nice to know that that lifeline was there for them to rely on."

With the help of the eEmergency crew's advice and support, local doctors were able to perform

Willman's initial assessment, and doctors at Avera McKennan knew the details of the case before he ever left Wessington Springs.

"I really didn't think it was that bad ... (but) I couldn't feel my legs, because it cut off the circulation," Willman said. "I tried to sit up, but they wouldn't let me do that. When I did that, I noticed I had burns all over my body, from the gas leaking on me. That's when I knew I was in a little bit more trouble than I'd originally thought I was in. I didn't think it was that bad, really, until I heard one doctor say, 'The helicopter is on its way.' I actually asked my mom who the helicopter was for."

Willman credits the Avera Weskota medical staff with keeping him calm during his initial treatment—something he said may not have happened, had he been taken directly to the larger, regional facility.

"Just being in the hospital, where I knew everybody and they knew me, I think it just eased me and eased my parents up a bit, and I think that plays a lot in helping with the recovery, because you have all of those people pulling for you," he said.

At the Hennepin County Medical Center burn unit, Willman learned he had sustained second-degree burns over 50 percent of his body, and third-degree burns over 1 percent of his body. He was unable to walk for three days, due to nerve damage and a "locked ankle" from being pinned under the mower for so long. Although doctors in Minnesota initially said he would be hospitalized at least a month, Willman was released within a week.

"They've come a long way with burn treatment," said Willman's mother, Linda Willman, who is a certified emergency medical technician. "Basically, they fed him all of the protein he could eat. That's how you



Wessington Springs residents know how eEmergency has made a difference for their community. Pictured from left are Mayor Melissa Mebius, Fire Chief Jim Vavra, Dr. Tom Dean, Blake Willman, and nurse Christina Christiansen. Photo by Wendy Royston

heal a burn, other than debriding and ... salve.”

Once his burns healed, the fresh Wessington Springs High School graduate received physical therapy at his hometown hospital for about a month before heading off to Morningside College on a wrestling scholarship. Although Willman’s dreams of college wrestling came to an end shortly thereafter, he said he is thankful for the way things turned out.

“After the accident, I was pretty bitter that it had happened to me, but with a little bit of maturity and a little bit of help, I realized that I am a better person from it,” he said. “I just gained a better appreciation of life, I guess.”

He also gained a new appreciation for his hometown hospital and its employees.

**“I had excellent care. ... Just because we’re a small town doesn’t mean we’re any less qualified than somebody else, especially with the eEmergency that they have,”** he

**said. “They have almost as many resources as any other hospital in the state, and if they don’t (have what you need), they’d be shipping you off to where you need to be.”**

Linda Willman agreed.

“I know we’re just a small-town hospital, but I have faith in what we have here. It was just reassuring that there was that second doctor (or two) to watch,” the Wessington Springs city finance officer said. “They did call the air ambulance right away, but it takes a while to get here. ... As an EMT, I’d rather have a doctor’s opinion before I take off for a long drive. ... I think that eEmergency service is a great addition to the small-town hospitals, because of the ‘golden hour.’ When they’re waiting for the ambulance or the air ambulance to get here, that’s a chance for the doctors to get to see what’s going on and not wait for the EMTs or the flight crew to tell them what’s going on, (and) they can be ready.”

## A whirlwind trial

The community of Wessington Springs again learned the value of Avera Wesskota’s access to eEmergency services this year, when an EF-2 tornado hit the roughly 1,000-population community on June 18. Staff at the “eHub” in Sioux Falls activated the system, letting local staff know that they were prepared to help them through the disaster.

“eEmergency made calls to the nurses, the providers, and the lab to come in, and we had a tremendous response. ... Even some of our staff who live in Mitchell drove out,” said hospital administrator Gaea Blue. “Our local providers—and even some who were visiting from out of town—came in. The nurses, at the same time, were getting ready to triage patients, so they had the carts and name tags you need all ready to go.”

Hospital officials said they were thankful to not actually need the help, despite the fact that 30 homes—including nine belonging to local medical workers—were either destroyed or had to be demolished.

“We had only one patient who was admitted, and then was treated and released,” Blue said. “I live one block from the nursing home, and the tornado went between my house and the hospital. ... Had that directly hit our (adjoining) nursing home, which has a peaked roof, I’m afraid we’d have had a sad outcome.”

While minor repairs to the facility’s roof and windows were necessary, its connection to eEmergency staff was priceless, according to hospital officials.

“Even though our regular Internet and communications were down, they somehow figured out a way to link in,” Dean said. “I honestly don’t know how they did that. They were just available if we had needed it. ... It could have been a huge asset, if we would have needed to transfer anybody, or if we needed extra supplies. They just sort of stood by and said, ‘We will be here, and we’ll kind of just keep the connection open, so we know what’s going on. If needs turn up that need to be done, we’re available.’”

## 5 Most rural health care will become part of a larger network.

*Continued from page 9*

The pressure to increase efficiency along with the desire to adopt technologies that can improve health outcomes will make one more change likely: Most rural health care facilities will be part of regional networks.

"I just read an article that many critical access hospitals need to be a part of a larger system to survive, and we're finding that to be true," Gaea Blue said.

The Wessington Springs hospital became affiliated

with Avera in 2000, and Blue says that partnership has been a blessing to the community. The larger Avera network helps with staffing and management, as well as providing larger-scale technology and specialists the hospital could not independently fund.

"People are surprised what all is under one roof in one campus," Blue said, referring to the campus's nursing home, two independent living apartment complexes and clinic, as well as the facility's ability to provide services such as physical therapy and various higher-end imaging-type tests, such as CT scan,



Gaea Blue, administrator of Avera Wesskota Memorial Hospital in Wessington Springs, S.D., says people will spend less time in facilities like this one in the future. *Photo by Wendy Royston*



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Marshall County Healthcare Center in Britton is another Avera affiliate, and administrator Nick Fosness agrees that affiliation with the larger system is beneficial to his facility and his community.

“We have a very strong partnership with Avera,” he said. “That gives us access to many more resources we would not otherwise have. ... Without that partnership, it would be difficult to access the ... resources we need.”

Tony Hanson said the partnerships among health care facilities in recent years have been refreshing. He pointed out the systems at-large, such as Sanford and Avera—the area’s largest chains—are working together to improve the quality of care patients receive.

It is interesting, he said, that in Ellendale, the Avera clinic contracts with Sanford doctors for physician’s assistants.

Valerie Martin, who was the director of nursing at Ellendale’s private hospital when it closed and now is a physician’s assistant at the Avera Clinic of Ellendale, said the community was concerned when the hospital shut its doors. In retrospect, Martin said the hospital really was not full-service, and could not handle most emergencies, but was more of a psychological boost to the community.

But not all health care professionals agree that large-system takeovers are not in the best interest of patients—especially those in rural areas.

“There is a general decrease in providers because of large takeovers. Fewer clinics and fewer owners of those clinics means less choice for patients,” Lane Nelson said. “Rural health care is becoming a subsidiary of conglomerates that have no connection to rural life. A corporate decision maker in Chicago may decide what computer system the clinics should use, but that person has no idea how we operate. Rural is nothing like the East or West Coast. When those are the people making the decisions, they aren’t able to make decisions that are pertinent to our lives.”

## 6 People will stay less in health care facilities and spend more time at home.

From the time spent in hospitals for procedures to delayed entry into nursing homes, health care is increasingly being provided to people in their homes—and that trend is only going to get stronger as technology improves and pressure to reduce costs increases.

### Fewer, shorter hospital stays

Many rural hospitals now see far fewer in-patient visits. When the hospital in Wessington Springs opened in the 1970s, patients “came into the hospital and stayed in a length of time, for anything from having a baby to any other reason,” said administrator Gaea Blue. “The people were admitted to the hospital more quickly, (and) they stayed longer.”

Now, she said, the length of stay averages three days, and there are more outpatient services.

Inpatient visits have decreased in part because many hospital procedures are less invasive than they once were and require less recovery time.

For example, “a one-month hospitalization from a hip replacement is now one week,” Nick Fosness said.

Many studies suggest patients recover better in their homes, Tony Hanson said. They get up and move more quickly, and are able to rest in a quieter environment.

But the change has been forced by policy as well: For many procedures, Medicare and private insurance companies have reduced the number of recovery days they will pay for, or they say what used to be an inpatient procedure is now an outpatient one.

The move toward more outpatient care has changed the facility needs of rural organizations, Fosness said.

“We no longer have the need for a 20-bed hospital,” he said. “We see days of 10 to 11 patients, but that is about the max.”

Unfortunately, the change has also made it more difficult for rural hospitals to get enough revenue. Dave Rogers explained that it takes nine outpatient visits to provide the same revenue as one inpatient visit—so providers have to handle many more patients to get the same revenue.

### Increasing elder care at home

Staying home as long as possible is a goal for most people as they age. One way that care providers are helping seniors stay in their homes longer is through adult day health centers. Bethesda of Aberdeen has the first adult day health center in the region.

“We’re really excited to be ahead of the curve in providing these services,” said Peggy Larson, director of development and community relations at Bethesda. “(The Bethesda board) had data that this type of program was definitely needed in this community and the region.”

Seniors who no longer can live on their own, but require minimal assistance, can live with their children or other caregivers and visit a facility for part-time care as needed. The concept provides the caregivers a break from their duties, and also gives the patient an opportunity to take part in activities or receive health care services. The adult day health center in Aberdeen offers spa care, social opportunities with other seniors, therapy services, medication monitoring, nurse liaisons to physicians, managed nutrition and personal care assistance.

*Continued on page 14*

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Continued from page 13

"It would prolong the time (a senior) was able to live at home, either with family or on (their) own," Larson said. "Every person who comes will have their own care plan. It really is a health care model."

The center could be used by families who do not live in Aberdeen but visit there for shopping or other services. For example, one farmer is planning to bring his wife, who has dementia, to the adult day health center once a month when he comes to Aberdeen to conduct his farm business, Larson said.

## 7 Health care will increasingly focus on keeping us healthy rather than treating illness.

Start talking about "health" and you usually end up talking about its opposite. One trend in health care is taking the conversation in a different direction: The Affordable Care Act is effectively helping promote a culture of health care that is proactive to wellness, rather than reactive to illness, according to many hospital administrators.

"It's helping us try to take the focus off disease-management, and move it over to prevention," Gaea Blue said.

Todd Forkel agreed: "You're going to see us (doing) more than just taking care of people episodically when they aren't feeling well," he said.

Tony Hanson said this shift is in line with Americans' goals in general.

"People are generally healthier and more interested in healthful living," Hanson said. "We're going to see a switch from sick care to wellness. ... These are good things."

Those "good things" also have been promoted by private insurance

companies, according to Dan Ellis.

"They want to see you doing more preventative care for your patients, keeping them well, decreasing the insurance care costs, in terms of reducing the cost of care that maybe should have been prevented," he said.

Dave Rogers said some of these wellness efforts will be condition-specific, such as education and emergency prevention methods for diabetic patients.

"It is cheaper to do preventative medicine than it is to pay for someone going to ER five times a month because they are not managing their medications," he said.

Additionally, health care facilities are reaching out into people's everyday lives.

**"Promoting community health is (a) key area," Nick Fosness said. "That is one of the best ways to ensure**



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The Marshall County Healthcare Center uses the latest exercise technology for cardiac rehab but also to promote wellness. Picture here are Nick Fosness with Allison Tank, RN and cardiac rehab director. *Photo by Doug Card*

that your future is solid. Those hospitals who have focused on promoting health will be ones looked at as a healthy place and will survive. We want people to see us as the place where they can have confidence."

One such attempt at many rural facilities, including in Britton, is to offer access to wellness centers.

"We've invested into a 24/7 community wellness center with very affordable rates, and we promote multiple wellness activities throughout the year," Fosness said.

Through the wellness center, activities such

as wellness carnivals and "couch to 5K" programs encourage healthy lifestyles outside of the facility, and Fosness said the community's support was evident in 2005, when they set out to build a more than \$2 million facility.

"We accepted maybe a \$200,000 interest-free loan (which has since been paid off), but the rest of it—to the tune of a little over \$2 million—was directed from the community in a matter of months," Fosness said. "The community here supports wellness, and supports our facility, and that's a really important facet of keeping a rural facility and keep the quality of providers available locally. If you lose the confidence of your small town, you lose your business elsewhere, and you have nowhere else to draw from."

The wellness center, he said, is an "investment back into our community." \*

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Architects helped Webster residents re-imagine some of their buildings: an old creamery could become a restaurant with outdoor seating, and a former industrial building could become a more pleasant space with the addition of windows.



# Using DESIGN to realize a community's dreams

by JAMIE HORTER

As rural communities grapple with local challenges and embrace opportunities, design:SD offers a fresh approach to community development strategies. Here's Webster's story.

## Designing Futures

Over a three-day period in September, design:SD, composed of a team of architects and community developers, gathered in Webster, S.D., to help shape ideas the community had envisioned for their future.

The design charrette began with a community workshop to hear the ideas of locals. It culminated in a presentation from the designers, explaining what they had heard from the community and sharing their suggestions to turn the community's hopes into actionable plans. A series of "vision boards" were created for the community to use as the process moves forward.

"We create a set of vision boards that are meant to illuminate the

things they (the community) want to make happen and inspire them to see the bigger picture," said Joe Bartmann, coordinator for the design:SD team.

Bartmann noted that another purpose of the boards is to illuminate "blind spots" that may be keeping a community stuck, so that they can recognize challenges and break barriers to successfully move forward.

## Creating design:SD

Bartmann said design:SD began with the idea to "help reimagine what it means to be a rural community these days."

Design:SD projects began in 2007.

*Continued on page 19*





To see all of the vision boards created by the design:SD team, go to [websterareadev.blogspot.com/p/designsd-workshop.html](http://websterareadev.blogspot.com/p/designsd-workshop.html).

To learn more about how your community can be involved with the design:SD team, visit [designSD.org](http://designSD.org).

Community input is vital to the design:SD process. One aspect of that was the community design workshop that took place on the evening of the first full day of the design charrette. Participants gave input in a variety of ways. Left: Landscape architect Matt Fridell listens to a Webster resident as participants of his group drew on large maps to give insight into where they like to spend time in Webster, compared to where visitors spend time. Center: Webster residents took an image survey of designs from various communities, indicating what kinds of design they liked and didn't. Right: Residents voted on priorities on a wall of ideas created at a previous brainstorming session.

*Photos by Heidi Marttila-Losure*

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**char·rette** A community design charrette is an intense period of design activity undertaken in a community in order to create a new visual direction for that place. The process involves collaboration among many stakeholders in the community with a team of design experts.

*Continued from page 17*

“From there we’ve just been tweaking it,” Bartmann said. “We got the sense we were creating a cool experience for people and getting them fired up, and not much was happening after we left. We didn’t want to put resources into something that wasn’t working long term.”

The process has since developed into facilitating long-term implementation and success of projects.

After being awarded a \$10,000 grant from the American Institute of Architects, design:SD looked for communities that desired to work long-term on goals. Webster leaders said they were interested, and a core team of locals formed. Design:SD partnered with Dakota Resources to host a series of community conversations six months prior to hosting the design charrette.

In addition to the design:SD team, South Dakota State University Department of Architecture students worked with the community, gathering information about Webster and creating a 3D model of the town over a course of two years before the design charrette.

## Keys to success

Melissa Waldner serves as Webster’s local coordinator for their community project. She said that main keys for success are leadership and commitment of locals to see their vision through.

“They definitely need to have communitywide support, and that’s financially and with time,” said Waldner, who is executive director of the Webster Area Development Corporation.

Webster had funding help through grants, along with 12 local sponsors and a donation from

a resident to pay for the \$10,000 cost of the process.

“It can’t just be one organization that pays for everything,” Waldner said. “It’s got to be co-ownership, and then having a lot of people who are ready to do the work, not just one or two.”

Waldner emphasized the importance of having a relationship with the local newspaper to keep people informed. “We’ve had an awesome relationship with *Reporter & Farmer*,” she said.

Additionally, the ability to coordinate with people who can help find funding sources for implementation of plans is vital.

## Seeing the project through

Part of the design:SD approach in Webster is preparing local leaders to make their vision happen.

Another community gathering will happen soon to bring together people interested in taking action on certain issues. The meeting will serve as a continuation of groups that had gathered around issues identified before the charrette, and allow for new participants to become oriented within the action groups.

Bartmann, who is also a community coach for Dakota Resources, will continue to coach action teams over a six-month period, with the option to continue coaching beyond that time frame if needed. The goal is to develop leadership that emerges from each action group to carry the projects forward.

The community plans to have continuing meetings and a one-year celebration and reflection on work accomplished next September.

“I’m looking forward to seeing how the teams take on different projects and how they make them happen,” Waldner said. \*



Architect Keith Thompson, with the design:SD team, outlines Webster’s building “gems” in the downtown area.  
Photo by Jamie Horter

# Brown aims for low stress and high profit

## SEEDS of WISDOM

### FARMERS AND RANCHERS ON FARMING AND RANCHING

by PETER CARRELS



Cover crops such as these are an important part of Gabe Brown's farming operation.



Brown's conservation practices actually build new soil—an inch every few years.

The countryside of the Northern Plains would look much different if it were populated by more people like Gabe Brown.

Some might contend that the region's land and water resources would be healthier, and the vitality, fertility and resilience of soils would be improved. Some might even say that the quality of our food would be better.

Brown's thoughtful, ecological land management practices were honed through turmoil and hardship.

His profound revelations about stewardship and agricultural ethics were prompted in the aftermath of four straight years (1995-98) when hail or drought wiped out crops on his sprawling farm and ranch in Burleigh County, N.D. Nearly broke and lacking access to credit and capital, Brown desperately needed to figure out how to grow crops and generate income without resorting to expensive synthetic fertilizers and other conventional farm chemicals.

"That series of four years was hell to go through," Brown said, "but it was the best thing that could have happened to me. It changed the way I farm, and it changed the way I look at agriculture and soils."

Brown had abandoned tillage in 1993, so he was already inclined to seek out improved ways to manage his land. The next step was to gain a better and more intimate understanding of the natural resources on his property.

With the help of his county conservationist, Brown measured rainfall infiltration rates on soils. Because annual precipitation averages only 15 inches in the area where he and his family operate their 5,000-acre enterprise, he wanted to know the capability of soils on the place to absorb precious moisture.

"We discovered that the infiltration rate was about half an inch per hour, and that's not very good," Brown said.

Decades of intensive tillage before he stopped the practice had left damage.

"The aggregate stability of the soil had been destroyed by tillage," he explained, "and that's why the land couldn't effectively absorb moisture."

Brown also measured organic levels of his croplands, and discovered rates ranging from 1.7 percent to 1.9 percent. He and the county conservationist understood that this was unacceptable.

A voracious reader and hungry learner, Brown began researching traditional and unconventional approaches to agriculture.

**"I read and studied Thomas Jefferson's journal and many other books about soils and farming. I realized that long before**

**industrial farming came to dominate agriculture, farmers operated differently, and they had been successful. I wanted to learn how they did that."**

Cover crops became a focus of his investigations, and he soon discovered that his land benefited dramatically by their use. Brown began using cover crops during all seasons on all his land. On some land he blended up to 25 species of cover crops.

"We now grow cover crops on all our cropland every year," he said. "That might be before a cash crop, as a companion crop alongside or mixed in with a cash crop, or after a cash crop has been harvested."

The strategy is to protect the soil and maintain living roots in the soil at all times.

"It's the presence of living roots that feeds soil biology and starts nutrient cycling," he said.

Today, after some 15 years of careful and deliberate management practices, Brown has tripled organic levels in his soils, with some soils reaching 6.1 percent. He has also dramatically improved the moisture infiltration rates of his soils. Some of his lands can now absorb up to 8 inches of rainfall in an hour.

"It's not likely we'll ever see a rain event like that," he said, "but an infiltration level that high gives a good

indication how far we've come with our stewardship objectives."

Not only is Brown conserving his land, he is—remarkably—building new topsoil.

**"If we follow the principles of avoiding tillage, keeping the ground covered at all times with carefully selected and diverse plants, and keeping roots in the ground, we can add soil at a surprising pace,"** Brown said. **"Scientists say that it takes 500 years for nature to build an inch of topsoil. We can do that in a matter of a few years."**

Brown also avoids synthetic nitrogen fertilizers.

"The reality is that synthetic fertilizers destroy the health of the soil," Brown said. "Farmers are told to keep adding more and more of it, but it's unnecessary."

Brown's cornfields out-yield the county average by 20 percent—with no fertilizers, and no pesticides or fungicides, either.

"When you apply something to kill a pest, you also kill beneficial species," he said. "We do use herbicides here and there, but very rarely and at a much reduced rate. I treat my farm and ranch like an ecosystem, and it's a low-stress approach for the land."



Gabe Brown, advocate for conservation agriculture, stands among healthy corn plants on his farm-ranch operation near Bismarck, N.D. *Photos courtesy Brown Ranch*

Diversity is the overarching theme of Brown's farm-ranch enterprise. He runs 350 cow-calf pairs, and up to 800 yearlings on 100 carefully tended pastures throughout his entire operation, including on cropped lands. There is no confinement feeding. He also has a flock of sheep, pastured hogs, and 600 free-range laying hens. His crops grow mostly from organic seed, and he's raising corn, oats, barley, sunflowers, spring and winter wheat, alfalfa and others. Use of synthetic chemicals on all crops is kept to a bare minimum. Of

his 5,000 acres, 2,000 are native prairie, 2,000 are cropped, and 1,000 exist as what he calls "tame prairie" or pasture.

"We're trending toward more grasslands," he said. "We're continually seeding cropland back to perennial, native pasture."

Combining zero till, diverse cover crops and integrated livestock grazing throughout the operation creates a sustainable agricultural environment that Brown describes as "regenerative."

The business he has developed relies on those regenerative practices, and it revolves around "stacked enterprises" creating multiple income streams that handsomely reward him and his family—Brown's successful grass-fed beef label, for example. Nearly everything he sells is direct-marketed to consumers. He does not participate in the farm program, and he complains that the farm bill restricts progressive concepts like use of cover crops.

Word is spreading about his successes. Last summer more than 2,000 people from all over the globe visited Brown's operation. He travels regularly to conferences and gatherings to learn, network and share.

His message is gaining traction, too. Cover crop tactics and holistic management practices are gaining popularity.

"It's not easy to admit that I farmed the wrong way for many years," he said. "I'm now trying to prove that there's another way, a better way, to farm."

Judging from the condition of his soils and land, and from the commercial health of his farm and ranch business, the proving part has passed. \*

Brown grazes his cattle herd on carefully managed pastures to protect soil and plant resources.



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Good fresh local cream for coffee

Some of the ideas from the local food conversation.



At right, Ken Meter of the Crossroads Resource Center in Minneapolis presented the findings of the economic analysis he did of the potential for local foods in the Dakotafire region. He also described a number of successful local-food projects that had been done in other parts of the country. About a dozen people stayed to discuss the local-food potential of the Dakotas after his talk (above). Photos by Marianne Marttila-Klipfel and Heidi Marttila-Losure



Grow Food Carousels

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Some area food producers brought colorful displays of their goods.

## Delectable food, conversation were on the menu at Granary

The Dakotafire Café event at the Granary Rural Cultural Center, near Groton, S.D., on local food was held a little later than planned, but worth the wait—at least as far as those attendees who enjoy eating were concerned. A local-food potluck gave participants an idea of what a strong local-food economy would taste like; Ken Meter's discussion provided some ideas of what it could look like. "What can be done in the eastern Dakotas to try to put the infrastructure together to make it easier and more efficient to trade



food from your farms ... to local consumers? How do we make that happen here? I think that's going to be decades of conversation through Dakotafire," Meter said.

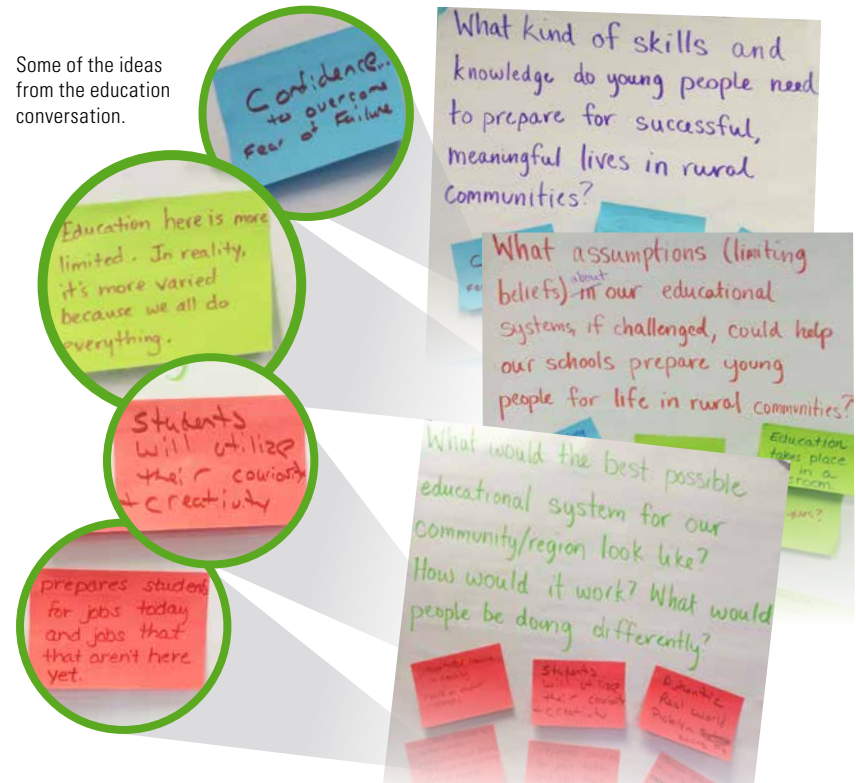
See a video and more photos here: <http://dakotafire.net/?p=7628>. Join the conversation at [forum.dakotafire.net](http://forum.dakotafire.net).





Participants in the Dakotafire Café in Kulm, N.D., dived deep into ideas related to education and community. Above, Bruce Lindgren shares an idea as Tami Krollich and Gloria Gackle listen. At left, Caroline Mahin added her own comment to the table drawings: "Challenge yourself and be confident." Photos by Heidi Marttila-Losure

Some of the ideas from the education conversation.



## Attendees discuss education and community in Kulm

How can we make our educational system work to prepare our students for life in our rural communities?

That conversation went in a lot of different directions after three short speaker presentations, but the common thread was making education relevant and meaningful to rural students.

"We've all talked to students who are not exactly enthused with their educational process," said Dan Guericke of the South Dakota Innovation Lab. "They go there as something to endure until they



graduate and can do something interesting. There's really no need for that. Life is interesting. Why aren't we bringing it into the classroom?"

See a short video and more photos here: <http://dakotafire.net/?p=7631>. Join the conversation at [forum.dakotafire.net](http://forum.dakotafire.net).



Mike Knutson



Mari Biehl



Dan Guericke

# Local food challenge: Delicious, but difficult

by BECKY FROELICH

Fresh salsa, walleye and homemade jellies were a few of the tempting treats participants ate from local sources in the recent Dakotafire Local Food Challenge.

For two weeks in September, participants charted how much food they ate from local sources. A Local Basic challenge required eating only local fruits and vegetables for 30 days. The Local Hardcore participants upped the ante by eating all local foods for 14 days, except a few select items that are not available from nearby sources.

Those who sent in their logs at the end of the two weeks received an "I WENT LOCAL" T-shirt. They also gained surprising insights into their diets and communities.

Homegrown vegetables like corn, zucchini, onions, and tomatoes were common throughout the participants' food calendars. The autumn harvest season offered many options for soups, salads and side dishes. Local eggs, pork and beef were popular, but certain items were less easy to obtain. Exceptions were allowed and used for foods like raisins, spices, olive oil and rice. James and Edith Jesser

Dakota  
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maintained the Local Hardcore challenge and tried to avoid as many nonlocal foods as they could. By the end of the first week, Edith made a note on the log: "James misses oatmeal and is tired of eating local eggs for breakfast."

Most participants couldn't help but cheat one day or another, but found appealing new meal ideas along the way.

About 50 people signed up to try the challenge, but only 11 turned in the local food log at the end of the two weeks. Six individuals tried the basic challenge, and five attempted the hardcore challenge.

Susan Balcom of Mandan, N.D., stepped up to the latter. She grows her own fresh vegetables, cans her own goods and eats meat from her own farm, so she assumed that this challenge would be easy. Obstacles arose to prevent eating a truly local diet. Socializing didn't offer as many opportunities for local food. Going out to football games and eating at relatives'

houses prevented her from fulfilling the challenge completely.

"I can, garden, bake, cook and love to eat food from the farm," Balcom said. "However, with my job and travel I found that unless I locked myself into my house, I had to make do with what food was available."

When traveling to a conference for work, the food seemed unappealing compared to her local diet.

"None of the products were local," she wrote in her food log. "They said they were all too busy to use local

tomatoes ... we need to develop some light processing methods to counter that mentality," she suggests.

Her two weeks of eating meals with ingredients like local eggs, homegrown vegetables, and homemade mayonnaise ended on a high note. She prepared her own roasted red peppers, sliced tomatoes, homemade bread and served it with cottage cheese. "My husband said that this was the best meal he ever had!" Balcom says she is grateful for that and the opportunity to see how much she eats locally.

In Watertown, S.D., Cassandra Varilek and her family also took on the hardcore food challenge. Feeding her 3-year-old daughter, Brooklynn, offered a challenge in itself.

"She was on a cereal kick, and you can't find local cereal," Varilek said.



Some food challenge participants use the Local Food Celebration to stock up on local food and share ideas. Pictured here are Anissa Crawford and Edeth Jesser. Photo by Heidi Marttila-Losure

## HAMBURGER SOUP By Leanne and Dale Frederickson

1 pound hamburger	1/4 cup rice
1 cup chopped onion	5 cups water
1 cup diced raw potatoes	3 or 4 teaspoons salt
1 cup sliced carrots	1/4 teaspoon pepper
1 cup diced, unpeeled zucchini	1/4 teaspoon basil
1 cup sliced celery	1/4 teaspoon thyme
1 quart canned whole tomatoes or 4 cups raw tomatoes	

Brown the meat and onion. Drain. Put in a large kettle. Add all remaining ingredients and bring to a boil. Cover and simmer for 1 hour. Yield 9 cups. Good the next day and the next day too. If it thickens, add more water.

It was also difficult to find foods that are appropriate for a child her age locally.

"I tried to feed her frozen green beans from last year or apples from the neighbors, but fruit is hard to find in South Dakota," she said. Meat and vegetables were easier to find this time of year with the farmers market and resources from her own garden.

Could the participants continue a diet based in local foods after the event ends?

Varilek says that lately, it seems to be getting easier to eat local, but pre-packaged foods that offer convenience, like tomato paste, still have allure for her and many others.

Balcom suggests that this could change if more people took the lessons of the food challenge to heart. To her, it is strange that people living in agrarian states would be "afraid of eating something that hasn't had the life processed out of it," she says. "We are living beings and need to eat living food,

unprocessed, fresh and local."

With efforts like the Local Food Challenge, local advocates hope to encourage these habits for whole communities.

"I believe that if we focused on creating food co-ops, food hubs and farmer networks or co-ops to grow more local, we could provide local to area restaurants and other institutions so that eating local when you are on the road or going out for an evening would be much easier," Balcom said.

Eating local food while eating out was one of her greatest obstacles during the two weeks of the challenge, but she is optimistic that will change when more people will realize the benefits of local eating.

"While this may be a long way into the future, we are setting the ground rules," she adds. "The more folks that experience the flavor of local, the more the consumers will demand that we reduce the barriers to buying and selling farm products." \*

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# Willow Lake

# RETAKE

*Story and photos by HEIDI MARTILA-LOSURE*

The fire that decimated several buildings on Willow Lake's main street in July 2011 marked a turning point in the community.

It was not so much a change from standing buildings on the east side of Garfield Street to rubble and ashes, although that was the most visible change. **The fire also moved Willow Lake from a community that was in some ways letting change happen to it, to a community that was determined to set the course of its future.**



"I would never say a fire is a blessing," said Sherie Tellinghuisen, co-owner of Hometown Hotel in Willow Lake. "What I think is that all things happen for a reason. I think it really got things going. The spark started a spark."

Before the fire, the town had had a few rough years: The restaurant had closed. The grocery store had closed for a while and was adjusting under new ownership.

"Everything was getting real quiet," Tellinghuisen said.

But after the shock of the fire wore off, the community's outlook changed.

"Everyone just said, 'Oh, no,'" Tellinghuisen said, in a defiant tone. "'We're not just going to go away.'"

**"Everybody decided, 'We're not done,'" added Willow Lake resident Kristin Vandersnick. "This town isn't done."**

## The hotel business

The day before the night of the fire, the community had done a controlled burn of an old wooden elevator. A tree caught fire during the process, but they extinguished the flames. Then, overnight, the tree reignited. A branch fell from the burning tree onto a power line; the line shorted out, and sparks flew inside the butcher shop. Flames followed. From there, the fire took down several other businesses on Garfield Street, including Tellinghuisen Construction.

Sherie's husband, Wayne Tellinghuisen, didn't take long to make a rebuilding plan.

"Wayne said, 'We're going to rebuild, and it's going to be done by next year,'" Vandersnick said.

The following year was already set to be a big one for Willow Lake. The town has an all-school reunion every year—more often than any other school or town in the state—and 2012 was set to be the 100th anniversary of



Etta Vandersnick smiles on the balcony of Hometown Hotel in Willow Lake.

that tradition.

So there was a deadline. But what exactly was going to be built in that spot?

The Tellinghuisens had not planned on going into the hotel business, but that's what Wayne Tellinghuisen decided to do.

**"Wayne was going to build something with a balcony," Sherie said. "You know anything else that needs a balcony?"**

Hometown Hotel has not just a small balcony, but a broad one spanning the breadth of the building. Wooden chairs and patio tables provide space for sipping a lemonade

and watching the sunset or the traffic go by—or a parade, which is what happened a year later when the hotel was finished, as promised, for Willow Lake's celebration of its 100th all-school reunion.

"There had to be a thousand people," Vandersnick said. "People were up here (on the balcony) watching the parade. It was phenomenal."

The hotel itself is pretty phenomenal: It was built with an eye toward details, from the old-style light fixtures to the stone trim on the lower wall outside. Scenes from Willow Lake's history can be seen all through the hotel, including on the sinks and the fronts of the in-room refrigerators. It caters to hunters and fishermen with a fish and

*Continued on page 28*



Fire destroyed several Willow Lake businesses in 2011. Photo by Clark County Courier

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Scenes from Willow Lake's history are part of the Hometown Hotel's decor.

*Continued from page 27*

game cleaning room, but some fishermen who've stayed have declared it almost too fancy for them (though they keep coming back).

"When you say little-town hotel, this isn't what you think of," Vandersnick said.

Indeed, a small-town hotel wouldn't have to be so grand. The Tellinghuisens could have done something less, something "good enough." But apparently doing things up big is Wayne Tellinghuisen's style.

"That's just Wayne," Sherie said. "That's just the way he is. When he wanted to build a hotel, I said, 'Well, OK, but let's not go overboard, OK?' He kept adding and adding, and I said, 'Just like always, huh?'"

### Spreading energy

Hotel construction wasn't the only thing happening on Garfield Street that year.

"The flurry of activity, after everybody got over the shock of (the fire), was amazing," Vandersnick said. "The construction, the pace—everybody

was pitching in. New sidewalks. New lights on Main Street. New buildings. ... It was exciting and scary and awesome all at the same time."

"All the community helped, chipping in," said Willow Lake alumnus Cory Bratland, who said he came in on a weekend to offer his cleanup help to the construction crew.

"You see that a lot around here," he said. "We're proud of the community."

The hotel complex includes several businesses, including Bratland's: Prairie Ag Marketing. Bratland grew up in a farm family and has found a career working with farmers. He markets grain for farmers in eight different states and Canada—all without leaving Willow Lake.

"With today's technology, I'm placing orders directly with Chicago right here," Bratland said. "I don't need to be in the big cities. I can do everything from the luxury of my home surroundings."

Which is just as well, since this is where he'd rather be.



"I visit big cities once in a while. It's not for me," he said. "People are envious of where I live. I like to hunt and fish."

Bratland said part of Willow Lake's new revitalization is based on the community reinvesting in itself, which can draw outsiders (including Willow Lake's very loyal alumni) to invest in the town also.

If the community looks like it doesn't care about the future, others are less likely to want to see themselves as part of that future.

"Who wants to open up a business

in a rundown building?" Bratland said.

Willow Lake has benefited from community projects such as the store, or the restaurant, which is owned by a small group of investors, where "people can come together, where they all pitched in a little bit" to make a bigger project possible, Bratland said.

### In the grocery business

Lake Grocery had struggled for a few years under private ownership until it finally closed in May 2008.

"It was such a big hole in our main street when the grocery store was



Cory Bratland runs his marketing business from a storefront on Willow Lake's main street.



Deb Holmstrom manages Lake Grocery in Willow Lake. "I really like it here," she said. "Everybody looks out for you."

closed," Vandersnick said, adding that without the store, the closest groceries were 25 miles away in Clark or DeSmet, or an hour away in Watertown or Huron. "We missed the grocery store terribly."

The building reverted back to Dacotah Bank's ownership; it was put up for sale, but there were no takers. In March 2009, the bank deeded the building to the Willow Lake Area Advancement.

"For free! Not even for a dollar," said Vandersnick, president of the group.

There was still plenty of investment needed to get the store in good shape, both in terms of money and sweat. Dozens of community members put in

many hours of work to clean the store, take out old carpet, update furnishings and much more.

When the building was ready, they leased the operation of the store to a family for about nine months, but that didn't work out, and the operation of the store came back to the advancement group. That's when they decided that it probably needed to be a community-supported endeavor if it was going to work.

"We didn't think we'd be in the grocery business, but it's working well," Vandersnick said.

The older people in the community are very loyal shoppers; the

*Continued on page 30*

Continued from page 29

advancement group's challenge is convincing young families to also shop at the store, as their larger purchasing power is what will ensure the store's success in the community.

"It's a constant effort making sure people buy local," Vandersnick said.

Even now, however, the store covers all of its own expenses.

**"I really have to compliment the manager and employees—they run this place and take care of it like it's their own,"**

## Vandersnick said.

One recent improvement in the store are new refrigerated coolers. The advancement group had gotten a lot of old equipment with the store building, which meant "repair bills and repair bills," she said.

The group made the decision to fundraise and invest in new coolers, a significant purchase for a store their size. The new coolers are lit from within with lights on motion sensors.

"Isn't it beautiful?" Vandersnick asked about the newest cooler. "Hy-Vee, eat your heart out."

One aspect of the store that helps a bit with the bottom line is a gift



The partition wall in the coffee area of Lake Grocery where Kristin Vandersnick is sitting was built by her husband, Matt. The Vandersnicks started married life in Sioux Falls, but "We always knew we wanted to come back here," she said. "We wanted to live by grandmas and grandpas and have our kids have this small-town experience."



The Rusty Nail restaurant where Erica Bratland works includes the Old West charm that is featured in much of the rest of the town. A lot of the work of building and decorating was done by community volunteers, even if they weren't investors in the project.

shop in the corner. It's run by sisters-in-law Darcy Pommer and Erica Bratland. Both of them have other jobs—Pommer works for Delta Dental, and Bratland works at the Rusty Nail Restaurant—so the gift shop is something they do on a part-time basis, in part because it's fun for them.

The gift shop serves as a place for people to shop for gifts, especially for baby showers or weddings. Their wedding registries are popular, Pommer said.

The store doesn't charge the gift shop rent—their arrangement is commission-based, so it makes sense for them to promote one another. As one does well, so does the other.

Pommer moved to Willow Lake from Watertown.

"I was a little bit scared (to be farther from conveniences), but it's a great community," Pommer said. "There are so many younger people moving into the community. I love it. The day care's awesome. The school is great. ... I'm not worried about kids playing outside."

## A place to gather

The Rusty Nail, where Pommer's sister-in-law works, is just across the street from Lake Grocery. It was built at about the same time that the whole main street area was under construction.

The old restaurant in town had fallen into some disrepair and eventually closed. A group of investors decided the community needed a place to eat and drink and gather, and they pooled their funds to put up a new building to



house a new restaurant and bar.

If the town didn't have an eating place, residents would have to travel 20 or 30 miles to the next closest restaurant, Erica Bratland said.

"This is a gathering place," she said. "It's the place where people get together."

The restaurant is not community-owned, but many community members gave what they could to help the project succeed: of their time to help with the building process, or

by getting decorations for the building at cost.

The community seems to have a common vision for what Willow Lake should be: The stonework on the front of the hotel has been repeated on other buildings, and the new sidewalks are stamped to look like boardwalks, carrying through the Old West theme.

"Everybody is doing improvements," Pommer said. Everyone is doing what they can to "keep our town going." \*



Clair Vandersnick helps to show off the stonework and stamped concrete that are part of Willow Lake's new look.

Darcy Pommer does some cleaning at the gift shop inside Lake Grocery.



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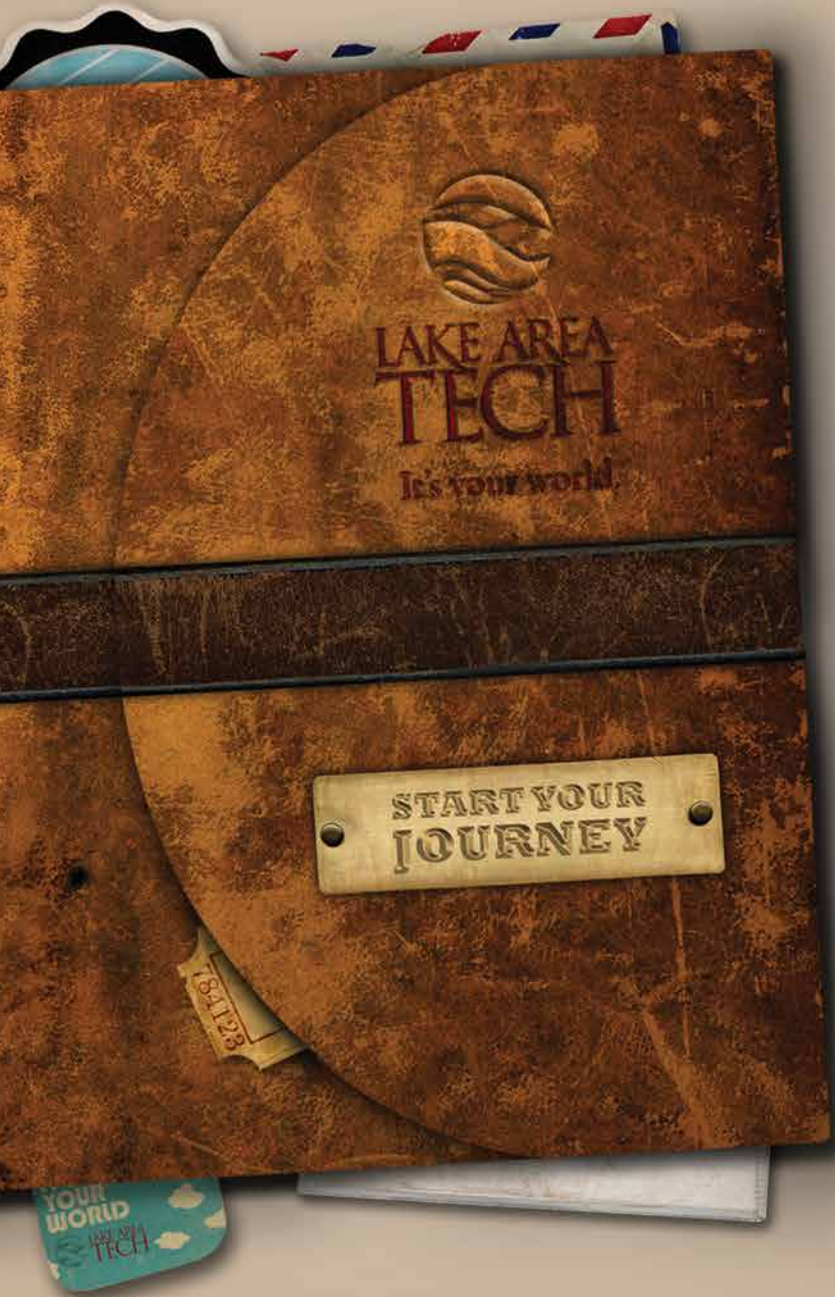


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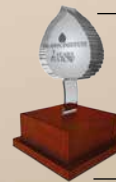
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# The image of Sitting Bull

by SHANE BALKOWITSCH

In 1881, Orlando Scott Goff, a local wet plate photographer, took the first image of Sitting Bull in Bismarck, N.D.

Sitting Bull had just surrendered and was being transferred to Fort Yates when the entourage stopped in Bismarck.

As an eyewitness, J.D. Allen, described: "Sitting Bull was asked to go to the 'gallery' of O.S. Goff, the town's leading photographer, to have his picture taken. But like most Indians of that era, he was superstitious and believed that it was 'bad medicine' to have the 'white man shadow-catcher' point his little black box at him—it would mean that some part of his spirit would be taken away from him ... The more times his picture was taken, the more of his spirit he would lose. So, at first, the Sioux chief refused to enter Goff's studio. Finally, however, upon the promise of \$50 he consented."



Sitting Bull, as photographed by O.S. Goff in 1881

Today, I am the only ambrotypist—practitioner of the collodion (wet plate) process—in my home state. Since I first began making wet plates, I have been fascinated with the images that Goff made in Bismarck and at Fort Abraham Lincoln more than 135 years ago.

I learned that the last great-grandson of Sitting Bull was Ernie LaPointe and that he lived in Lead, S.D. I called him about doing a wet plate shoot to honor not only his great grandfather but to also pay respect to Orlando Goff, the wet plate artist who came before me.

Ernie agreed to visit me in studio on Sept. 6.

Ernie taught me much about his people and the history and controversy surrounding his great-grandfather.

He explained that his ancestor's name had been mistranslated. It was *Tatanka Iyotake*, meaning "Buffalo Bull Who Sits Down"—different in both species and intention from "Sitting Bull." Ernie also dislikes the name Sioux, which is what the Lakota people were called by their enemies.

He would rather share humor, which he says is an important part of the Lakota culture.

"Every time you laugh, your memory is stored," he said, as quoted in a September *Mandan*

*News* story. "So then it can come back in the time that you need it."

The photo shoot was rather magical, and we both knew that we were doing something very important from a historical perspective by making wet plates together. We spent the day sharing stories, telling jokes, taking wet plates and even enjoyed a meal together.

I now consider Ernie my friend, and I look forward to the next time our paths cross so that I can hear more of his stories and perhaps take some more images of him in silver on glass. \*

Learn more about the wet plate process at <http://sharoncol.balkowitsch.com/wetplate.htm>



"Eternal Field," an image of Ernie LaPointe, great-grandson of Sitting Bull, by Shane Balkowitsch, September 2014. The plate was admitted into the permanent collection of the N.D. State Historical Society in October. A photo taken during the shoot is at right. LaPointe has started a foundation dedicated to sharing his great-grandfather's story and legacy; to learn more, go to [www.sittingbullfamilyfoundation.org](http://www.sittingbullfamilyfoundation.org).




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