

Excerpt from *Nothing Ordinary: The Story of the Northern Ontario School of Medicine* by Larry Krotz

# NOTHING ORDINARY

THE STORY OF THE NORTHERN  
ONTARIO SCHOOL OF MEDICINE



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## Introduction

On a sunny weekend in late September 2019, a crowd of a couple hundred people gathered in a conference centre in the town of Little Current. Little Current is one of those sparkling communities with a waterfront, church steeples, and a main street right out of a calendar picture. At the north end of Ontario's Manitoulin Island, it guards the bridge that goes back to the mainland and the highway that leads on to Espanola, Sudbury, and Sault Ste. Marie. There, in the Indigenous-run conference centre, overlooking a tinge of autumnal colour and gathering geese on the shore of Lake Huron's North Channel, the collection of purposeful-looking people embarked on two days of presentations about medical research. They were faculty, graduate students, physicians with various specialties, residents, and researchers associated with the Northern Ontario School of Medicine (NOSM). They were engaged in what they all proudly called uniquely northern research.

Little Current and Manitoulin Island are actually only the beginning of the northern nine-tenths of the sprawling province of Ontario. They are on the southern fringe of a territory that stretches almost endlessly into the northeast, the northwest, and due north. That said, even this southern edge is a long distance from the self-proclaimed centre of the Ontario universe — Toronto — as I discovered when it took six hours of driving to get there. Coming home, I would take a different route, crossing the waters of Georgian Bay aboard the Chi-Cheemaun, the ferry that travels between South Baymouth and Tobermory.

Dr. Sarita Verma, newly installed as only the second dean of NOSM, which by now had graduated eleven classes of physicians, described the research conference as an opportunity to focus on “best-practice research that is relevant and appropriate to the

north.” She assured the participants that their discoveries would lead to “uniquely northern solutions in front-line healthcare, solutions that have become internationally recognized as leading models of evidence-based care.” PowerPoint presentations, oral explanations, keynote addresses, and poster displays reported those discoveries, one after the other, as well as giving updates on works in progress. Cumulatively, the conference delivered on such diverse topics as how to apply data to try to understand the opioid crisis (something that is affecting the north, including Indigenous communities, in a dramatic manner); making use of Indigenous culture and community as a foundation in formulating opioid disorder treatment; and finding ways to streamline the compensation process for workers injured in mines (both historically and currently a sizeable and dangerous form of employment across the region). One piece of research attempted to assess the burden of diabetes in pregnancy, while another looked at the potential relationship between combined aluminum and ionizing radiation exposure (a risk of mine work). One study, presented in poster form, analyzed training for French-speaking physicians, a priority across the region. Others looked at the potential mitigation of forest fire-related health effects, under-ice cyanobacteria as a threat to health, the increased risk of Lyme disease in Northern Ontario, and improving the response of primary healthcare providers to rural and First Nations women who experience intimate partner violence.

It was striking that these projects, without exception, were pertinent to the health and well-being of a particular population in a particular geographic region. The populations of Northern Ontario and their health concerns were being served by the energy and skills of this vast range of researchers.

Northern Ontario is many things. Rich in natural resources but thin in development, it has always served as a resource hinterland

for the south of the province. Its sparse population is richly diversified, with Indigenous communities, Francophone communities, and immigrant and settler communities from a wide range of backgrounds. All seek a living, and all struggle to keep making a living. For any number of reasons — geography, lack of population, politics — the region and its populations frequently complain of a shortage of services. A major one among these has been healthcare, more specifically a decades-long shortage of doctors. For more than fifty years, community after community across the north complained of being underserved. They would have no doctor when they needed two. They would have two doctors when they needed four. When a community needed a doctor, none would come. When one came, they couldn't be persuaded to stay. What doctors there were, were not present in sufficient numbers and were over-worked.

My own experience with this north has been modest, but nonetheless consistent. I grew up and went to school in the south, but as a student I worked on a number of occasions in the north, in a provincial park near Cochrane and on power line construction near Kenora and Fort Frances. For years while living in Winnipeg, I travelled frequently to the Lake of the Woods area. As a journalist, I visited Sioux Lookout, Thunder Bay, Moosonee, Ignace, Grassy Narrows, Sudbury, and the Onigaming First Nation at Nestor Falls. I became fascinated by the Northern Ontario School of Medicine in the course of writing a book about type 2 diabetes in Indigenous children. A nephrologist in Thunder Bay, Dr. Bill McCready, was interested in my project because although I had been concentrating on northern Manitoba, the topic intersected with what he encountered as a physician in the Ontario communities of Fort Frances and Sioux Lookout. During our conversations, McCready kept mentioning the Northern Ontario School

of Medicine, where he had been involved as a faculty member and served on the board. The research the school was undertaking, along with its clinical work and success in meeting the persistent doctor shortages, sounded fascinating. Yet this Northern Ontario School of Medicine seemed some kind of well-kept secret. Though I'd lived in Ontario for the past twenty years, I'd barely heard of it. When I checked, other people, certainly in the south and most notably in Toronto, had likewise barely heard of it. What exactly was it? How had it come into being? Now well into its second decade, what effect was it having meeting northern needs while resolutely striving to maintain a competitive position among the other medical schools of North America?

The motivation for creating NOSM, I would learn, came out of a vigorous and targeted response to the region's long-held grievances: the doctor shortages, to begin with, but even more the sense of being short-changed and ignored by power centres that are remote and far away. In the case of Ontario's north, these aren't simply allegations but proven facts. The decades-long physician shortage and the unique medical issues of the region's population are well documented. The people of Northern Ontario, being resourceful, decided to take matters into their own hands. If more doctors had to be educated, they would do it themselves. The most creative response of any people when up against a dearth of whatever they need is to make their own. That is the story of the Northern Ontario School of Medicine: it is an entity invented in the north by northerners.

What does it mean for a community to be able to educate its own doctors? Not just any small community, but a community as vast and diverse as Northern Ontario? The story we present here explores that fundamental question. What I learned as I began to discover is that the enterprise has had enormous positive impacts.

Now, almost twenty years on, the existence of a school of medicine created in and spanning the north is a source of satisfaction and pride. It is one of the factors that unifies an otherwise disjointed and competitive region. Its creation helped the region mature and built community spirit. Though almost everybody will acknowledge that there is still work to do, NOSM helped this wide-flung territory of disparate geography, interests, backgrounds, and cultures come together and work together. It wasn't easy. It took time and negotiation, ingenuity and faith, hard work and compromise, and — most of all — determination.

When I visited communities all across the north as well as ten years' worth of graduates to research this book, I came upon physicians serving in places not because they were induced to do so but because there is nowhere else they would rather be. Followup statistics show that as many as 95 percent of the graduates of those first ten classes have committed to stay in their places of practice in Northern Ontario. The communities, I found, were brimming with hope. One after another, their mayors and officials described how they no longer live on tenterhooks. They can plan. They are able to look forward, satisfied that a critical building block of community life is more securely in place. While you will see that not all the region's healthcare problems have been solved, a brighter day appears to have dawned. And the unique school of medicine is a central part of it.

A map showing all of the medical school's teaching sites across Northern Ontario can be found by visiting the NOSM website.