



Humanitarian Award

Mark W. Zilkoski, MD '77

I think I was born happy and believing that pretty much everything has a positive side. It was probably from my parents that I learned the importance of hard work, community, and volunteerism. And it was certainly my parents who encouraged my siblings and me to pursue our dreams.

After graduating from Syracuse University as a math major, I attended Upstate Medical University. It was during an AHEC rotation in Ogdensburg, New York, that I was first exposed to medicine in a rural area and loved it. At the time, I thought “underserved” only meant third-world countries on other continents.



Dr. Zilkoski and his wife Myrle with seven of his nine children and four grandchildren at a co-ed basketball tournament to raise money to end domestic violence. They took second place!!

After graduating medical school, Myrle (my wife of 41 years and mother of our nine children) and I moved to Stockton, California, for my family practice residency. As a Public Health Scholarship recipient with a three-year obligation to a rural area, I learned all the surgery and procedures that I could.

I joke that I was “sentenced” to satisfy my public health commitment on the Fort Peck Indian Reservation in Wolf Point, a town of 2,900 nestled in the Badlands and breaks of northeastern Montana along the Missouri River. This was truly an underserved area. Not just a rural community, but also a frontier

community. It was difficult then as it is now to find healthcare providers who want to come and practice in this small rural area.

Northeast Montana could get 40 below (without the wind) in the winter and over 100 degrees in summer. The average precipitation is 13 inches. The town is 300 miles from a major medical center. There is poverty, drug use, racism, and alcoholism. But I fell in love with the people, the medical care, and the community.

I fulfilled my commitment by working with the Indian Health Service as the only health care provider in Wolf Point at the Native American clinic doing primary care, in and out of the hospital, and provided all the obstetrical care (> 60 deliveries a year) including C-sections, which I had learned to do in my training. I began to understand many issues surrounding not only Native American culture but also diversity and underrepresented groups in general.

After completing my obligation, I joined a private practice in the same town where I could provide care to both Native and Non-native patients. I worked with a general surgeon, who taught me how to do appendectomies, ectopic pregnancies, and other surgeries.

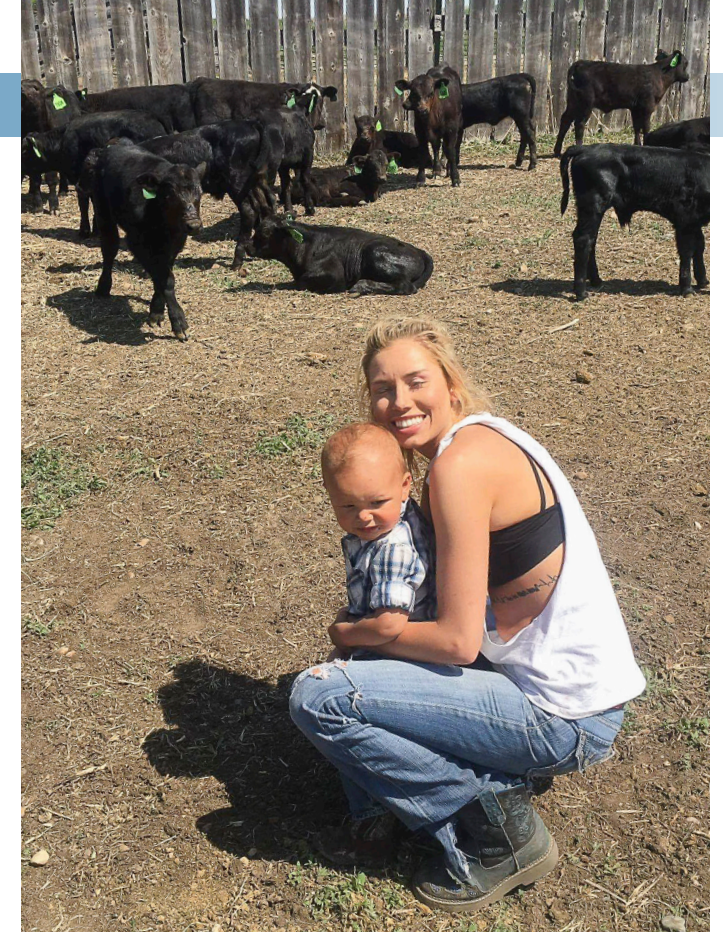
It was in this underserved area that I began to understand the importance of community and the interdependence that is necessary to survive; a small-town community endures because everyone pitches in and helps. We were underserved in areas other than just medical. Many of the ranchers depended upon their neighbors to help with cows, harvesting and branding (there are more cows than people in northeastern Montana.) From providing medical care to everyone who came to the clinic, including, the poor, uninsured and under insured, I grew to realize that I achieved my meaning through these relationships. I found that my gift was to help someone else find some meaning, not only in their health care issues. Common crises include poverty and despair, racism, alcoholism, drug abuse or just daily stresses of living, but hopefully I could inspire them to continue to seek mental and physical health after they left my office.

After four years in Wolf Point, we left for Myrle to pursue a college education. I took a position at the Medical College of Ohio as director of undergraduate medical education, and taught geriatrics in both the non-clinical and the clinical years.

I enjoyed teaching and received two Golden Apples Awards, modeling my teaching after Dr. Robert Rohner. Although I did some research while associate director of a dementia center, when I had a sabbatical coming after eight years, I took a leave of absence to return to Wolf Point to provide full-time primary care for six months. That has turned out to be 37 years and still counting!!

I returned as the only provider with surgical skills. In addition to obstetrical, I also learned to do upper and lower endoscopy, and continued to provide primary care in and out of the ER, the hospital, and clinic. I became involved with the community by becoming a school board member (for the last 23 years), hoping to help shape the education of our future citizens. I also became the Roosevelt County Health Officer. Although I found that I could help with public health issues in that capacity, my real impact was helping one individual at a time and teaching others to do the same.

I've had the opportunity to teach medical students and residents who wanted a rural experience. I tried to communicate to them that primary care providers heal not only with their history and physical exam skills (which are honed to perfection in small communities that do not have all the technology of larger communities), lab tests, and pharmaceuticals, but with the relationship that they develop with their patients over time. My goal is to teach them that primary care in any area—especially in an underserved area—involves relationships with individuals and communities as well as the technical aspect of medical care; and that it involves service, which often includes volunteering and helping in areas that are not medical. I have taken students cattle branding and on cattle drives. I hold the record for most consecutive AHEC students from the University of Washington and these students do volunteer work at the rodeo



Dr. Zilkoski's daughter and grandson at cattle branding... it was his first!

grounds during our local city holiday, the oldest rodeo in Montana. This event would not be possible without the volunteers.

Students work with me at the Listerud Rural Health Clinic, a federally underserved clinic with a critical access hospital, where they see the gamut of health care conditions. These range from preventative medical exams to drug-related problems (we have the highest rate of Hepatitis C in the Northwest), to teenage and unplanned pregnancies, suicide, alcoholism and meth use (60 percent of our pregnancies have meth in their urine when they come into labor). They also accompany me on house calls, offering another perspective of providing primary health care. Good medicine in a rural area, just as Osler said, “is ordinary things done well.”

It has never seemed a hardship or ceased being fun. I have been blessed to unite my avocation and vocation. As Robert Frost wrote, “my object in living is to unite my avocation and my vocation as my two eyes make one in sight and the work is play for mortal stakes.”

Bio submitted by Dr. Zilkoski



“Selfie” and joking with a patient