

Board Reference Materials

Attachment 1

Oral presentation to NSH Board of Directors by Concerned Citizens for Cook County Healthcare on December 21, 2023

Good Morning my name is Rovenia Claxton.

Thank you for allowing me to make this presentation on behalf of Concerned Citizens for Cook County Healthcare.

Our group is made up primarily of Cook County residents as well as others who have connections to Cook County through family and/or tourism. We are committed to ensuring that an impartial and independent investigation takes place as soon as possible into all aspects surrounding the non-renewal of Dr. Bruce Dahlman's contract and that those findings be presented to the citizens of Cook County. We wish to work collaboratively with the board of directors to ensure that an appropriate entity is found to perform this investigation and define its scope.

While this event was the catalyst for our formation, Dr. Dahlman's contract is not our only concern. As a second priority, our members have expressed their serious alarm regarding the testimonies of a surprising number of past and present NSH employees who have publicly cited a troubling workplace culture at NSH revolving around their experiences with NSH administration. We are asking the board to collaborate with the citizens they represent, including our group, to identify a third party to assist them to complete and act upon the employee engagement survey that was begun prior to the pandemic and, again, to make public these findings and their intentions regarding how they will act upon those findings. We believe these actions, with the involvement of a liaison or independent HR specialist, is a necessary first step toward re-establishing public confidence in the administration of North Shore Health. We specifically ask that this independent investigation into the hospital's culture and work environment be conducted immediately and completely separate from the Board's strategic planning endeavors.

Third, we ask that you refer to the documents we are providing today regarding other goals to which our organization is committed. They describe our further requests for an active process to improve this board's communication with the citizens of Cook County. These include livestreaming and recording all board meetings for public consumption, providing a larger meeting room with more public seating, providing an adequate sound system so visitors can hear what's being said, and making board agendas, minutes and proceedings more accessible. Many of these items are requirements under Minnesota Open Meeting Law statutes. We want to make clear our resolve to pursue these matters and ensure the public has viable conduits for communicating their many concerns and for getting responses they can have confidence in.

And now, we wish to address the board members directly. We want to remind you that you are elected officials and you are required to represent the district's constituents and respond to their concerns. You are responsible for any decisions that you delegate to administrators,

vendors, or staffing agencies, such as Wapiti. These responsibilities to the citizens who elected you are a matter of law. Your positions are not about loyalty to any one person or to the "institution" itself only.

Our members feel that the NSH Board members and the current administration have yet to fully acknowledge, address and take responsibility for the core reasons behind the non-renewal of Dr. Dahlman's contract, the loss of so many NSH staff members, and the decline in public trust in the board of directors and the administration of this institution. We have researched and discussed the process of recalling board members (in the event that these responsibilities are not met), but we sincerely hope it will not come to that. It is not the primary focus of our group. Our efforts are about principle, not personalities. And we seek progress rather than perfection.

In closing: We deeply value the existence of North Shore Health and the services it provides to our community. We recognize the awards that our hospital has justifiably been given due to the outstanding care that patients have experienced at the hands of our doctors, nurses, EMT's, lab techs and other patient care staff. We want our hospital to not only survive, but to thrive. However, we do believe our hospital is in jeopardy, due to the above-described loss of essential workers and an apparent declining public trust.

We look forward to future timely communications and collaborations with the NSH Board. Our requests are all relatively simple. We have described them more fully in the letter and outline we are submitting as part of our presentation today. In addition to providing you these materials, we have made them available to the media and will make them available publicly to anyone interested in knowing our positions more fully.

Thank you for your time today.

December 21, 2023

North Shore Health Board of Directors
Attention: Kay Olson, Chair; Randy Wiitala, Mary Sanders, Steve Frykman, Patti Winchell-Dahl
515 5th Avenue West
Grand Marais, MN 55604

**Subject: Concerned Citizens for Cook County Healthcare [CCCCH]
Organizational Goals & Expectations**

Dear North Shore Health Board of Directors:

Representatives of our group attended today's board meeting to introduce our newly organized nonprofit group CCCCH, whose goal it is to collaborate with the board in addressing our main areas of recent concern in the community.

In our presentation and in the outline attached to this letter our group is providing NSH with more information regarding our intentions and wishes related to the following matters:

- 1) An independent, impartial, and focused investigation into the non-renewal of Dr. Bruce Dahlman's contract;
- 2) The completion of a thorough examination of the workplace culture at NSH, including a review of personnel policies and practices. We are requesting that this review be conducted with the assistance of a neutral third-party familiar with these processes and should include interviews with past and present employees regarding the many public allegations and concerns that have recently come to light;
- 3) Steps that should be taken to restore the community's confidence that their collective input is being seriously considered, and increased efforts should be made to collaborate with County residents on critical decisions affecting the sustainability of their public hospital system.

We believe that concerned taxpayers, who may be subject to a proposed \$900,000 levy for calendar year 2024, are growing impatient with a perceived lack of communication regarding recent events at NSH Health and public allegations concerning management and the board. There is a growing consensus that these combined issues may be contributing greatly to an inability to staff this facility adequately. We believe there is a lack of accountability regarding these issues that could easily affect our access to quality health care in the near future.

We also believe our community is growing frustrated with the board which seems to have delegated a great deal of authority to for-profit staffing contractors who reside outside of our community and state, over which the board appears to have lost control. We wish to work collaboratively with you to restore local control over NSH and to restore confidence in those who are responsible for its administration.

Thank you for considering our input on these matters.

Sincerely,

Interim Management Team
Concerned Citizens for Cook County Healthcare
Vicki Biggs-Anderson, Rovena Claxton, Bob Evans, Chuck Heller, Michele Miller.

I. INTRODUCTION

We are an organized nonprofit group of taxpayers, patients and visitors. Our main goal is to collaborate with and provide input to the NSH Board of Directors with the hope of fostering improved communication between the board and the citizens they represent. We have identified specific areas of concern the board needs to address in the very near future. To begin this process we've chosen to focus on the areas of concern addressed below.

II. COMMUNICATION CREATES TRUST

- A. Our first goal is to address trust issues by implementing a plan to increase communication between the NSH Board of Directors and the citizens they represent.
1. Our group's authority to request public information on board actions is provided in Minnesota Statutes chapter 13D that addresses open meeting laws and is detailed in Minnesota House Research Report dated August 2023.¹
 2. We request that NSH Board meetings be live streamed from a public meeting room with adequate seating for our representatives and other members of the public.
 3. The meeting room must be equipped with an adequate sound system that allows the public to hear board members' comments and conversations related to public agenda topics. The equipment and large rooms used for hospital education activities could be made available for board meetings going forward.
 4. In light of recent challenges, the time allotted for public comment needs to be extended allowing additional time for citizens' input.
 5. All NSH Board public meeting records and public recordings should be moved from an internal NSH computer "H" drive identified in an existing Administrative Policy ID 13554798 and posted along with public board agendas and minutes on the hospital board's website. No login should be required for the public to access such documents and the information should be maintained for a minimum of 42 months in accordance with Open Meeting Law requirements.
 6. The above requirements for public communication and compliance with open meeting statutes are being distributed to NSH Board members and will be made available to interested members of the public.
 7. Information and communication requests should be assigned to a public information officer whose task would be to respond to taxpayer questions and requests for public information.
- B. There should be an expectation of transparency regarding expenditures of taxpayer dollars by the administrators and consultants supervised and approved by the hospital board.

III. IMPARTIAL, INDEPENDENT INVESTIGATIONS WILL REDUCE CONFLICTS

- A. Appointment of third-party impartial investigator
1. Selection of an independent investigator into matters referenced in paragraph B should be done with our collaboration and approval
 2. Associations and affiliations with board members, the current administrator, and CCCCH should be avoided when choosing an independent investigator

¹ <https://www.house.mn.gov/hrd/pubs/openmtg.pdf>

- B. Independent investigation into the hospital's environment should be conducted apart from the board's long range strategic planning endeavors and should focus on the following issues:
1. Morale issues stemming from an alleged atmosphere of fear and intimidation
 2. Turnover of good employees i.e., local nurses, lab techs, EMTs and physicians
 3. Current reasons for numerous unfilled positions
 4. Potential safety and insurance issues related to administrative and housekeeping staff driving ambulances
 5. Reliance on outside staffing agencies to make decisions for the board
 6. Produce a comprehensive organizational chart and breakdown to identify employees and positions staffed by St. Lukes, Wapiti, or Cook County and costs of those contracts and agreements
 7. Potential safety risks to patients created by administration's decisions related to staffing

IV. FOLLOW THROUGH ON PROMISES TO ACT DEMONSTRATES COMMITMENT

The NSH Board has promised a strategic plan to review practices and procedures related to human resources. Our group is expecting immediate attention to employment concerns related to urgent staffing issues and staff retention, along with a review of all personnel policies and practices. We are asking the board to commit to determining and identifying for their constituents exactly who has been involved in the decisions related to recent contract terminations of Wapiti employees. We are requesting that any non-compete contract provisions included in new contracts be removed based on recent South Dakota and Minnesota legislation prohibiting such provisions for physicians and medical providers.²

V. TRANSPARENCY REQUIRED TO DETERMINE ACCOUNTABILITY

NSH Board members are elected public officials and as such the board is required to represent the districts and constituents who elected them. They are responsible for any decisions they have delegated to administrators, human resources, and vendors or staffing agencies. Any nonfeasance or malfeasance can trigger recall actions under Minnesota Statutes.³ While this always remains an option, it is not the primary focus of CCCCH, nor is it an immediate goal of the organization. Our preference is to work with existing board members to improve representation, communication, transparency, and accountability.

VI. CONCLUSION

The goal of our group is to create a cohesive team of Cook County Citizens dedicated to gathering community input and to addressing some of the issues currently challenging the board. We do not exist to encourage divisiveness but rather to identify and assist in solving problems in collaboration with NSH Board of Directors.

² See Laws of Minnesota 2023, Chapter 53-S.F.3035, Article 6, Section 1 codified at MN Stat 181.988 and South Dakota Session Laws of 2021 Chapter 205, Section 2 and South Dakota Session Laws of 2023 Chapter 160, Section 2.

³ See Minnesota Statutes 351.15-351.23

COUNTY CONNECTIONS



John Spieker
PHHS Behavioral Health Supervisor

Behavioral Health Case Management as a Tool to Achieve Health

Mental Health is a topic that seems to be everywhere these days. Safety, self-care, toxic relationships, random violence, elected officials, workplace culture are just a few of the topics that fill our media landscape that are all related to mental health. We experience mental health

language and vernacular in many places. Often terms and language are used as if we all know and understand what these terms mean, and yet the more we read or listen to social and other media, it seems the concepts and services of mental health are vague and confusing.

This experience of confusion is real – the terms about mental health and the service delivery system are confusing. This lack of clarity is one of the barriers we all experience when it comes to addressing our own mental health. Even within the healthcare system, there is a general lack of full comprehension about what is a presenting mental health behavior/symptom. Mental Health is a complex health experience that affects us all, yet many of us struggle to talk about it with our loved ones or our healthcare providers.

Mental health becomes more confusing as a service delivered by the government, paid for by health insurance, or when someone experiences a mental health crisis and interacts with law enforcement. As we often do not get the full picture of any individual's experience or understand the scope of how community systems interact around mental health, we collectively live with a vagueness on this topic. This lack of understanding of what mental health is and how we can be mentally healthy becomes an additional barrier to our ability to achieve positive mental health.

One service that can assist an individual, family or the community to work through and manage mental health experiences, behaviors and concerns is Behavioral Health Case Management. Case management is a term used broadly in many different organizations and industries, but generally is a form of assistance to an individual or group that provides support and resources to work through a need or barrier.

For an individual or

Continued on page A4

Public Service Announcement: Overdose Prevention Information from Cook County Sheriff's Office and Public Health & Human Services Department

Todd Ford, Public Information Officer

The Cook County Sheriff's Office and Human Services Department issues a public service announcement regarding substance including Xylazine and Fentanyl in the drug supply in Duluth, Lake County and Cook County and how to access overdose-prevention materials locally.

Xylazine (pronounced Zye-luh-zeen), or "Tranq" is a powerful veterinary sedative. Xylazine is not an opioid but can still impact an overdose. Fentanyl is a potent synthetic opioid drug that can be deadly when ingested. For more information on Xylazine in Minnesota, visit the MDH website: <https://www.health.state.mn.us/communities/ep/han/2023/dec16xy.pdf>.

Carry Naloxone and

Don't Use Alone

Drugs that have Xylazine in them very often have Fentanyl, too. Anytime you suspect an overdose, give Naloxone. Don't use alone, and make sure your friends/family carry Naloxone. Naloxone, Xylazine and Fentanyl test strips are available in Cook County at the Public Health and Human Services office in the Cook County Courthouse and at Grand Portage Human Services.

Call 9-1-1

If you think someone is overdosing, call 9-1-1 right away, and administer Naloxone. Xylazine is a sedative, meaning it has sleep-inducing effects. If you administer Naloxone and they begin breathing again but do not wake up, this may be due to the Xylazine in their system. Monitor breathing until

EMS arrive.

Cook County Public Health and Human Services and Grand Portage Human Services provide harm reduction supplies at no cost to the community. We are currently able to offer nasal Naloxone, injectable Naloxone, Fentanyl test strips, clean syringes, and Xylazine test strips will be available in the future. These supplies are available through funding from the Rural Communities Opioid Response Program and through the use of Cook County's Opioid Settlement Funds.

For more information or to request Naloxone and/or Xylazine test strips, contact:

Cook County Public Health and Human Services: 218-387-3620 or Grand Portage Human Services: 218-475-2453.

Evidence from Minnesotans of Service Delays Contradicts USPS's Claims; Smith, Klobuchar Vow to Continue to Press for Service Improvements, Safer Conditions for Employees

On Friday, December 8, U.S. Senator Tina Smith and U.S. Senator Amy Klobuchar (both D-MN) slammed the United States Postal Service's (USPS) responses to their recent letters as unacceptable. The letters asked the Postmaster General to take immediate steps to address the pressing concerns of Minnesotans.

After hearing from Bemidji-area constituents and postal workers, Senators Smith and Klobuchar pressed the Postmaster General about agreements made with Amazon that have overwhelmed the already-stretched postal system in Minnesota and pushed workers into dangerous and unsustainable conditions. Minnesotans

rely on the Postal Service to receive prescriptions, psychics, and other essential needs, and Minnesotans across the state have reported delays in receiving these deliveries. Postal workers, particularly in the Bemidji area, report chaos as they are told to prioritize the deliveries of Amazon packages over regular mail and lack of staffing to meet the Postal Service's delivery standards.

In response to Senators Smith and Klobuchar's letters, the Postal Service asserted that, "for the most part, all mailpieces and packages, including in Bemidji, are being delivered daily." Dozens of reports from across Minnesota, including from members of Senator Smith's staff and

their families, contradict that claim. Additionally, postal workers and constituents report mail deliveries going out well into the night – hours after dark – which is dangerous as well as an unreasonable work load. Senators Smith and Klobuchar stand by the reports of Minnesotans. Plus, the Postal Service's Inspector General has found that USPS's tracking systems are unreliable and riddled with false data, a problem Sen. Smith and Klobuchar have introduced legislation to fix.

"The Postal Service management has asked me to take their word over the words of Minnesotans. I believe Minnesotans," said

Continued on page A4

Letters TO THE Editor

Letters to the editor are the opinions of the writer and don't necessarily reflect the views of the newspaper. Letters should be 300 words or less but exceptions will be made for longer letters in some cases. All letters must include the writer's legal name, phone number, and email if applicable.

Threats of Lawsuits Against the Community by OUR Hospital Are Unacceptable!

Recently, the hospital board met in private to discuss potentially suing Cook County community members over various statements made about OUR public hospital.

Any board member that votes to allow the silencing of the community through threats of a lawsuit should be removed, and any administration official that pushes a lawsuit against the ability of the public to speak out ought to be removed from

their positions.

Threats from a hospital board are unacceptable. If they go through with this you can count on me to help anyone campaign for board positions. In my opinion, a public hospital threatening lawsuits for people speaking out is beyond the pale.

Thanks,

Bryan Hansel, Grand Marais

As I See It: Listen, learn, and be present

Bruce Dahlman MD MSHPE ABFM

The heart and soul of any small-community medical practice are the people it serves. Kate and I are so extremely grateful for you, our community. Thank-you to the scores who attended the North Shore Health Board meeting Nov 16 and for the now hundreds of messages of support on social media and for the private messages, emails, and letters to the editor. We have felt your love but also your frustration and yes, anger, over Wapiti Medical's "non-renewal of my contract" and the reticence of our North Shore Hospital administration and Board to own their very likely part of this decision.

Timing of my writing: You have noticed that, until the North Shore Health Board meeting, I had not made any response to the fact I am no longer providing services at North Shore Hospital.

I had been a credentialed Active Staff member of the North Shore Health Medical Staff.

According to the Medical Staff Bylaws, any physician conduct, clinical or administrative is supposed to be referred to the Chief of Medical Staff. It was not.

I therefore let Dr. Sampson, Chief of the Medical Staff, know that my contract with Wapiti was not being renewed, expecting there had been action from that body.

As a physician under potential investigation, it was not my place to speak publicly while Dr. Sampson and the Medical Staff did their investigation.

But as has been made clear by Dr. Sampson, there in fact has been no involvement by anyone on the Medical Staff with respect to the fact that my contract was not renewed.

Dr. Dahlman's clinical care is not in question. Public statements from North Shore Health have stated that my clinical care competence is not an issue with the non-renewal of my contract.

Quote from Cook County News-Herald of Nov 10: [NSH CEO Kimber] Wradstad added that Dr. Dahlman's termination had nothing to do with his skills as a doctor. "We all know what a fine doctor Bruce is".

Quote from the Board Chair in Cook County News-Herald of Dec 2: "In health care, 'corrective action' results when there is question about competence of professional conduct of a practitioner. . . . Dr. Dahlman has not been subject to corrective action at NSH".

According to Wapiti, Dr. Dahlman's non-renewal is a collaborative Wapiti and NSH decision.

Wapiti let me know verbally and in writing that Wapiti and North Shore Hospital made the decision together to not renew my annual contract. Yet the Board Chair has publicly repeated differently, indicating:

In the Dec 2nd Cook County News-Herald: "To be clear, NSH did not request Wapiti take any action regarding Dr. Dahlman."

During the NSH Hospital Board meeting of Nov 16th: "This was not a Kimber decision. We stand behind Kimber and we stand behind Wapiti's decision. Anyone who believes this was anything but a Wapiti decision is misinformed."

The communication I received from Wapiti is inconsistent with the statement to the public from the NSH Board and administration.

Facts and opinions: The "whole truth" is not in view if the aggrieved has never been given opportunity to present their side of an event.

I don't know what the Board knows about my contract non-renewal.

But with the ongoing concerns, would it not be reasonable to be given courtesy to share my version?

Since this option has not been made available to me, I feel it is important to share my evidence with the Board and the public.

Significant evidence is already shared: When Board Member Frykman is quoted in the December 8th Board response saying that "facts are hard to find among a sea of opinions," he seems to be dismissing the testimony that is being shared from each former employee's lived experience. There are indeed facts being presented to the public and the Board with every speech or letter to the editor:

A patient thanking the ER team for their care (George Klevar in the December 9th News-Herald).

The testimony from EMT and Paramedic Julia Larsen's presentation at the Nov 16th Board meeting of, in the setting of NSH's advertisements for paramedics, administration had decided that she would not be hired for the position, even after several years of faithful service as an EMT without any prior issues on her record.

The testimony of Lab Technologist Sheila Dianowski's December 2nd News-Herald "As I See It" piece, where she painfully outlines the leaving of all of her full-time local colleagues in the lab, requiring the Hospital to hire expensive "traveling" replacements that stay for three to six months.

The anticipated future letters from past NSH employees that have been dismissed, "let go" or resigned after intimidation, ongoing pressure and yes, potentially abuse. The community is aware of many more employees with similar experiences. For those that have not had to sign non-disclosure agreements, your stories are important to tell. Now. The Board could inquire of those who signed such non-disclosure agreements.

This is the evidence that needs to be told – that needs to be heard, without restraint of non-disclosure agreements to realize that a pattern of loss of faithful NSH employees does exist, of which I am just the latest example. And I feel it is very inappropriate for the Board to deal with an issue this serious as just one part of a proposed sprawling, 4 - 6 month long-range strategic planning exercise. There is a focused question on the table to which the community deserves an answer, sooner rather than later.

High marks for patient satisfaction reflect the caregivers they meet. I trust that your clinical care with the North Shore Hospital Emergency Room echoes the award that the Board justifiably points to – patients of NSH have given award-winning satisfaction marks for our services. Such an award is mainly generated by pa-

Continued on page B4

COOK COUNTY NEWS Herald

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SERVICES
Cook County Ruby's Pantry 2nd Tuesday of the month food distribution 5:00 - 6:30 p.m., \$25 (cash only) Sponsored by Spirit of the Wilderness Church. Ruby's Pantry will now be at the COOK COUNTY HIGH SCHOOL. No financial or other qualifications - this is surplus food for all!
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WILD LIFE - Continued from page B2

DAHLMAN -Continued from page A2
tient response to the compassionate care they experience from the dedicated ER physicians, nurses and technicians who see 90% of the non-emergency, acute care patients at the Hospital. Why is it then that the recently onboarded telemedicine hospitalists, who only see the few admitted patients, are pictured as members of the Hospital Provider Team, but the ER physicians, many of whom have had years of service to NSH, are not? (<http://www.northshorehealthgm.org/our-providers>)
July 1 inpatient care transition: I have wondered whether the non-renewal of my contract was spurred by some actions I and my fellow ER physician colleagues took in the preparation for the once in a generation change for inpatient coverage at North Shore Hospital.
The 6 - 8 Wapiti ER physicians providing the vast majority of ER coverage to NSH were asked to add in-patient care services to their duties.
ER physicians and frontline nursing colleagues were not asked for our collective input.
Former Medical and ER Director until July 1, Dr. Farchmin, felt sidelined in this process.
ER Doctors conferred and gave suggestions: Considering our central role in the outcome of this transition, our ER doctor

group conferred together. A signed email was sent on May 4th to Wapiti and NSH administration summarizing the suggestions for working together to address the inevitable questions that would arise.
The ER physicians group suggested forming a group with representatives from the EMS team, floor nurses, telemedicine group, and ourselves with administration.
The ER physicians group, who would become the only on-site physicians, sent an email to all parties making suggestions for how we could effectively and efficiently meet the administrative tasks of the Medical Staff, Hospital committees, Medical and ER Director roles. These roles had always been filled with doctors who physically work within the local facility; we felt that should remain.
The ER physicians group had questions about how we would be remunerated for these additional roles and services.
The Wapiti response to our ER physician group said that they wanted to connect individually with each of us and give a Wapiti reply to NSH. The ER physician group agreed with a colleague's expression of the group feeling that we should continue speaking as a group as we communicate with Wapiti and NSH.
Corporate naivete: From our perspective, collective contributions to a cohesive team response

to the new changes taking place in July would generate a better outcome for all parties concerned.
Somewhat, as the frontline, on-site caregivers with years of experience in our NSH ER, we had thought our input and voice might be welcomed and valued.
As the only local ER doctor among the regular group, having almost 40 years of service, I felt that I had earned the right to represent the group's concerns to Wapiti Medical and North Shore Health.
I was wrong. We were wrong. My qualifications, my experience and my personal connection to the situation appears to have had no impact.
The shared decision for the non-renewal of my Wapiti contract was the result. As a 1099 contractor with Wapiti, where they are permitted to not renew my contract, I am now paying the price of the current corporate culture of medicine.
ER physicians have supported the administrative decision: NSH made their decision of how to proceed for managing in-patient care that involved the use of an off-site telemedicine service.
After requesting and being able to meet as a group with the planned Horizon Virtual telemedicine service leaders, the ER physician group expressed our agreement and support for the plan the administration had decided.
However our request

and sedges. Birch was the first tree species to arrive; in time it was mostly replaced by oak and hazel. Scots pine arrived in Scotland about 8500 BCE. The pine out-competed the birch and oak and spread across Scotland, and was found on about 80% of the land around 4500 BCE. Humans began clearing some land for agriculture, hunting, and use of wood in construction about 3000 BCE.
From 1690 to 1812 there was extensive logging of Scots pine. Less than 1% of Scotland's old growth pine woods remain. Wolves kept the deer population in check until they were extirpated; then the deer and sheep populations were allowed to increase uncontrolled. Most of Scotland's current granny pines are under 400 years old; the oldest known one is 540 years old. They were the only pines left after logging that were large enough to escape the devastatingly deadly browsing by deer and sheep. They are scattered among 84 fragments of the previous pine forest and have been described as being gnarled and half dead.

It has been found that lone trees die suddenly well before the end of their normal life span. Are the remaining granny pines dying because they are so scattered and there are too few and too scattered young pines to help them via the fungal network? Is the communication between trees via the fungal network functioning well after the extreme disruption of the Scots pine forest? Communication regarding which tree is in greatest need of help and for how long is likely a complex task.
Dr. Diana Beresford-Kroeger's studies involved comparing the function of hormones in plants and humans. In humans the tryptophan-tryptamine pathways generate all the neurons in the brain. She proved that trees have these too and use them to generate all the same chemicals that we have in our brains. This work has opened the possibility that trees have the neural ability to listen, think, plan, and decide. If this ability is possible, I expect it could involve a very different level and form than ours and involve the fungal network. I realize this is quite revolutionary and difficult to comprehend or accept; but the same could be said about many discoveries we now accept. This is not saying that trees can do these things; only that it opens the possibility.
Some Native American stories mention solitary trees "speaking" to humans of being lonely and asking to plant them neighbors. Perhaps they recognized important ecological relationships and put them into stories so that the knowledge could be more easily passed on to others.
Efforts are underway to restore Scotland's forests by planting trees and shooting excess deer. However, time is an important ingredient that cannot be rushed in the regeneration of ancient woodlands. An old growth forest must have more than trees; it needs a functioning fungal network, time to acquire a complex understanding, and many generations of dead and deteriorating trees to develop an old growth soil structure. Even after 750 years, a woodland that had been planted with oak in Essex still does not have many of the plants and mushrooms one would expect in a natural woods.

Continued on page B5

PUBLIC NOTICES

DAHLMAN -Continued from page B4

rate-style healthcare management. Unfortunately, these values do not seem to always be shared or interpreted in the same ways by all parties concerned.

I am a "small-town family doc" at heart, a role I love - a doctor who cares deeply about his patients, community, and fellow staff members, whose only desire is to be given an opportunity to work in concert with the administration to ensure the best possible care environment for all. This is who I am; this is who I have always been; and this is how I will remain going forward.

The future: National honors for patient satisfaction come from professionals that embody the North Shore Health motto: "Community access to compassionate care." But such honors, that come predominantly from doctors, nurses and techs on the frontline, can only be sustained when we all, whether employed or

contractors, are empowered by all parties to contribute to the solutions that will be needed in the future. Empowering employee access to shared decision-making would be a strong part of keeping compassionate care available into the future.

We must all be willing to listen, learn, and be present.

COOK COUNTY BOARD OF COMMISSIONERS Summary of Official Minutes

COMPLETE COPIES OF THE COOK COUNTY BOARD OF COMMISSIONER MEETING MINUTES ARE AVAILABLE FREE OF CHARGE FROM THE OFFICE OF THE COUNTY AUDITOR-TREASURER. COPIES ARE ALSO POSTED ON THE COUNTY WEBSITE AT www.cookcountynet.com. ALL MOTIONS WERE PASSED BY UNANIMOUS YEAS VOTE OR COMMISSIONERS PRESENT UNLESS OTHERWISE INDICATED.

Minutes of November 28, 2023

Present: Commissioners White, Hawkins, Mills, Sullivan, and Starlie Also Present: County Administrator James Joerke, Auditor-Treasurer Brandy Powers, Attorney Molly Hicken, Executive Administrative Assistant Jana Kokenmiller-Berka, and Auditor Office Support Specialist Adrianna Brisson.

Approved agenda as written.

Approved Consent Agenda

A. Claims - \$67,990.74

B. Minutes - November 24, 2023 Board of Commissioners Meeting

C. Renew Richard Olson's HRA Board term.

D. Legal Newspaper Bids

E. Resignation of Steve Cuthbert

F. Appoint Jett St John and Kory Bowman to the Community Center Board

RESOLUTION # 2023-68

BE IT RESOLVED that the following claims totaling \$6,790.74 having been audited and found to be true and correct claims against Cook County, are approved and the Auditor-Treasurer is hereby authorized to draw warrants in payment of said claims.

Office of MNJT Services

5 2,813.79

13 claims less than \$2,000.00

5 3,976.95

Approved by motion to enter a Joint Powers Agreement for regional transportation coordination with medical Transportation Management (MTM) effective January 1, 2024.

Approved by resolution the Grand Portage Project Bond Agreement.

RESOLUTION 2023-69

Local Bridge Replacement Program Grant Agreement Grant Terms and Conditions SAP 016-617-009

WHEREAS, Cook County has applied to the Commissioner of Transportation for a grant from the Minnesota State Transportation Fund related to Bridge No. 16532; and

WHEREAS, the Commissioner of Transportation has given notice that funding for this project is available; and

WHEREAS, the amount of the grant has been determined to be \$528,643.42 by reason of the lowest responsible bid;

NOW THEREFORE, be it resolved that Cook County does hereby agree to the terms and conditions of the grant consistent with Minnesota Statutes, section 174.50, and will pay any additional amount by which the cost exceeds the estimate and will return to the Minnesota State Transportation Fund any amount appropriated for the project but not required. The proper county officers are authorized to execute a grant agreement and any amendments thereto with the Commissioner of Transportation concerning the above-referenced grant.

Approved by motion to purchase a new wheel loader at a state bid price with trade-in at \$229,460.

Approved and ratified by motion the updated Natural Resources Block Grant for 2024 and 2025 for the continuation of State Funding for the administration of the following programs: Local Water Management, Septic Treatment Systems Upgrade and Management programs; and Wetlands Conservation, and to designate the Land Services Director as the authorized representative for the grant.

Approved by motion the job description updates for Public Information Coordinator and a change in job grade from 150 to 160.

Approved by resolution a 3.5% COLA increase to all elected officials effective January 1st, 2024.

RESOLUTION # 2023 -70

WHEREAS, Minnesota Statutes 375.055 states that county commissioner salary and schedule of per diem payments are not effective until January 1 of the next year as set by resolution of the county board, AND WHEREAS, the Office of the State Auditor recommends that the county board approve the county commissioner salary and schedule of per diem payments annually regardless of whether or not the amounts will change,

AND WHEREAS, Per Diem are paid for work described in the County By Laws and Per Diem Policy,

AND WHEREAS, in 2022 the County Board noted that commissioner salaries had not increased since 2003 and,

AND WHEREAS, the County Board did not want the increasing cost of living to preclude citizens from serving as county commissioner, the county board approved 2022 Cook County Board of Commissioners salaries with a cost-of-living increase of 3%, and 2023 salaries with a \$3,660 increase

AND WHEREAS, the County Board recognize the need for commissioner salaries to keep pace with changes in cost of living,

AND WHEREAS, the County Board negotiated a 2024 cost of living increase for employees of 3.5%,

NOW THEREFORE BE IT RESOLVED by the Cook County Board of Commissioners to increase commissioner salaries by 3.5% for 2024, and no change in the per diem rate,

AND ALSO BE IT RESOLVED by the Cook County Board of Commissioners to increase other elected county official salaries by 3.5% for 2024.

Meeting adjourned at 10:08 a.m.

Published on December 16, 2023

Notice of Surplus Equipment Auction

The Cook County Highway Department will be offering the following items for sale via the Same Surplus Services auction website (<https://www.samebid.org>):

Four lots of steel H and I beams and tubing

Hydraulic Tiger beam mower compactor

Two 2000-gallon water tanks

Two-behind sidewalk creper

Auction opens on December 13 and closes at 10:00 am on December 22. Items can be viewed at the Cook County Highway Department, 609 East 4th Ave, Grand Marais, MN.

Any questions, call Matt Nesheim at 218-537-1014.

Published December 16, 2023

Please send ALL public notices to ccnh@boreal.org.

Conservation Officer Tales

Although the Cook County News-Herald knows that the majority of sportsmen and women are law-abiding folks, there are a few that run afoul of the Minnesota Department of Natural Resources (DNR) Conservation Officers. Periodically, the DNR provides a report of some of the misdeeds the Conservation Officers (CO) have encountered. The News-Herald shares these stories as a reminder to all to be safe and to follow the rules!

CO Thomas Wahlstrom (Grand Marais) checked trapping activity, muzzleloader hunters and followed up on past season big-game investigations. Enforcement action was taken for big-game violations.

CO Hudson Ledeen (Grand Marais #2) reports that some trappers hit the woods this past weekend in search of fisher, pine marten, and bobcat. Several traps were checked, as were a few trappers. Investigations are ongoing following violations from the deer-hunting season. Enforcement action was taken for lend and borrow big-game violations.

CO Kylan Hill (Tofta) reports continued work on multiple deer-hunting related investigations throughout the week. Hill, along with COs Ledeen and Wahlstrom, conducted multiple interviews over the weekend surrounding suspicion of lending and borrowing deer tags. Admissions were received, and multiple people were issued citations and \$500 in wildlife restitution for the cost of the deer. A wanton-waste complaint was followed up on. Ice reports have been mixed, but with the warm weather throughout the week, please use caution when venturing out on the lake.

CO Trent Seamans (Big Lake) patrolled for anglers and big-game hunters. Additional time was spent presenting at a snowmobile safety class and addressing wetland/public waters violations. Enforcement action was taken for hunting deer with the aid of bait, failing to register a deer, failing to tag a deer, and transporting an illegally taken deer in a motor vehicle. Seamans located a lost hunter in the Sand Dunes State Forest. The hunter was contacted walking in the wrong direction over 2 miles from his vehicle approximately two hours after sunset.

CO Sean Williams (Ely #1) reports checking several muzzleloader deer hunters over the weekend. Reports continued to be bleak, and even with freshly fallen snow deer sign was exceedingly rare. Angling activity was light and ice conditions noted were highly variable. Some areas measured as little as 1 inch, while on the same lake other areas had up to 7 inches. Anglers are urged to continue to be cautious, especially with the varied weather conditions we've seen.

CO Bill Landmark (Pelican Rapids) spent the week checking pheasant hunters and muzzleloader hunters. Warm weather deteriorated ice conditions significantly, and in one instance a fish house melted through the ice. Anglers should wait for conditions to improve before venturing onto the ice again. A wolf-depredation report was also investigated and confirmed. Calks from the public included reports of dead swans, injured deer, deer stuck on the ice, and reports of deer-hunting violations.

CO John Slatinski IV (Ray) contacted trappers during the opening days of the marten/fisher season. Conditions are very good for getting around with most of the trails and roads frozen. Grouse had hunters wondering where they had disappeared to. Several groups commented they were still seeing significant numbers of grouse at the end of the regular deer season and now they seem all but nonexistent. Several muzzleloader deer hunters were contacted trying their luck as the final days and hours closed in. They were reporting seeing a few more deer, but not what they were hoping for. The northern pike spearing crowd has started to venture out, with widely varying conditions noted. Although some fish were seen, it was not what they expected.

Matters of Record

The Cook County News-Herald publishes Matters of Record to inform the public of arraignments and dispositions of criminal cases in which the punishment exceeds \$150 and/or ten days in jail and/or includes one year of supervised adult probation. It is the Cook County News-Herald's policy that this information contains a complete record. Requests for items to be withheld will not be granted.

Bryce Thomas Urbanik, 26, Moose Lake, Minnesota, pled guilty to a Petty Misdemeanor for "Hunting-Transportation of Firearms-Loaded Firearms" on October 30, 2023, and was fined \$185.00.

Ronald J. Raines, 64, Omaha, Nebraska, pled guilty to a petty misdemeanor offense of "Speed Exceed in Special Zone set by Commissioner." His fines and fees totaled \$145.00.

Courtney Alissa Gorder, 30, Wayzata, Minnesota, pled guilty on December 10, 2023, to a petty misdemeanor "Speed 60 Zone" violation for driving 79 mph in a 60 mph zone. Her fines and fees were \$145.00.

Andrea Renee Young, 38, Thunder Bay, Ontario, pled guilty on December 10, 2023, to driving 82 mph in a 60 mph speed zone. Her fines and fees totaled \$225.00.

Hayden Thomas Johnson, 20, Rockford, Minnesota, pled guilty to a misdemeanor offense of "Liquor-Possession by Person under 21" on December 4, 2023. His fines and fees totaled \$185.00.

Winston Taylor Smith, 19, Loreto, Minnesota, pled guilty on December 4, 2023, to a misdemeanor offense of "Liquor-Possession by Person under 21." His fines and fees totaled \$185.00.

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DULUTH

Emergency room doctor dismissal fuels anger in Grand Marais

North Shore Hospital blames a staffing company, but local residents want to hold its leaders and board members accountable.

By Jeremy Olson (<https://www.startribune.com/jeremy-olson/6370564/>) Star Tribune
NOVEMBER 27, 2023 — 7:00AM

People in Grand Marais are protesting the dismissal of a beloved doctor from their emergency room — a medical outpost isolated by miles of lakeshore and forest in Minnesota's Arrowhead.

Two doctors with senior roles at North Shore Hospital publicly criticized the Nov. 1 removal of Dr. Bruce Dahlman, and residents decried it as the latest in a series of administrative moves that has gutted the hospital's staff.

Michele Miller was relieved last summer when paramedics took her to the ER and Dahlman was there. The doctor has worked in Grand Marais for three decades but also completed medical missions to Africa and was the American Academy of Family Physicians' [humanitarian of the year](https://mafp.org/news/552290/MAFP-Member-Bruce-Dahlman-MD-Honored-with-AAFP-2020-Humanitarian-Award.htm) (<https://mafp.org/news/552290/MAFP-Member-Bruce-Dahlman-MD-Honored-with-AAFP-2020-Humanitarian-Award.htm>) in 2020.

"You have to know him; the man just reeks of integrity," said Miller, a local musician. His dismissal "feels rotten and wrong. I don't recognize anyone at the hospital anymore. It's all just traveling doctors."

The hospital's fate affects more than 5,600 people in Grand Marais and surrounding Cook County. The region annually draws 1 million tourists, and some break their legs skiing or stab themselves with fishhooks. The next closest emergency room is 110 miles down the Lake Superior shoreline in Duluth.

"If you call 911 from anywhere in this vast area," Miller said, "if you fall down a cliff and break a leg, you're coming to our ER."

Who is responsible for Dahlman's dismissal is in dispute. Hospital leaders said they issued no "corrective action" against the doctor and that the decision rested with Wapiti Medical Staffing, the South Dakota agency that employed him. The agency's chief executive declined to comment, calling it a confidential matter.

ADVERTISEMENT

In a Nov. 16 community meeting, Dahlman accused hospital leaders of pushing him out because of his opposition to policies that he believed undermined patient care.

"That's the closest thing I can come to," he said, "that I am an insurrectionist."



ALEX KORMANN, STAR TRIBUNE FILE

Visitors in front of the Grand Marais Lighthouse.

Hospital administrator Kimber Wraalstad stressed that the change hasn't upset emergency room care. North Shore's ER averages 2,400 to 3,000 visits per year and is usually staffed by a single Wapiti doctor over 24 to 72 hours.

"We're still here, we're still taking care of patients," she said. "That has never lapsed."

Pressure on rural hospitals

The dispute comes amid challenges for [North Shore](https://www.northshorehealthgm.org/) (<https://www.northshorehealthgm.org/>), one of Minnesota's 76 critical access hospitals that have stayed open (<https://www.startribune.com/minnesota-s-rural-hospitals-are-hanging-on-for-now/509215652/>) despite financial pressures.

North Shore Health lost money on the operation of its hospital and other facilities for five straight years through 2021 and meets [Minnesota's definition](https://www.health.state.mn.us/data/economics/docs/distressedhosp2019.pdf) (<https://www.health.state.mn.us/data/economics/docs/distressedhosp2019.pdf>) of financially distressed. The hospital was among the first (<https://www.startribune.com/rural-minnesota-moms-losing-out-on-giving-birth-locally/290402121/>) in Minnesota in 2015 to stop providing non-emergency baby deliveries because of declining volumes and rising insurance costs.

North Shore also lost access this summer to doctors from the local Sawtooth Mountain Clinic that for years had made rounds at the hospital and cared for patients admitted to inpatient beds. The clinic had experienced turnover and couldn't find recruits willing to provide inpatient care in addition to office visits.

All of that makes Dahlman's dismissal perplexing to supporters, who are seeking candidates to run for the hospital board and change its leadership. The hospital is one of 31 in Minnesota managed by local governments or advisory boards.

Medical staff chief Dr. Michael Sampson accused North Shore's administrator of being "devious" and concocting disciplinary issues against Dahlman last summer after he criticized her plans to revise inpatient care. Sampson called on Wraalstad to resign in a letter (<https://www.cookcountynews-herald.com/letter-to-the-people-of-cook-county/>) Friday to the Cook County News Herald.

Dr. Milan Schmidt, the hospital's medical director until his retirement last year, said it would be unusual for Wapiti to dismiss a doctor without the hospital's input. Schmidt said Dahlman angered leaders by sometimes giving patients breaks on their billing but was a compassionate doctor who kept up with changing techniques and technology.

"Never in the time I was working as medical director was anybody dismissed from Wapiti when we didn't request it. ... It's not like this was a new thing where the hospital has never had a physician dismissed from the staff, but this doesn't smell right," he said.

Sheila Dianoski, a former technician at the hospital, was among several who quit in frustration, leaving its diagnostic laboratory with a skeleton crew of part-time and contract workers. The staff has turned over dramatically because workers are being asked by hospital leaders to do more with less and are burned out, she said. Dahlman's dismissal magnified the staffing problem.

"It's the one that finally got the attention of the community," Dianoski said.

North Shore leaders defended their practices, which landed the hospital on a [national top 20 list](https://www.ruralhealth.us/about-nrha/rural-health-awards/top-20-critical-access-hospitals) (<https://www.ruralhealth.us/about-nrha/rural-health-awards/top-20-critical-access-hospitals>) for patient satisfaction, but they acknowledged the "emotional response" over Dahlman's dismissal. A letter in Friday's Cook County newspaper offered sympathy but no explanation.

"North Shore Health cannot speak to the decisions between Wapiti and their contracted providers," hospital spokesman Todd Ford said.

Jeremy Olson is a Pulitzer Prize-winning reporter covering health care for the Star Tribune. Trained in investigative and computer-assisted reporting, Olson has covered politics, social services, and family issues.

jeremy.olson@startribune.com stribJO

From: "Sampson, Michael R" <Michael@sawtoothmountainclinic.org>
Date: December 20, 2023 at 4:29:33 PM CST
To: pwincheldahl@yahoo.com, marylsanders@mail.com, steve.frykman@gmail.com,
Northernmagnet@yahoo.com, randywiitala@gmail.com
Subject: NSH CEO

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Dear Board Member,

I expect these last weeks have been trying and difficult for all of you. I wish it could be otherwise.

I have written numerous emails in my head to you hoping to find the right words to reach each of you. I guess this is my best attempt.

Giving up caring for inpatients in the hospital was an agonizing and difficult decision for the SMC doctors, but the increasing burdens and expectations in the outpatient world made doing both jobs infeasible. I know I speak for all the SMC doctors when I say how much we care about NSH hospital and how much we want it to succeed. The countless hours we have donated to Med Staff, OB committee,

UR committee, PT committee, antibiotic stewardship committee, Trauma committee, ambulance director and the countless educational tasks we have performed speak to this.

With this caring in mind, I reach out to you today to beseech you to help our current CEO resign from the hospital. The current problems confronting the hospital are deep, and though not all of them can be laid at her feet, she clearly does not have the skill set to take them on. We need a flexible and creative CEO who can attract new workers, not one who drives employees away.

I could sight numerous examples of Kimber's problematic leadership. How Dr Sandy Stover resigned as President of the Medical Staff as she could not work with Kimber, how Kimber completely subverted the process of hiring a Director of Nursing, how her insensitivity almost resulted in mass resignation of the Grand Portage Ambulance Squad, and how the NSH staffing crisis relates directly to her management style.

There are so many examples of her failings as a leader if you took the time to look. But frankly, that would be a waste of your time. Kimber has lost the confidence of the Medical Staff, nurses, many employees at the hospital (who are afraid to speak), and the community at large. This is reason enough for her to be done.

There is so much work to be done to save our hospital. Please help our community find a new CEO to lead NSH.

Respectfully, Michael Sampson MD

Sent from my iPhone

COUNTY CONNECTIONS



Mike Keyport
Cook County Emergency Management Director

Winter Severe Weather Awareness Week

In Cook County this fall the beautiful leaves turn color and fall and had an above average temperature dear season. But as the air turns crisp, we know that a Minnesota winter is soon on the way. Even though we are hearty northerners, it's a good time to refresh our cold weather skills and ensure that we are prepared for winter challenges.

The Minnesota Department of Public Safety division of Homeland Security and Emergency Management (DPS-HSEM) partner with the National Weather Service to sponsor the annual Winter Hazard Awareness Week.

Each year in November these agencies offer tips to assist families and businesses in preparing for and surviving winter.

Winter Weather Overview: The main weather threats in Minnesota are extreme cold temperatures, wind chill, heavy snow, and ice. We need to know and understand winter weather watches and warnings.

OUTLOOK: Winter storm conditions are possible in the next 2-5 days. Stay tuned to media for updates.

WATCH: Winter storm conditions are possible with

in the next 36-48 hours. Prepare now!

WARNING: Life-threatening severe winter conditions have begun or will begin within 24 hours. Act now!

ADVISORY: Winter weather conditions are expected to cause significant inconveniences and may be hazardous. If you are cautious these situations should not be life threatening.

Outdoor Winter Safety: When enjoying the outdoors, we need to wear layers of loose-fitting, water repellent, warm clothing. Don't forget the hat! Forty percent of body heat is lost from the head. Be aware of frostbite and hypothermia. Frostbite is the freezing of the skin and extremities on the body such as nose, cheeks, ears, fingers, and toes. In very cold weather, the body can lose heat faster than it can produce it; the result is hypothermia. Warning signs include confusion, shivering, difficulty speaking, and sleepiness. Remember our pets during extreme winter weather, assure that they have adequate shelter, and of course bring them indoors.

Winter Fire Safety: Many of us in Cook County use wood as an alternate heating source. Some things to remember when burning wood are: having the chimney inspected annually, burning only seasoned dry wood, ensuring the wood stove is properly installed, and making sure home smoke detectors are installed and working. When using portable space heaters, make sure they are in good working order and keep three feet away from combustibles. Don't forget to make a fire escape plan.

Indoor Winter Safety: Carbon Monoxide also known as CO is called the "invisible killer" because it's a colorless, odorless, poisonous gas. Install CO alarms on every level of the home and in each sleeping area. It is especially important to make sure the CO alarms are in working order. Symptoms of CO poisoning are very similar to the flu or COVID-19 to include: headaches, nausea, fatigue, vomiting and disorientation.

Winter Driving: We sometimes need to travel in winter weather, so here are some winter travel survival tips. Be sure to check road and weather conditions before leaving. Keep your gas tank at least half full at all times. Always share your travel plans with family or friends. Standed! It is always safer to stay with your vehicle. A winter survival kit is recommended to carry in the vehicle and should include extra winter clothing and boots, blankets, flashlight, booster cables, and a shovel. Some salt/sand or cat litter could be used for the traction. When traveling remain on main highways when possible and always beware of potholes and other emergency vehicles.

The National Weather Service has a great website that offers a vast resource library for parents and teachers, fun activities for children and printable publications and brochures on various winter weather related subjects. https://www.weather.gov/wrn/winter_safety

Minnesota Homeland Security and Emergency Management offers additional information, checklists, and resources to assist in local education efforts. They encourage people, families, businesses, and organizations to use the information to review, refresh and share their winter safety knowledge. Check it out at <https://dps.mn.gov/divisions/hsem/winter-awareness-preparedness/Pages/winter-hazard-awareness-week.aspx>

Enjoy our winter wonderland! Be ready, be safe, and be well.

For more information, contact Mike Keyport at mike.keyport@co.cook.mn.us.

ing letter to the public call for immediate action. Resignation and/or recall.

Ours is a community hospital, not the private fiefdom of a privileged few.

Vicki Biggs-Anderson, Colvill

North Shore Health Responds to Community Concerns

The Board of Directors and Administration at North Shore Health would like to thank everyone who has shared their concerns about our quality of care, our commitment to the community and the sustainability of our facility. We have heard the concerns about the change in Dr. Bruce Dahlman's employment via email, text, social media, phone calls, and from those who attended today's board meeting. We know it is not easy to take time from your busy schedules to share your comments, and we appreciate it. We want you to know that we hear you and we care. As a long-standing pillar of this community, North Shore Health is firmly committed to our mission: "Community Access to Compassionate Care." That is no small task in these challenging times for rural healthcare.

We are grateful to hear the personal stories about Dr. Dahlman and how much his dedicated service has meant to our families and coworkers. These are the kind of supportive relationships that glue together a strong community.

Much of the emotional response we have heard is based on the non-renewal of

Dr. Dahlman's contract with his employer. Please allow us to clear up any confusion about that. North Shore Health contracts with Wapiti Medical Group (Wapiti) for Emergency Department coverage. Given our rural location, this is the only way to ensure continuous Emergency Department coverage. Dr. Dahlman contracted with Wapiti to work in Emergency Departments in various organizations, including North Shore Health. Wapiti exercised a contractual right to end their relationship with Dr. Dahlman. No corrective action has been proposed or taken by North Shore Health regarding Dr. Dahlman. This is a contractual matter between Wapiti and Dr. Dahlman. North Shore Health cannot speak to the decisions between Wapiti and their contracted providers.

Wapiti's commitment to guaranteed health care access for North Shore Health and our community is ongoing and unwavering.

On behalf of everyone at North Shore Health, we are thankful for Dr. Dahlman's years of service. We wish him the best.

Todd Ford, Public Information Coordinator

Former hospital employee speaks out

Although I no longer live or work in Cook County, I feel compelled to speak out about the troubling situation at North Shore Health and the arbitrary dismissal of a dedicated, compassionate physician, Dr. Bruce Dahlman. As a former employee who worked under both the previous and current administration, I will no longer remain silent. I can immediately recall at least twenty people who were either terminated for fabricated reasons or resigned due to the toxic environment created by the current administrator. There is no EMS staff member who has worked there for longer than three years because everyone has quit. All of the laboratory staff is temporary, having resigned because of the dreadful working conditions. The nursing staff has decreased to only a third of what it was seven years ago when I worked there. Anyone can verify this by looking at the job openings.

Previously, this hospital was a highly sought-after place to work in the county.

Letter to the people of Cook County

I have just returned from the closed session of the North Shore Hospital (NSH) Board meeting. I was there in my position as Chief of Medical Staff to present my investigation and thoughts on the termination of Dr. Bruce Dahlman from the Medical Staff of North Shore Hospital and from Wapiti (the ER group that provides services to NSH). Today, I speak to you as a physician who has worked here for 14 years and cares deeply about this community and the health of NSH. I believe you need to hear the story I have to tell.

Most of you know Bruce Dahlman, the doctor who has served this community for over 30 years, who cares passionately about his patients and this community, basically just a good doctor who, let's be

Writer calls for administration changes at North Shore Health

It became clear at the recent NSH board meeting that NSH administration was involved in the firing of Dr. Dahlman, despite their repeated denials otherwise. It also became clear that he was not dismissed for medical reasons, nor for anything that merited his dismissal.

Since speaking at that board meeting, I have now heard from numerous of former and current NSH health employees: nurses, former lab techs, a former maintenance director, former EMTs/Paramedics, and several doctors, asking me to keep speaking out on this issue.

Some have written me in the middle of the night, asking to remain anonymous, fearful of losing their jobs for telling the truth about NSH administration.

One staff member called me at home,

Homage to Librarians

I probably shouldn't be writing my first letter to the editor with this brazen fog, but write I must. I find myself a week into COVID. Zero stars. It's my first time so I know I'm lucky on many levels.

Blessedly I can lift a book, the books I've read have been excellent and they have not been things I'd have normally chosen.

Why, you might ask? Because they were selected by the kind folks at our local library. What could have been a fairly miserable set of days was made brighter be-

Thank you, grocers!

November is the month of Food and Gratitude! This makes it the perfect time to thank our local grocers for their support of supplemental food programs. You may be familiar with SNAP (Supplemental Nutrition Assistance Program), but have you heard of WIC (Women, Infants, & Children)? Do you know about the Produce Vouchers that are funded by the Grand Marais Food Shelf?

These programs can help put more healthy food on a family's table. Hopefully, they're easy for people to access and use: Get signed up for the food program, choose eligible foods (fruits, vegetables, cereal, bread, meat, fish, dairy products, etc.) and then just swipe a card or present

with attractive wages, benefits, and an inviting and warm environment where employees could trust one another. However, there is no trust there anymore. Collegial discussions and collaboration are no longer feasible. If you speak out or disagree with the administration, you are no longer considered a team player and will face consequences. The current administrator is a dictator who micromanages and makes demands, whether or not they are in the best interests of patients or employees. There are several respected physicians in this community who can attest to this as fact. I wonder why there is even a hospital board and what their role is, as they appear to be complicit and support Ms. Wraalstad's personal agenda. Please keep this in mind during the next board election. Your hospital and community members employed there depend on you to make changes.

Nicole Rindahl, Englewood, FL

Letters TO THE Editor

honest is a bit of a maverick and can be a thorn in the side of administration.

To summarize a fairly exhaustive research, Dr Dahlman questioned NSH administration's plan for transitioning inpatient treatment at the hospital. They did not like this, and Wapiti and NSH issued him a warning to stop interfering. Suddenly, two months later incident reports against Dr Dahlman began appearing, twelve in the next four months, not from nurses, or doctors, or patients, but I believe from administration. These were reviewed by the new ER Medical Director, who is an employee of Wapiti who has never worked at our hospital. Apparent-

Continued on page A5

Writer calls for administration changes at North Shore Health

their voice shaking as they spoke, repeatedly pleading with me not to reveal their name, so fearful were they of repercussions from administration.

And many, many former staff who no longer work at NSH have also posted their own toxic experiences with NSH administration on social media over the past week.

Absolutely ALL of them are telling a version of this SAME story, again and again:

When Kimber Wraalstad was hired, the atmosphere at NSH drastically changed from a supportive one where employees were appreciated as team players and empowered for excellence... to an atmo-

Continued on page A5

Homage to Librarians

cause a couple of librarians made the time to create a coveted grab bag, unique to my tastes. It's been a true gift.

Jim, "The Librarianist" (one of my book titles, Patrick deWitt, so good), took my call and delivered with aplomb. I suspect he had help; Kathy has done this in the past too. Thank you for doing me a huge favor and for keeping us all in good books. I salute you, and I know I'm not alone.

Amber Richard, (Holed up near Grand Marais)

Thank you, grocers!

the voucher at check out.

However, the in-store administration of these programs is more work. Depending on the program, some of the steps involved include:

- Going through a state authorization process for both SNAP and WIC.
- "Mapping" food items into a store database.
- When ordering, grocers have to balance the cost-effectiveness of products with availability, and then try to make sure that all fit within the program's parameters.

Continued on page A5

COOK COUNTY NEWS Herald

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Historical Reflections



Reprinted from the 1938 edition of the Cook County News-Herald

Remember when making a long-distance telephone call was a big deal? And making that call came from a landline? Well, it was even more special in 1938 when phones were relatively new. Your call back then was handled by a switchboard operator who would plug a patch cord into the socket of the person you called (if the call was local) on the switchboard. If snoopy, the operator could listen to your call.

Down Memory Lane

20 YEARS AGO NOVEMBER 21, 2003

- At the Nov. 13 Tofte Town Board meeting current board chairman John Nelson's retirement announcement came as a surprise to his fellow supervisors Paul James and Gary Kettleton.
- Fire Chief Rich Nelson (John's son) announced the retirement during his fire report. John stated he was resigning from his supervisor post and asked his fellow supervisors to appoint a replacement for the remainder of his term through March 2004.
- The announcement interrupted the meeting for several minutes of lively discussion among everyone in attendance. Nelson has served on the town board since it was formed in 1975.
- The county board moved forward Tuesday with plans to replace its aging and overloaded communications tower on Eagle Mountain in Lutsen.

According to a proposal received from Verizon, the communications company wants to build a new 190-foot-tall tower on county land to replace the existing structure. In exchange for permission to do that, Verizon would let the county place its antennas on the new tower lease-free.

30 YEARS AGO NOVEMBER 22, 1993

- The Cook County Board of Commissioners Nov. 17 authorized TSP Architects to proceed with a schematic design of a major courthouse remodeling and expansion.
- The action does not constitute a decision to construct the building, but does authorize spending up to \$46,000 on detailed plans and schematic drawings.
- Tuesday afternoon and evening, Cook County residents will have an opportunity to participate in a hearing that will help determine whether or not Grand Marais will get a second state bank.
- The two meetings in Grand Marais are open to the public and will be informal, according to an administrative judge who will preside. A more comprehensive hearing will be held Nov. 29 in St. Paul at the Department of Commerce. Those hearings will include testimony by the applicant, the objector and various expert witnesses. They are expected to continue for three or four days.

60 YEARS AGO NOVEMBER 21, 1963

- J.T. Hussey, who has served the county as clerk of the district court for the past 17 years, resigned from the office at last week's county board meeting.
- Commercial fishermen are either pulling in their nets or are forced to sell their fish to Duluth buyers on consignment following a "no buy" notice from the dealers.
- The latter claim the recent stigma given smoked fish sold in vacuum-packed plastic bags has ruined the market for any type of fish.
- This is a hard blow to the fishermen who have had to contend with one hardship after another.
- Mrs. George Smith reported last week that she found wild yellow violets blooming in the village. Spirea are still blooming in front of the News-Herald, and there is still a whole border of snapdragons at the Shoreline. Malcolm Linnell still has roses blooming.

100 YEARS AGO NOVEMBER 22, 1923

- Leonard Portano, who murdered four persons in a day's carnival of crime following a quarrel over an innocent girl of 15, is behind bars in the county jail at Bemidji.
- The slayer was captured 2 1/2 miles north of Kelliher. He was hiding in a haystack and displayed none of the courage credited to him when Sheriff Julius Johnson walked to his hiding place and ordered him to surrender.
- Instead of the battle which had been expected, and for which hundreds of armed men had prepared, the murderer walked from the stack with his hands up.
- A jury of four women and five men yesterday agreed to disagree in an action of the state against seven workmen who, it was alleged, jumped their job after accepting transportation.
- Sheriff Litch thinks that a jury of women may be depended upon to exercise equally as good judgment as men would, and he was well satisfied with this first jury here made up so largely of women.
- LOST - A pair of spectacles. Finder return to Kate Frost of Chippewa Village. She is sorely in need of them as she cannot work without them.

Do you have an old picture or a story from years gone by that you would like to share with the Cook County News-Herald readers? We'd love to hear your Historical Reflections. Call (218) 287-9100; e-mail cah@coocounty.org or stop by our office at 15 First Avenue West.

Continued from page A2

ly they were serious enough to have him fired, but not so serious to intervene in any way for four months. No notice of this was ever given to Dr. Dahlman or myself as President of the Medical Staff. When I requested these reports from administration, Kimber Wraustad refused to release them to me (but did offer to have me sit down with a lawyer to discuss it).

The current administration response from NSH is that this is a Wraustad decision that is "out of our hands." This is ingenious at best and despicable at worst. The concerns regarding Dr. Dahlman emanated only from NSH, not any of the other hospitals he has worked. The termination letter from Wraustad reads, "Based on a culmination of clinical and behavioral events which place both Wapiti and NSH at risk, we have made the decision TOGETHER, that no future shifts will be scheduled". The termination letter from Kimber Wraustad to Dr. Dahlman reads, "you are not entitled to fair hearing rights."

In my 36 years as a physician and 20 years serving as a Medical Staff Officer at 3 different hospitals, I have never seen a physician treated so unfairly and disrespectfully. Yes, we should contact Wapiti to reconsider their decision, and yes we should pressure the Board to consider another ER group if they do not.

But I would not be writing this letter today if it were just about Dr. Dahlman. He is just one example of quality individuals who have been run out of NSH because of a hostile work environment. If Kimber Wraustad really cared about this hospital and this medical community, she should resign and make way for new leadership. It is long past time.

Respectfully, Michael Sampson, MD

Continued from page A2

sphere of intimidation, under an administrator who demeaned and disrespected her employees, cowed them into silence, and caused them to leave their jobs for their own mental health and well-being. Communication was shut down, proper processes for grievances were thwarted or strangled. Exit interviews and post-employment concerns went unanswered.

Now because Dr. Dahlman has also spoken truth to power, he has been dismissed. His abrupt, egregious termination has been a catalyst to all this painful truth that is finally coming out.

These NSH testimonies can be found on the Cook County Community Conversations Facebook page, as well as in the comment section of the recent Press Release on the NSH Facebook page. Please read them. Please pay attention.

Our dedicated NSH staff have been ignored by management & administration for years. Do not ignore them now. Listen to them.

Write the NSH Board and ask them to investigate why and how the administration has caused this catastrophe. The future of NSH and the viability of quality healthcare in our county depends on it.

Please don't rest until a change in administration is made.
Michele Miller, Hovland

Continued from page A2

The acceptance of produce vouchers means that grocers must pay for the veggies and fruits first and get reimbursed by the food shelf at a later time. This adds an extra layer of commitment.

The following list highlights local stores and the program that they participate in:

- Clearview General Store (SNAP, WIC, Produce Vouchers)
- Cook County Coop (SNAP, Produce Vouchers)
- Genes Foods (SNAP, WIC, Produce Vouchers)
- Grand Portage Trading Post (SNAP, WIC, Produce Vouchers)
- Johnson's Foods (SNAP, WIC, Produce Vouchers)
- Tofte General Store (SNAP, WIC, Produce Vouchers)

Food is expensive, and when finances are tight, people often have to choose between eating and eating well. Our local grocers help close that gap by choosing to participate in these programs. The next time you're shopping, let them know that you're grateful for their efforts!

With our thanks,
Hartley Newell-Accro, President, Northwoods Food Project

Connecting growing and supporting a sustainable local food system in Cook County, Minnesota - from farmer to fork
<https://www.northwoodsfoodproject.org/>

I am a veteran-owned shop with years of experience in firearms and related items: scopes, slings, cases, mounts, and rings. Check me out on Facebook. I have a 5-star rating.

Another year, and another hunting season is upon us. As we approach fall, the idea of getting into the woods with your favorite firearm is here. If you are looking for that firearm or ammunition, I probably have it.

With 250 firearms in stock and a good supply of ammo on hand for your purchase, see me instead of traveling an extra 100 miles to the big boy stores in Duluth.

We are open Monday through Friday 9 a.m. to 5 p.m. and Saturday 9 a.m. to 3 p.m. and later by appointment.



CHUCK'S GUNS

BUY SELL TRADE

24 Law Drive, Silver Bay, MN

Shop: 218-226-3401 | Cell: 218-220-0107

From: Paul Terrill <bumbee@boreal.org>
Date: December 3, 2023 at 5:10:57 PM CST
To: pwinchelldahl@yahoo.com, marylsanders@mail.com, steve.frykman@gmail.com,
Northernmagnet@yahoo.com, randywiitala@gmail.com
Cc: Greg.Ruberg@slhduluth.com
Subject: NSH CEO Crisis

I am writing to you, the members of the North Shore Health board, as a member of the active medical staff since 1991. I've been here through 2 building projects and have been intimately involved in the provision of patient care including in-patient care, emergency room, care center, and colonoscopy. I've served as Chief of Medical Staff, served on the trauma committee, infection control committee, and antibiotic stewardship committee. I have been the Medical Director of the ambulance service for most of my time here. Over all that time there have been ups and downs in the medical staff relationship with NSH administration. At no time have I ever felt the need to address the board directly. Unfortunately, we currently are in a situation where I can not be silent and let issues flow through the usual processes.

The recent termination of Dr. Bruce Dahlman from the staff of NSH has brought to a head personnel issues that have been simmering for years. My concerns are not just focused on Bruce. Rather, my concerns lie with the long-standing pattern of poor treatment of staff and abuse of power by the current CEO, Kimber Wraalstad. Further, I am flabbergasted that your board chair, Kay Olson, continues to put forth a story at odds with the facts that are easily established.

Bruce Dahlman was a member of the active staff of NSH. As such, he is subject to the due process of peer review. Contrary to the story in this weeks News-Herald, corrective actions are not only appropriate when there are questions regarding the competence or professional conduct of a Medical Staff appointee. The staff bylaws state:

Whenever, on the basis of information and belief, the Chief of the Medical Staff, the Chairperson of the Board or the Chief Executive Officer has cause to question:

- a. The competence or professional conduct of any Medical Staff appointee;
- b. The care or treatment of a patient or patients or management of a case by any Medical Staff appointee;
- c. The known or suspected violation by any Medical Staff appointee of applicable ethical standards or the Bylaws, policies, rules or regulations of the Hospital, Board or Medical Staff, including, but not limited to the Hospital's quality improvement/peer review, risk management, and utilization review programs; or
- d. Behavior or conduct on the part of any Medical Staff appointee that is considered lower than the standards of the Hospital or the medical profession or disruptive of the orderly operation of the Hospital or its Medical Staff, including the ability of the appointee to work harmoniously with others.

A written request for an investigation of the matter shall be addressed to the Chief of Medical Staff making specific reference to the activity or conduct which gave rise to the request. The Chief of the Medical Staff shall promptly notify the Chief Executive Officer in writing of all requests for action regarding an individual received by him/her or the Medical Staff and keep the Chief Executive Officer fully informed of all action taken in connection therewith.

Further, the NSH Code of Conduct policy state "If HR determines that a contracted worker (other than a member of the medical staff) has engaged in conduct that violates this policy, the assignment/contract of the worker may be terminated immediately." It specifically acknowledges that members of the medical staff are subject to the processes of the Medical Staff Bylaws, not just their contract status.

What do we know about the situation? The letter by which Wapiti Medical Staffing notified Dr. Dahlman of his termination is clear. It mentions joint discussions by Wapiti and NSH with him in May related to his activities contacting other Wapiti providers regarding the proposed changes in duties at NSH related to in patient care. It states that these activities were not discontinued as directed. Further, the letter enumerates 12 instances of alleged substandard care by Dr. Dahlman from July 1 through October. It clearly states "we have made this decision together."

Dr. Dahlman contacted Dr. Michael Sampson, current Chief of Staff at NSH and requested he review these clinical instances as part of the peer review process. Indeed, the staff bylaws and facility policy REQUIRE that such concerns be brought to the chief of staff for investigation.

Dr. Sampson attempted to delegate this review to me as a member of the medical staff and as one who regularly performs peer review for other entities. When we attempted to access the pertinent incident reports, we were advised that this was a contractual matter, not a peer review matter, and were advised that we could discuss this with the hospital attorney. Dr. Sampson subsequently contacted Dr. Ameen Taleb, the recently hired medical director for the ER and a contract employee through Wapiti. Dr. Taleb confirmed that he had received incident reports regarding the cases and had reviewed them. This was not a routine review initiated by Dr. Taleb. It was a clearly orchestrated attempt to sideline Dr. Dahlman once there was not a local physician with knowledge of the circumstances in the ER medical director position.

What do we know about these incident reports? First, there were only 1-2 incident reports regarding Dr. Dahlman over the previous ten years, when Dr. Schmidt and Dr. Farchmin were acting in the ER medical director role. Second, there is no suggestion that the incident reports were generated due to complaints by nursing staff, other clinical staff, patients or their families. In fact, most of the allegations centered around the provision of care without the patient having a billable visit to the ER generated, speaking to an administrative source of the complaints. As they are described in the Wapiti termination letter, they probably were areas for discussion and improvement, but were hardly grounds for formal reprimand, let alone termination.

What is Wapiti's role in this situation? Wapiti is a staffing firm. When a physician is working a shift, they make money. Over the years we have had several physicians whose skills and practice were not well suited to practice at NSH. When Wapiti was advised that these physicians were not a good fit here, they were reassigned to other facilities. I know from conversations with a colleague in Two Harbors that some of them were assigned to the ER in Two Harbors, and that Lake View Hospital had the same issues and the same process was followed. None of those actions were initiated by Wapiti. They do not conduct independent peer review. They rely on the facilities granting privileges to do that. Dr. Dahlman's termination letter specifically stated in 3 places that their actions were a joint decision with NSH. In short, the continued insistence that Wapiti terminated Bruce Dahlman without being prompted by NSH lacks all credibility.

To Ms. Olson's statement in the News-Herald regarding this not being a termination, non-renewal of a contract refers to it being allowed to expire at the end of a term. That was not what occurred. This was a blatant termination, and it was clearly instigated by the CEO of NSH, Kimber Wraalstad. There is no other way to credibly interpret the evidence. Certainly, there is more evidence, but it has been withheld from the medical staff despite our authority to review the incident reports per the staff bylaws.

The obfuscation and cover-up of this incident by NSH administration leads me to believe that the board is being misled by Ms. Wraalstad. I have seen this pattern of behavior in other circumstances. For example, during the COVID pandemic our ambulance staffing was critically low. The then ambulance service director, Tom Fleming, sent an email to Wraalstad and myself advising us that he could only fill under half of the shifts in the coming month. This fact directly impacted both the ER and inpatient medical staffs in that our ability to transfer critically ill patients was seriously impaired. It was entirely appropriate that I be informed of the situation as the service medical director. Wraalstad responded by reprimanding Fleming for including me on the email and advised him to never contact me directly with such information in the future. Likewise, when Fleming advised Wraalstad that he needed to inform the EMSRB that we were unable to staff the 911 service, as required by regulation she told him not to. She advised him to violate one of the rules under which the NSH ambulance is licensed. He informed the EMSRB anyway because he was duty-bound to do so. He was further reprimanded, and eventually terminated.

This is just one example of tightly controlling the flow of information. There are many more. Wraalstad places a premium on being THE source of information. She picks and chooses which information to make available and controls the source. Transparency is not her style.

Since Dr. Dahlman's termination I have had several former NSH employees share even more egregious stories with me. Some of these employees I assumed took other jobs for better hours, benefits, etc. Only now have I learned of the punitive, bullying behavior of Wraalstad in dealing with the inevitable events that arise when employing humans. I am hearing of union mediations that document blatantly inappropriate and untruthful actions by the CEO that are suppressed by

an NDA as a condition of settling. I am hearing of high performing employees who were considered stellar by their peers being harshly reprimanded for inconsequential and even inadvertent actions. Many current employees are sharing their stories in whispers and with promises of confidentiality for fear of retaliation by Wraalstad.

Managing personnel is hard. It requires a skill set that frankly I do not possess. It requires one to suppress their irritation and anger in many circumstances to bring out the best from the employee and make the best for the organization. Staffing in rural health is particularly difficult. There are simply not enough bodies to fill the openings. Recruitment is always harder than retention. Adding the remoteness of Cook County and the tight housing market, keeping skilled employees on staff should be a top strategic goal for NSH. Instead, the facility has a reputation for being a toxic work environment. One long term employee used to muse frequently "This could be such a good place to work." Currently we have a full complement of skilled laboratory staff residing in Cook County who used to run an excellent lab service. Two of them are working for labs in Duluth, but continue to reside in Cook County. How can commuting all the way down the shore compete with working close to home?

I see only two paths forward for the NSH board in order to act in the best interests of the community who elected you. First, you can terminate Kimber Wraalstad. Alternatively, you can pursue an independent investigation of Wraalstad's human resource management activities. If you truly believe that Dr. Dahlmans' termination occurred as you have been told, have an outsider show you the evidence and share it with the community. At the same time, there needs to be a forum for past and current employees to share their stories. This should not be a simple recitation of grudges, but a focused examination of the actions that were taken, including reviewing the sealed arbitration records. Judging by the mood in the community, if you as a board do not opt to pursue either of these options there will continue to be an outcry in the community regarding your governance.

Good leadership does not shy away from being questioned. Good leadership welcomes questions and considers other points of view. Good leadership is flexible and able to change course when needed. Currently NSH is suffering from poor leadership. As the board, it is your duty to act to rectify this situation. Your duty is to the facility and the community, not the CEO.

Respectfully,

Paul Terrill, MD, FAAFP



Virus-free. www.avg.com

FB chatter in response to the WTIP article:

[North Shore Health Board still working to finalize a date in January to address community concerns | WTIP](#)

Paul Terrill

The November 1 email from Wapiti's VP of Operations was CC'd to Kimber Wraalstad. As the CEO, she can share it with the board.

The next to last paragraph of that letter reads "Wapiti will discontinue our relationship with you as a Wapiti physician and terminate the Physician Services Agreement effective immediately at all locations (Section 5H and 5I of the Independent Contractor Physician Services Agreement). Wapiti's facility contract language prohibits providers from serving in any capacity at the facility via an avenue outside of Wapiti. Given that the Wapiti agreement with you will be terminated, our team will move forward to process a voluntary inactivation of privileges for you at all locations. " So the statements about Dr. Dahlman being able to renew some sort of clinical privileges at NSH are disingenuous at best.

To be clear, Jen Lloyd has also contacted me requesting that I not appear to speak on behalf of Wapiti. So, the above quotes are not me speaking for Wapiti. They are Jen Lloyd speaking for Wapiti. The comments not in quotes are my commentary on those statements.

Milan Schmidt

Thank you Paul. I'm glad you are trying to keep the lines clean.

Milan Schmidt

, Olson said, "The Board received legal advice about the Board's legal options and strategies relating to such statements and any future defamatory statements against the hospital. This will be a continuing conversation."

This sounds like they intend ongoing threat. There is so much wrong with all of this! This is a far cry from an apology and is disrespectful of anyone who may disagree.

Jo Ann Krause

Thanks, Dr. Terrill.

Michele Miller

Thank you Kalli and [WTIP North Shore Community Radio](#). 

David Harvey

Corporate double speak.

Lyanne Holte

What does this mean? Are they preventing him from working in any capacity in Cook County Health facilities? "Our team will move forward to process a voluntary inactivation of privileges for you at all locations." I am confused - was any of this decision "voluntary" on Dr Dahlman's part?

Paul Terrill

Lyanne Holte, no, nothing was voluntary. The "voluntary inactivation of privileges" was done on Dr. Dahlman's behalf by Wapiti, since he is barred from working in those locations by the contract terms both between him and Wapiti, but also between the hospitals and Wapiti.

Lyanne Holte

Paul Terrill Thank you for explaining Paul. So essentially he is unable to work anywhere in Cook County as a physician in the future?

Paul Terrill

Not at North Shore Health, no. The details would be in the contract, though.

Vicki Biggs-Anderson

Valuable information for an independent investigator.

Connie Kirvida-Lehr

Mission statement from Wapiti:

<https://www.wapitimedical.com/.../mission-vision-values.../>

Connie Kirvida-Lehr

Thank you Dr.Terrill.

Paul Terrill

Jim Boyd , NSH contracts with Wapiti to staff the ER. ER docs are contracted employees of Wapiti. If the doc works the shift, Wapiti makes money. They have no reason to dismiss a doc unless the facility has issues with them. This was not initiated by Wapiti. Sorry I can't share more, but this IS as bad as it appears on the part of NSH.

Paul Terrill

Chuck Heller , that is a reasonable approach and ordinarily appropriate. Sadly, in this situation outrage is appropriate

Paul Terrill

Tom Morse , the ER docs are private contractors, 1099 employees, meaning they are not protected the way a direct employee is. They can be dismissed at will per NSH.

Paul Terrill

This tactic of blaming Wapiti is an absolute fabrication. Wapiti carried out the wishes of the NSH CEO. I've seen the termination letter from Wapiti. This was not of their creation.

Paul Terrill

Michele Miller, the new lab director (friend of Kimber) decided to off-load the microbiology department to St. Luke's. Cultures are now set up locally and transported down. There have been MAJOR delays in getting results, lost results, etc. We've had numerous situations where urine cultures didn't come back until after the patient had completed treatment, only to learn they needed a different antibiotic. Also, the reference lab for send-outs previously was Quest, a big nationwide corporation. Now, they go to St. Luke's. Anything that St. Luke's doesn't do in house goes to Mayo. Those results are more mixed. A lot of things come back quicker. But the roll-out has been chaotic. Overall, we are getting lower quality service from the lab, and St. Luke's is getting more business.

12/21/2023

Public Statement

Members of the Board to Directors, Administration, and members of the public:

North Shore Health is at a crossroads. Dr. Dalman's detailed piece in the News Herald seems a fair summary of his dismissal as I understand it. Though it is long, it deserves a careful reading if you have not yet done so.

The minimally veiled threat of litigation against community members for defamation inherent in publishing the sole agenda item of the last closed board session, as well as the divergent statements from NSH and Wapiti make me believe the Board is not taking community or employee concerns as seriously as they deserve. I doubt this is intentional on the part of the board but rather the result of relying overly on information provided solely by the CEO. Recent events suggest that failure to follow policy and procedures approved by the medical staff is becoming a pattern, but I am not prepared to examine the evidence for or against that at present. That is a job for the Board. It does bring the issue of a just culture into sharp relief.

I fully acknowledge that there have been many successes under the current CEO and I will not enumerate them. Suffice it to say this is a challenging time in medicine. Many crises have been met and addressed successfully. The largest challenge of culture change - set as a board priority several strategic planning sessions ago - has not been advanced and appears to have regressed rather dramatically. This is evidenced by many of the stories we have already heard. I do not believe staffing problems are solely an issue of our remote location or changes in medicine in general.

Though it may seem "soft" relative to financial and organizational concerns, a culture of trust and mutual respect will allow the organization and its people to thrive even during these times of challenging change. There is no guarantee that this or any hospital as isolated as ours will survive the changes to come, but our best hope of ensuring that our health needs will be met is by truly working together.

In my opinion, the hospital board **MUST** move forward to have any hope of NSH surviving as an intact institution. As a start, agreed upon policies and procedures which are necessary for the effective and fair governance of any institution must be followed in spirit as well as in letter.

Current immediate priorities which I encourage the board to act on are:

1. The time has come to replace Kimber Wraalstad, preferably by resignation. Otherwise, termination via processes outlined by the St Lukes contract is appropriate.
2. The board should issue a public apology for threatening members of the community with litigation and acknowledge its incomplete understanding of the facts.
3. Commit to the process of seeking justice, or at least a fair hearing, for those who feel harmed by administrative action and or policy.

4. Truly commit to building a culture of trust and mutual respect.

Though an argument could be made for just moving forward following a change in leadership, I believe that a full hearing of those with grievances will help the board understand the scope of the issues and rebuild public trust. The board and administration must renounce what I see as a condescending and punitive approach to employees and the public. The problem with intimidation is that it works – short term! It may move others to act in a way you desire but when the fear settles the next emotion is anger. Long term, intimidation has no place in an institution truly committed to benefitting the common good. Certainly, it does not foster Compassionate Care for All.

After these things have been accomplished, the hard work of designing and the commitment to following just procedures must begin. I strongly encourage the board to own the challenge and move forward with courage and resolution.

Thank You,

Milan Schmidt MD (retired)

12/9/2023

Dear NSH Board of Directors

I was encouraged that the Board seems willing to take seriously the need for full evaluation of the administrative issues surrounding Dr Dahlman's dismissal. I base this on comments during the open meeting Dec 5th as well as WTIP's reporting. My own current opinions on the situation follow.

Currently I see four possible courses of action:

1. Do nothing and hope this blows over.
2. Conduct a thorough outside evaluation.
3. Terminate Ms. Wraalstad immediately.
4. Negotiate resignation of Ms. Wraalstad.

Option number one is untenable in my opinion. There is far too much community uproar for this to be possible. It will undermine the credibility of the hospital in the long term and jeopardize health care in the county.

The second option seems to be a course the Board is willing to pursue. The process would require a full evaluation, will be long and contentious, and may still go only so far in restoring public confidence. Certainly, it could be part of the Strategic Planning Process but would need to be the very first item evaluated. Otherwise, the rest of the evaluation would be a waste of time. I am disappointed that it only seems to be a portion of the Strategic Planning process at present. Complete transparency would be mandatory if any trust is to be rebuilt within the community. Given the other allegations of employee mistreatment, comprehensive evaluation of HR is needed regardless of the outcome of any investigation of Ms. Wraalstad. Kimber is unlikely to be an effective manager until all this is resolved. Given her likely ineffectiveness during that time it may be advisable to have her on administrative leave. Since such an evaluation would take months and is not even scheduled to start until January, the only thing speaking in favor of this option is the board's apparent willingness to pursue it.

There is considerable community appetite for immediate termination. This is witnessed by the petition which was recently withdrawn. (It would appear due to the threat of litigation) Termination would be effective in allowing the hospital to move on and obviously would not require Ms. Wraalstad's cooperation. I personally believe there is sufficient cause for this. As a contract employee it is likely that this could be accomplished with a request to St Lukes. All the effort scheduled to be spent on strategic planning could then be focused on the future rather than the past. The absence of a termination financial package may benefit the Hospital's bottom line. On the downside, there likely would be other considerable negative consequences for Ms. Wraalstad particularly in terms of employability.

Personally, I believe the fourth option is the most expeditious. It allows Ms. Wraalstad to move on and I'm sure several board members could give her good references based on the successes she has had. It would allow Strategic Planning to focus on forward-looking strategies rather than major focus on damage control. It would come at a financial cost to the hospital, but I believe it is only fair given MS Wraalstad's years of service.

I hope you will thoughtfully consider all the options. There may be others I cannot see. There is not a good solution to this situation. Let's move forward with removing Kimber from the position, preferably voluntarily. It is the fastest and least painful in the long run. Even so, recovery will be a long and arduous

process. Please, for the benefit of all concerned push for the resignation of Kimber Wraalstad. I believe it is necessary for the health of NSH and also the good of the Cook County.

Respectfully,

Milan Schmidt, MD
Retired Medical Director, North Shore Health

12/9/2023

Dear Kimber,

This is a personal letter, but I will get straight to the point. I am writing to encourage you to resign. I realize I'm not your favorite person right now (given the closed session to discuss litigation for "defamation" and word on the street that the focus was physicians). Nevertheless, we have a working relationship going back multiple years. During that time, I have seen you navigate many challenges. I know you to be tenacious and committed. I have always felt you have the best interests of NSH at heart even when I have disagreed with your decisions or methods. We faced the Ob crisis together, worked through hospital renovation, removed from the ER of some problem physicians, improved clinic/hospital relations and survived Covid. The Covid work was mostly you and Kurt, but you get the drift. The current hospitalist challenge seems to have been a step too far. Relationships with SMC, ER physicians, and staff were already tenuous and have deteriorated substantially.

The one major area we worked on but were unsuccessful at changing was hospital culture. There are many reasons for this. Some are related to staff issues and union issues, but management style clearly appears to have a role. I know you have tried to change this, as have I. Truth is we have both failed in this regard. Unfortunately, the issue is now front and center. This is not a task you can manage but a morass of interpersonal concerns and issues. I don't see any way you can be effective in the current climate. This is being made more urgent by the financial stresses confronting the organization as well as cultural and financial changes within medicine itself.

I suspect that you have already firmly made up your mind to try to "stick it out" but please examine your motives carefully. I have seen you put the organization first at times, and this should be one of those times. A comprehensive evaluation is adversarial by nature and at present the hospital, the staff, the community, and indeed you yourself need a collaborative approach. Nothing would turn down the volume of all this faster than your resignation. If you want to set precedence, set it to doing what it takes for the organization even at personal cost. Resignation in this setting shows strength of character, not weakness. The board understands the contributions you have made to the organization and could focus on those in letters of reference. You are excellent at project management, less so with staff relationships. The upcoming staff and community relation challenges will likely rely on skills you do not have.

You could couch your resignation in terms of being unable to positively affect hospital culture. Culture change was set as a board strategic goal even pre-Covid and would be a sensible and accurate rationale.

Please do not think I came to this lightly or solely in relationship to the Bruce situation. I know Bruce well enough to understand the challenges of working with him. I see more of a pervasive and underlying distrust and even animosity within staff and a considerable number of those in the community. This will not serve the organization well. It may have been precipitated by Bruce's dismissal, but the issue is much deeper.

To quote Paul Simon, "a man hears what he wants to hear and disregards the rest". I believe at some level you want to hear. I hope you read this with an open mind and will give serious consideration to resignation. I really believe it would be in the best interest of all.

Thank you,

Milan

Dear Members of the NSH Board:

I have written to Kimber Wraalstad regarding the recent issues surrounding the dismissal of Dr Bruce Dahlman. I am now writing to you regarding the same issue. I am now fully retired, and I am no longer privy to the details of current hospital policy and procedures nor peer review and quality issues, but I remain a concerned resident of Cook County. Please consider my perspective.

I have worked with NSH board for many of my years practicing here. I have also participated in several Long-Range Planning retreats. The goal of these retreats included finding ways to improve collaboration, develop team leadership, and improve organizational culture. Recent actions by the Board and Administration are the antithesis of these espoused goals.

I recognize that Ms. Wraalstad has gone above and beyond in her role as administrator to keep the organization afloat. These even include such non-administrative roles as driving ambulance and even directing traffic. There have also been difficult administrative decisions such as the elimination of delivery services, changes in the Care Center, as well as recent decisions surrounding inpatient care. I have been impressed by her willingness to step up and do what is needed whether it is her role or not. Nevertheless, there has been no evident beneficial change in culture. I have supported her through several of these decisions and have always felt she had the best interest of NSH at heart.

The recent dismissal of Dr Dahlman is a striking exception. This physician has served the community, lives locally, practiced exemplary medicine, and is generally beloved by the community. Whatever legal loopholes may have been found to dismiss him it is quite clear that Dr Dahlman was not treated with the respect due a physician of his stature and experience. It has the look and feel of a vendetta. The ability to dismiss a physician for "contractual issues" who has long served the community sets a chilling precedent.

Calls for the dismissal of Kimber Wraalstad as administrator at the recent board meeting are at least as founded as any claims against Dr Dahlman. A list of her infractions comparable to those in Dr Dahlman's dismissal letter could be generated with even cursory input from employees, former employees, and medical staff. I'm sure there is some "contractual" way she could be fired similar to the methods used for Dr Dahlman. (I do not recommend those methods, only pointing out that such a system leaves no-one safe.)

Sadly, after much consideration I have concluded that it is time for a new Administrator. She has clearly been unable to establish a culture of trust and collaboration which has been a stated goal of the institution. Public trust has eroded to the point where it is critical. If Ms. Wralstaad's resignation is not forthcoming, please due your duty to the organization and the community and make this change yourselves.

Respectfully,

Milan Schmidt, MD
Former Medical Director

11/18/2023

Dear Kimber,

I am deeply grieved and troubled by recent events surrounding Dr. Bruce Dahlman's dismissal from Wapiti and NSH. I am fully retired and therefore have no official standing now other than as a concerned community member, but I have had enough experience in my years as Medical Director to find your explanation of the reasons for Dr. Dahlman's dismissal disingenuous. I have seen a list of complaints in Dr. Dahlman's termination letter and the items listed could not have been discovered by Wapiti without conversation with NSH. Never in all the time I worked as medical director did Wapiti let someone go that we did not request that provider's removal.

Although I have no doubt that the decision was "collaborative", to hide behind contracts is an obvious diversionary tactic. Although there may be other issues not listed in the dismissal letter, clearly the listed issues were complaints from NSH. If Wapiti had specific issues those were not delineated.

In our work together over many years, never was a physician dismissed or even disciplined without due process. I believed we had instituted a protocol which was quite effective. I would review the complaint, discuss it with the provider, and then discuss any issues with other appropriate personnel as needed. If the issues were serious, I would discuss them with Chief of Staff, the patient's attending physician or at least seek another physician's input. Documentation of the specific issue and a categorization of the event were documented. Corrective action was then outlined if needed. A clarity event and/or a peer review form was filled out and a disposition reached. (I have deleted all my files related to my work as director, but I am sure you still have many examples on file). This process was followed whether the complaints were medical, administrative, or personal. I don't know if your new medical director was unaware of this process and chose to ignore it or if there was some other identified process in place. It appears that no process was in place, but of course I am not privy to current policy and procedure. In any event, Dr. Dahlman alleges that he was never notified of these issues prior to dismissal. Dr. Sampson, as Chief of Staff, was never notified even though the issues were felt to be severe enough for dismissal. Your legal counsel may have found loopholes to allow or justify this lack of due process, but it bodes very poorly for building any trust or atmosphere of collaboration with current or future medical staff. It has already eroded much of the little trust that was left.

Even more concerning is the refusal to allow the Chief of Staff access to peer review files regarding this dismissal. It is clearly within the purview of the Chief of Staff under the Bylaws to have access to these files (if indeed they exist). I understand that the decision was made that these were "contractual issues" and not "quality issues" and perhaps there is no record of associated Clarity or Peer Review documents. This sets a chilling precedence of dismissal at the whim of the organization, whether that be NSH or Wapiti. The only "collaboration" seems to have been more of a collusion between NSH and Wapiti. I fail to see how this benefits the community in any way. Judging by the turnout at the Board Meeting there are many who agree. I did not hear any support from the community for this decision.

On a personal level I am grieved that all the work we did to improve relationships amongst ER physicians, SMC physicians, and NSH have had no lasting results. I believed when I left that we were on a road to improving relationships, better processes and communication, and perhaps improved collaboration. Now all of that has been eroded beyond recognition.

You have not asked for my opinion and, as noted above, I have no standing in either organization. Nevertheless, I ask you to carefully reflect on my perspective.

I see three possible courses of action. One would be to press on and hope this will blow over. Although the outrage may decrease in time, this option would only further undermine the core values of the institution and trust in both the administration and the Board of Directors. This will fester below the surface for years if not generations.

Secondly, an outside investigation could be conducted to evaluate these events objectively and thoroughly. If and only if the results were made public in a completely transparent manner and there was accountability attached, it MAY be possible to salvage a modicum of public support. As a small hospital in a small town, transparency is of utmost importance. This may be more likely to succeed if a creative way to re-hire Dr Dahlman was found. Even at best, this would result in a prolonged period of turmoil with no guaranteed results. It could be "the gift which keeps on taking" similar to the Ob issue.

The final option is for a change in leadership. In your time at NSH you have gone above and beyond usual duties as an administrator to keep things afloat. This has included such unorthodox methods as driving ambulance and conducting traffic as well as more direct advocacy making phone calls for transfers etc.. You are certainly a hands-on administrator, perhaps to a fault. We have worked together to face the crisis in Ob care, physician and community concerns surrounding the new hospital construction, and of course the Covid crisis to name but a few of the more public controversies. We have worked behind the scenes to replace incompetent physicians and deal with quality issues as well. I have maintained publicly and privately on multiple occasions that you have the best interest of NSH and the community at heart. During most of my tenure as Medical Director there have been ongoing discussions of "culture change" at both administrative and Board levels, and I was convinced you bought into a collaborative model. I now believe this was more theoretical than practical. In any case, a change in culture has not been accomplished and if anything has moved even farther away from the stated goal.

At this point I believe that the time has come for you to resign and move on. Let NSH develop the collaborative style of management you have touted, but been unable to effect, under new leadership.

Respectfully,

Milan

COUNTY CONNECTIONS



Robert Hass
Cook County
Highway Engineer

2024 County Infrastructure Projects

With the 2023 construction season wrapped up at the Highway Department, we have already been working on projects for the 2024 season. Projects are slated all throughout the county, from Tote to the Gunflint Trail and up to Grand Portage.

Beginning on the east end of the county is a project we've been working on for several years. A new timber bridge and road realignment in Grand Portage will realign Upper Road through the Grand Portage National Monument and move vehicular traffic off the existing historic stone bridge. Pedestrian paths will replace the current alignment across the historic bridge, allowing for safer access for visitors and locals through the park. Traffic will be rerout-

ed along a new alignment and timber bridge over Grand Portage Creek between Store Road and the existing alignment. This project has been a collaborative effort between the National Park Service (NPS), the Grand Portage Band of Lake Superior Chippewa and Cook County. This community-led project is one of the many reasons I enjoy working here. Funding for this project will come from our annual State Aid allocation, state bridge bonds, and federal money from NPS. Redstone Construction was awarded the contract for construction for \$2.6 million.

Moving west to Grand Marais we have three projects scheduled for the year: a heated storage building on our highway campus, resurfacing Cutoff Road/ UT 52, and the Gunflint Trail "Mill the Hill" and bridge replacement.

A heated storage facility will be constructed on our main highway campus and comes from more space required to store our equipment. Storing graders and/or plow trucks outside or in cold storage during the winter is not an option as ice build-up and engines and hydraulics warming up would prevent us from being able to quickly respond to snow events in a timely and safe manner over the duration of our long winters. This facility will be funded partially through our annual state aid allocation and undesignated cash at the highway department.

Resurfacing Cutoff Road will be just that, replacing the existing roadway surface with a new roadway surface. The existing roadway cross section will remain the same so the area of impact will be no different than what is currently there. This project will be funded through Transportation Sales Tax (TST) funds.

Our last Grand Marais project has been dubbed "Mill the Hill." This project will involve resurfacing the Gunflint Trail from 5th Ave W up to the four corners intersection at Devil Track Road and Golf Course Road. Within that resurfacing a fourth travel/bypass lane will be added from the curve heading up the hill to Pineshield Drive, intersection improvements at Cutoff Road and Old Ski Hill Road as well as at Devil Track Road, and a bridge will replace the existing deficient and undersized culvert at the Little Devil Track River. The bridge will allow the Little Devil Track River to be restored back to its natural habitat and is part of another stream restoration project with Cook SWCD that will take place next summer as well. Several funding sources are part of this project including programmatic federal funds we receive from the state every 3-5 years, on-system bridge replacement funds (BROS), Promoting Resilient Operations for Transformative, Efficient, and Cost-Saving Transportation (PRO-TEC), and other sources.

Continued on page A7

Letters TO THE Editor

Letters to the editor are the opinions of the writer and don't necessarily reflect the views of the newspaper. Letters should be 300 words or less but exceptions will be made for longer letters in some cases. All letters must include the writer's legal name, phone number, and email if applicable.

Writer urges people to sign petition

A petition has been launched to remove Kimber Wraalstad as Administrator of North Shore Health. As of this writing, the petition has received 388 signatures in less than 3 days.

It reads, in part: "Our local hospital,

Administrative Leave Pending an Independent Investigation Needed at the Hospital

After reading Dr. Sampson's letter to the editor, it seems that North Shore Health (NSH) isn't being completely truthful about the termination of Dr. Dahlman. According to Sampson, who saw the termination letter, the termination letter specifically states that Wapiti and NSH made the decision together. If this is true, it seems that the Public Information Coordinator for NSH tried to bamboozle the public with his letter to the editor that appeared in the same newspaper issue as Sampson's letter (or may-

be he was directed to write what he did). With important issues, such as the firing of a trusted, long-served, and loved doctor, the buck always lands at the desk of the person ultimately in charge. That's Chief Executive Officer Kimber Wraalstad. In his letter to the editor, Sampson suggested that the administration is where the recent mysterious incident reports that resulted in Dahlman's firing came from. I've had limited interaction with Wraalstad.

In employee retention rates has led to our hospital being regularly and severely understaffed in many departments."

A devastating loss of valuable employees has occurred across all departments under the administration of Kimber Wraalstad. This significant drop

Continued on page A6

My main interaction was trying to get the hospital to shield and change the parking lot lights after the hospital remodel. The new lights were blindingly bright for the neighbors, whereas the old lights were not. My experience was that Wraalstad had her mind made up over the issue. Her position seemed to be that the hospital didn't need to do anything to help the neighbors, that there was no problem, and that the design was perfect. During a board meeting

Continued on page A6

Change is needed at North Shore Health

The opportunity to tell it like it is doesn't happen often in a work environment. As an employee, you may be given the chance to review a fellow employee, department head, or director, but you know the consequences of truth. You won't be fired, but overnight, the job changes, your role changes—it doesn't get better—finding a new job might be your only choice.

Do you, as the depart-

ment head and leader, then ask yourself why you have such high turnover or vacant positions? Isn't high turnover one indicator of dissatisfied employees? Are you concerned for your staff as a whole or protecting a position because you don't want to deal with all it takes to bring about change? Are you trying to avoid the messy?

The community is dealing with a lack of respect

Why was Bruce Dahlman fired?

I was shocked and deeply saddened to learn last week of the firing of Dr. Bruce Dahlman. I served Cook County as a physician from 1975 to 1988 and worked with Dr. Dahlman. When he was a medical student in 1978-79 Bruce came to what was then Cook County Community Clinic to learn the art of medicine. From 1984 to 1988 we worked together as partners, staffing the clinic, emergency department, in-patient

ward, and nursing home. Now, we continue as colleagues, both of us teaching a curriculum which updates the knowledge and sharpens the skills of teams of rural emergency care providers—Bruce in Minnesota and Kenya; me in Montana. I have only the highest respect for Dr. Dahlman's knowledge, skill, professionalism, and leadership qualities, which have been proven in myriad ways during his almost four decades of services.

Do you know about CARS?

Clean, Affordable, Reliable and Safe (CARS) is a good way to describe what renewable energy offers our families and communities.

A recent NY Times article detailed the amazing change that is happening in our US (and global) energy systems. Our public utilities are responding to economic market forces and rapidly transitioning

to affordable and reliable renewables (wind and solar) and away from increasingly more expensive and polluting fossil fuel energy.

"Since 2009, the cost of solar power has plunged by 83 percent, while the cost of producing wind power has fallen by more than half. Today, solar and wind power are the least expensive new sources of electricity in many mar-

ket, generating 12 percent of global electricity and rising. This year, for the first time, global investors are expected to pour more money into solar power—some \$380 billion—than into drilling for oil."

<https://www.nytimes.com/interactive/2023/08/12/climate/clean-energy-us-fossil-fuels.html>

Continued on page A6

Experienced trainers can work with aggressive dogs and their owners

In recent days, Go Dog North Shore received a report of an incident involving an aggressive dog at the Grand Marais Dog Park. While we have not been able to verify all sides of the story of this particular incident, we thought this would be a good oppor-

tunity to remind dog park users of proper park etiquette. First and foremost, if your dog has ever exhibited "aggressive" or reactive behavior towards other dogs or humans, please do not bring your dog to the park. Doing so puts other people and pets in harm's

way and could result in medical treatment and/or legal consequences. In addition, avoiding situations that cause your dog to be in a reactive state of mind is simply healthier for your dog.

Continued on page A6

As I see it

Change in culture needed at North Shore Health

Sheila Dismore-Miller (ASCP)

The unjust destruction of the career and legacy of a great local man known intercontinentally for his compassion and integrity has recently been strongly and rightly protested by the community that he's faithfully and selflessly served for almost four decades. But his is, unfortunately, just one more name on a long list of lives and careers that have been decimated over the past several years by toxic management practices at our county hospital.

I feel our taxpayers have a right to know just what they are getting for their money, and how both a critical public service and their neighbors are being devalued in its application. As a former North Shore Health lab tech who had planned to retire from there and is now desperately searching for feasible ways to stay in the county full-time, I feel I can shed some light on the subject.

Seeing the community turnout to protest the unjust termination of ER physician Dr. Bruce Dahlman at the Nov. 16 Hospital Board meeting was both heart-warming and devastating. The community obviously cares about its people and is worried about the state of its local healthcare services. Seeing the stress and grief, though, etched into the faces of my former coworkers still em-

ployed there was nearly unbearable. "We better get going," said one I stopped to greet after the meeting, eyes darting toward the board room door. "Someone might see us talking and not like it." The mood was downright funereal.

The scene is even more depleting, having lived through those feelings of betrayal and grief. I know that underneath that haunted look is the conflict between service and dedication to NSH, kept alive by the little stubborn spark of hope that it will once again be the great place we were proud and happy to serve, and the unavoidable realization that that dream is dead and we have to pull back our deep investment in the community, and take care of ourselves for a while. It's like letting go of a great love or suffering the death of a close family member. You don't know how you'll move on from this job, this community. The world outside Cook County looks like a capitalistic dystopia of cogs in machines, compared to the care and compassion that was once the lifeblood of NSH.

These feelings, these stages of grief, have played out again and again over the past several years, as disregard and lack of support have infected the hospital's work culture. When I first started working there nine years ago, I

didn't know it would be the job I had been searching for all my semi-nomadic adult life. I had jumped back and forth between northern Minnesota and Minneapolis since moving from my childhood home on the Iron Range to the metro to go to university. Every three years, almost like clockwork, my life circumstances would change or I'd tire of mistreatment at work. I'd be missing the urban or rural life, depending on where I was, and I'd line up a new job that would bring me closer to whichever life I was longing for. All the while, I was searching for a workplace that wouldn't deplete me.

I found it in the lab at North Shore Health, where management walked the walk, employees laughed together, and staffing levels were sufficient. I was given ample training before being expected to run the lab solo during emergencies. I was given opportunities and sufficient support for growth as an employee, which bled over into my personal life. My job made me a better person, thanks to the healthy management practices permeating the lab. Even the CEO, Kimber Wraalstad, came into the lab on my first solo weekend to touch base as part of an initiative to boost worker morale and create a more harmonious workspace. The question man-

Continued on page A7

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AS IT SEES IT • Continued from page A2

agement was looking for feedback on what NSH could do better. Being fairly new and naturally unassuming, I had no suggestions but really appreciated the open-door atmosphere it suggested. I was disappointed to later learn that I was, to my knowledge, the only one that was approached in this way.

As the years passed, I heard grumblings about the way things were now, since the old administrator had left; that it was getting too corporate. I brushed the comments aside, though, knowing what waited on the other side of the county line. I dismissed their opinions as uninformed due to lack of experience of the larger, colder world. I had all these little clues pointing to a hidden malignancy – the need for a managerial initiative to create a more harmonious workplace and its lack of follow-up, the long-term employees' frustrations – but I took upper management at their word.

When we lost 1/3 of our department staff at the beginning of the pandemic, the rest of us worked faithfully through the stress, fear, heavier workload, and extra duties. For a year, we kept up the frenzied pace, and I started seeing the exhaustion and hopelessness settle into the lines on our faces. Tensions flared and nerves frayed. We remained a team, though, and our love for each other and the hospital kept us going.

After a year and a half of this exacting workload, we each, separately and not knowing the others had done the same, wrote to the administration about our impending burnout and need for some kind of relief. The small answer I got back was the same one fed to me a year and a half later, just before I resigned: "We are aware. We are working diligently on solutions but have no details to share at this time."

One by one, my colleagues resigned or dropped to a very casual status. We were not the only department in dire straits. News of another coworker's departure was commonplace, as were the whispered stories of demands of extra, uncompensated work; dismissive attitudes; and vindictive terminations. Nobody laughed anymore. Empty stares were more common than genuine smiles.

It might be easy to blame this all on the pandemic, but I can vouch that this bleeding of employees is not tied just to the extra stress and work it brought. Most of my former coworkers no longer at NSH are still employed in hospitals. Most of the former lab employees also still live here, so the argument of no local qualified staff or housing for them is also invalid. We who are still in this community would jump at the chance to work there again, under different management. We invested time, money, and effort into our careers. We built years of experience in our field. We are loathe to just give that up and start over. I will probably be joining two of my former colleagues in splitting my time between my chosen home here and a studio apartment wherever I can find work.

The excuse that the mass employee exit was induced by the pandemic and exacerbated by the local lack of housing also doesn't hold up in light of Sawtooth Mountain Clinic, housed in the same building as NSH, having exactly one open position right now, compared to dozens at the hospital. Indeed, many of the people that used to fill those higher-paying NSH vacancies are now working at the clinic, and the health benefits are apparent on their faces.

Toward the end of my time at the hospital, I became more vocal about the unfair and unbearable toll the workload was taking on us, and the need for relief. I was met with derision and my coworkers were questioned about my work habits. They found nothing to punish, and their one suggestion to solve all our problems was to get rid of the fish tank in the phlebotomy room.

Shortly thereafter, they brought in a temporary worker designated as a "director mentor" to tell my manager – the one who had patiently mentored and helped us all grow as employees and people – how to do the job she had successfully been doing for more than a decade. The tactics were appalling, and half of the services we offered locally were cut and outsourced. When I wrote a note to my manager, the CEO and the director mentor expressing my disappointment that those services would no longer be available locally, my understanding of the current need to do so, and my hope that these changes wouldn't be permanent, I was given a formal warning about being insubordinate to the temporary director mentor. Sometime between that first solo weekend when I was new to the job and the day I sent that note, something must've changed without my noticing. No longer was there an open-door policy. I wish someone had bothered to tell me.

This acute disrespect and devaluation, heaped on top of the exhaustion and chronic disregard, necessitated my resignation. The exhaustion I would've kept enduring, I was prepared to let the casual disregard from administration pound my self-worth to dust. But to berate and belittle me for sharing my frustration in a very measured and professional way, and make my manager sit in silent witness, probably being told to learn from the experience, was unbearable. As the last permanent, full-time lab tech not yet stepping down, I was loathe to resign, but the disregard and devaluation was inexcusable. I put in a six-week notice and planned to just keep my head down and make it through. After week two, I was told I would not be working my shifts during the last month of my employment, though I would still be paid as if I were. I'd retain my benefits throughout, and receive my full PTO payout at the end of the month. They had no faking to fire me, never

having been written up nor having anything but glowing reviews on my record. But because I declined to give blood for a lab project, I was deemed uncooperative and unhelpful. So they worked out what they could legally do to remove me and moved forward with paying me thousands of dollars for nothing and denying an understaffed lab my experienced help. When terminology on the end-of-employment forms made me nervous, my multiple requests for a union representative to be present were denied, and I was told my resignation would become a termination if I insisted. So I signed my form, packed my cardboard box, and went home, silent for fear of anything more being taken from me.

I share this story not for pity or revenge, but to reveal just one example of the ways in which your community-run hospital is being systematically gutted. I am one of the few who feels safe enough to speak up and wish to do so in hopes that it helps my former coworkers, who each deserved more than they were given, and that that, in turn, will improve the state of healthcare in this remote community. My story is not unique in these halls. Countless tears of devastation and frustration have fallen from my coworkers' faces; countless hugs of consolation; countless depleting good-byes. These are not just people's livelihoods being ruined. It's also their lives. We can't keep living in our homes and just drive a little further down the road to get a new job at the next hospital. We must restrain or uproot, and that's only an option if we have our professional reputations left.

This community no longer has any permanent full-time lab staff or local doctors serving the hospital. Only about six local nurses are on staff at the 24/7/365 ER and hospital, and most of them are nearing retirement or unhappily searching for other jobs, other lives. The rest of the positions are filled by traveling temps when they can be found. The average going rate for a lab temp is around \$1850/week. I'm sure nurses are more. Temps aren't cheap.

My story is just one small example of the injustices carried out behind those hospital walls. We've all borne witness to the travesty of Dr. Dahimani's story; that of yet another worker speaking out about dangerous and illegal medical and business practices who was suddenly expelled from those halls. Cook County has long resisted the presence and influence of Corporate America. This has defined the local culture, and I think we value the compassion and well-being that brings to the community. But these influences are finding backdoors and undermining our foundation. Now is a pivot point. Do we capitulate? Do we give in to pressures from outside our boundaries? Or do we continue to be invested in the small-town values we all chose to build our lives around?

North Shore Health provides a critical service that allows many to live here who otherwise wouldn't be able to. It's a feather in our cap when tourists' trips go awry. It's being driven into the ground by bad management of its human resources, and that is being reflected in the lower quality and range of services provided and in the hospital's 112% increase in budget over the last six years. If the community wants to keep its critical care access and the peace of mind that comes with it, if you want to retire here or start a family here, if you want new blood to move here or even vacation here with, for example, their asthmatic or accident-prone child, it's time to make your opinions heard. Add your voice, write letters, sign a petition, go to hospital board meetings and let everyone know how you think the board should cure this infection that's been insidiously festering, largely hidden, within our community for too long.

COUNTY CONNECTIONS • Continued from page A2

TECT) funds, state bridge bonds, Federal Lands Access Program (FLAP) funds, Outdoor Heritage Funds (OHF), and our annual state aid allocation. In total, we've secured approximately \$6.5 million in competitive grant funding for this project with another \$2.9 million in funds allocated for its construction.

Continuing west are two bridge replacements: one on Cascade Beach Road/UT 97 over Spruce Creek and Alfred Creek Road/CR 28 over Alfred Creek. Both projects will replace deficient structures with concrete slab span bridges. The Spruce Creek bridge will utilize town bridge funds and the Alfred Creek bridge will utilize state bridge bonds. Recently the Alfred Creek project was awarded to Northland Constructors for \$764,000.

Finally, on the west end of the county in Tule we will be improving Tule Park Road/CR 24. Through public engagement meetings we determined the east section of the road will be reconstructed to better facilitate drainage and the heavier truck loads from the fire department while the west segment will be resurfaced and include some approach improvements to Highway 61. This project will utilize Transportation Sales Tax (TST) funds and is scheduled to begin construction after the July 4th parade that utilizes this road.

The projects scheduled for 2024 construction utilize a wide array of funding sources to help offset local financial impacts. Approximately \$8.8 million in grants, bonds, and other outside funding sources have been secured. Without these outside sources we would not be able to complete these and other future projects.

For additional information, please give us a call at the Cook County Highway Department, 218-387-3014. For maps and a list of projects in our 10-year transportation plan, please visit the Highway Department page on the County website at www.co.cook.il.us.

Take care and see you on the road!

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