As Ron Lerud whisked his power chair rapidly through the main floor hallway of Grand Forks’ Altru Rehabilitation Center recently, it was easy to envision this 60-year-old back in the fall of 1972 -- his 18th year -- sitting instead behind the wheel of his prized automobile.

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Story and photos by Mike Brue
LERUD

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“Sounds like it was a sweet ride,” that onlooker re-marked about Lerud’s ’65 Mustang Fastback 2+2.

“Oh, it was,” said Ron, smiling slyly. “I washed it all the time. I was sort of a neatnik when it came to cars. Every time I went on a date Friday or Saturday night, I made sure it was clean. Any of my cars.”

Lerud worked on vehicles as a youth – and he had a special teacher. “I had a mechanic for a dad. My dad was a mechanic all of his life,” Ron said. “I mean he was a farmer, too, but he fixed all of his equipment himself. My uncle and him, they fixed their own stuff.”

Largely from that experience, Lerud says he gained some invaluable knowledge – and not just about cars: “I pretty much know how things work,” he said. “There’s an order to everything, to how these things work. It’s just log-ic. That’s what it is.”

A country road accident on a chilly, rainy October night in that same Mustang left him dealing with quadriplegia.

His quadriplegia is categorized as incomplete. He has limited use of his arms and, even less so, his legs and hands, but he’s learned how to write and do some other tasks. “My back doesn’t take a lot of bending,” he said. In his medical records, he’s a C-6 incomplete quadriplegic.

“Actually, I’ve been ambidextrous since I can re-member. We had contests in school to see who could throw with the opposite arm and write with the opposite hand. I can still write with my left hand.”

Back in late 1972, he couldn’t move anything beyond “my neck and my eyeballs, basically.”

When the accident happened, Ron was about a week away from leaving home to report for basic training with the U.S. Navy in San Diego, Calif.

“I had talked to my dad and said, ‘I’m going into the service. I’ll send money home. I want you to fix up my car because I want to drag race when I get home.’ I didn’t like farming, but I liked the ranching part of it. I liked horses.”

“That was one of things I wanted to do – raise horses,” he recalled. “But all of that . . . .” His voice trailed off.

Ron and a friend were driving Ron’s Mustang on country roads. As they started to pull aside to stop, a passenger-side wheel caught the piled edge of graded road. “I was doing over 40, but with the slick road it spun me and did me a 360,” he recalled. “And then it slid down the ditch and over.”

Neither was wearing seat belts. Ron was hurt, but he believes the injury was made worse when he was pulled from the vehicle. “I thought it was on fire,” he remembers, “but it was just smoking from the radia-tor.”

Lerud ultimately was taken to St. Luke’s Hospital in Fargo. He spent about five months there, followed by about three months of rehabilitation in Grand Forks. His medical team pushed him hard to push himself to move his own manual wheelchair, to learn how to

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write again – to reach his maximum potential, given his quadriplegia. The medical staff could be very tough, but he’s grateful that they were, he said. Lerud hates to think just how much more dependent and immobile he might be had they not been so demanding.

“I couldn’t do anything, basically,” he recalled. “I just learned how to do it. The only adaptive things I use is a fork and spoon and the adaptive controls on my (van). Other than that, I don’t use anything. And the hand controls that I have in the van actually are for a paraplegic. I just learned how to adapt to whatever I’ve needed to.”

Ultimately, Ron moved back to the rural Union farm of his parents, Allen and Harriet Lerud. He lived with them about 11 years. It was a struggle.

“But it made me stronger,” he quickly added. “I had to push myself in the grass. I had to push myself out in the pasture. I tried to push the limits.”

Life continues to challenge Ron, and vice versa. Lerud has arrhythmia and chronic pain, and he’s battled pneumonia three times. He’s had shoulder surgery, and he’s dealt several times with broken bones, including having both legs broken during out-of-state therapy intended to help him. He spent about six months in bed, and overcame a bout with depression that lasted for “a couple of years,” he recalled.

In early 2014, he was in the hospital with the flu and pneumonia. A few months later, he was back to have a rod inserted in his left leg after it broke about two inches below his hip bone.

Years earlier, he found himself battling withdrawals from 36 years of prescriptions for narcotic painkillers. Then he struggled mightily for another two years during use of a different prescribed pain medication, administered via transdermal patch. Ultimately, Ron said he concluded that the drug was, in fact, syphoning his life, rather than supporting it. The side effects, he recalls, included insomnia, loss of appetite, powerful muscle spasms, difficult breathing, anxiety and, “crippling” depression.

“I tried to push the limits,” Ron Lerud said.

“Yeah, you either live with pain or pffftttttttt...” he said, making a sound effect.

The other thing is, you can either cry or laugh – and I choose to laugh.”

That motto certainly has been tested.

He spent about two years in the mid-1980s living in a Cavalier, N.D., nursing home, until a young doctor told him, “You don’t belong here.”

Lerud ended up taking an aptitude test, then moving to Grand Forks to attend Northland Community and Technical College in East Grand Forks to study to become a health unit coordinator. When he earned a degree but couldn’t find a job in the field, he worked for about a year entering data into a computer at Options Resource Center for Independent Living in East Grand Forks.

He’s pursued several other ventures, including a small charitable human services organization for people with disabilities, founded in 2007, called Simple Freedoms. These days, it’s dormant as Lerud continues efforts to rebound from his health issues of recent years.

More recently, Ron returned to Northland Community and Technical College to pursue a degree in medical coding. He graduated May 15.

Medical coding “is the up-and-coming thing” with more flexibility, he said. “You can do so many things with it. You can work at home. You can work at a place

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DID YOU KNOW? Wheelin’ & Dealin’ online advertisements, courtesy of NDAD, provide a forum for people to buy or sell new or used assistive equipment. Ads are listed at NDAD.org. To place, remove or extend an ad, please call (800) 532-NDAD.
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like Altru (Health Service). You can work for a physician. You can work in a clinic, or for an insurance company.”

“Ron knows his stuff, he really does,” said Sarah Ling, a medical tutor who worked with Lerud for more than a year. “If he doesn’t know something he’ll spend the time to figure it out.

“He was a very inspirational student. He’s very determined. He has a very good outlook on life. He does not have this ‘poor me’ attitude.”

Lerud likes his independence and lives as self-sufficiently as possible. He’ll seek assistance, but only when he really thinks it’s necessary, he said.

Though he has used a power chair much of the time for about three years, he’s done so reluctantly, and he still prefers using a manual chair. To him, he explained, the power chair just makes him feel more disabled. “But I needed it because I had a bad arm at the time.”

NDAD has helped Lerud multiple times, including with a wheelchair back rest repair and a van modification. NDAD also helped Ron obtain home attendant care, including during recovery periods for several surgeries.

“Ohh, it was great,” Lerud said, “because I don’t know what I would have done without help at night.”

Learn about NDAD’s general assistance services and how they may be able to help you or someone you know deal with a disabling condition or health challenge. Call (800) 532-NDAD and ask to speak with a client services representative. Or, visit the Client Services section of NDAD.org.

NDAD’s medical travel assistance helps young southwest N.D. man

The Wollman family of rural Elgin, N.D., twice has faced health challenges that led them to NDAD.

In both cases, Wollman sons have been involved.

More than 10 years ago, NDAD assisted the Wollmans with medical travel expenses to Bismarck and to the Mayo Clinic complex in Rochester, Minn., when their youngest son, Dustin, then 9, was receiving treatment for an eye injury.

In June 2005, Dustin received a prosthetic eye, months after he was hurt in a target shooting mishap and after discovering a cornea transplant did not work.

Fast forward to early 2014, when the Wollmans suddenly were confronted by a new health issue involving their middle son, Michael.

Michael is no stranger to health woes, having had heart issues since infancy. He had experienced four open heart surgeries to replace bad heart valves, most recently in 2012.

In early 2014, while participating in the slaughter of a cow carrying a lifeless unborn calf at the family’s animal processing plant, Michael contracted a bacterial infection. His immune system had remained weakened since his 2012 heart surgery.

“Probably a week after that, I couldn’t eat anything – not even gum,” he recalled. “I wanted to throw up. I didn’t want to eat. I couldn’t even eat an apple, because it suddenly grossed me out. I was wondering what in the world was going on.”

A trip to the bathroom revealed blood in his urine, which in turn prompted a visit to an Elgin clinic doctor, then admission to Bismarck’s St. Alexius Medical Center. “It got into his kidneys, and they were shutting down,” Michael’s mom, Theresa Wollman, recalled. “He had had a back ache for a time, and then his blood count went down.” His liver also was showing signs of problems, and he had fevers, too.

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The Wollman brothers: (from left) Cody, Dustin and Michael.

Eli and Theresa Wollman look over the shoulder of their middle son, Michael, for a photo.
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The multiple-day stay at St. Alexius preceded a trip to the Mayo Clinic complex in Rochester, Minn.

Tests confirmed that Michael had contracted chronic Q fever endocarditis, a severe disease of animals and humans caused by bacterial infection carried most frequently by sheep, goats and sometimes cattle.

Infection often occurs when the Q fever bacteria goes airborne during the birthing process or during a spontaneous abortion. It can have complications such as pneumonia, inflammation of the liver or heart tissue, and central nervous system complications, according to the national Centers for Disease Control.

Mayo physicians confirmed that the infection reached the interior lining of the heart but had not spread to Michael’s heart valves – some relief for the Wollman family.

They had concerns Michael might need yet another valve surgery. Theresa said the pulmonary valve he received in 2012 is supposed to last roughly 10 years.

Michael has needed medications since, and NDAD has helped the Wollmans with medical travel to and from Bismarck’s St. Alexius for treatment and checkups. Each round trip is about 160 miles.

NDAD’s assistance has been timely, Theresa said. “We’re very pleased with it.”

Stephanie Tornatore, NDAD’s western North Dakota client services representative, is very nice to work with.

“She was always there when I needed her,” Theresa said.

Michael’s kidneys are in good shape again. His liver slowly continues to improve. A change in medication helped offset sudden liver complications a few weeks after Michael returned from Mayo, Theresa said.

Still, she added, Michael will need medication the remainder of his life.

The span of monthly checkups ended this spring, and Michael now is on a six-month schedule.

Meanwhile, Michael is back enjoying the outdoors – notably hunting and fishing – and is taking two-mile walks every evening with Bourbon, the family’s energetic red heeler.

Michael, his mom says, is “getting around pretty good again.”

HELPING TOUCHES

Community organizers of past NDAD-sponsored benefits offer tips based on recent experiences

Lori Troyer has been a volunteer and organizer in recent years for Grand Forks area community fundraisers helping local people with serious health challenges or disabilities. These events included several that were sponsored by NDAD through the charitable nonprofit’s free Community Fundraisers Program.

Along with several others with community fundraising experience who NDAD recently spoke with, Lori strongly believes a good benefit begins with a solid event committee — “the number one most important thing,” she said.

Once you’ve started assembling a committee, Troyer said, “pick a core leader (for each major area)” and let those leaders tackle those areas. “And delegate. Some people try to take on way too much, and then things get overlooked. It makes things a lot smoother with less bickering.”

Brenda Bruse, a 2013 benefit organizer for Grand Forks cancer patient Jen Anderson Sullivan, generally agrees: “You don’t want too many committee (volunteers), but you don’t want too few, because it is a lot of work... You need some people who aren’t working the whole day each day” in their own jobs, too. Benefits are big time commitments, but rewarding, she said.

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Pamela Elmquist chaired a Grand Forks talent show benefit early this year for Brad Sanner, who needs a second kidney transplant. She also supports the subcommittee approach. “It cuts down on the number of planning meetings that require everyone’s attendance and makes for less of a time burden for each committee member, she said.

“I can take very, very little credit” for the Sanner benefit’s success, Pamela said. “I was the coordinator. I really trusted my people, and they were good people, and they all did their thing.”

Also, she advises, “secure your venue right away,” before hammering out benefit details.

Julie Sturges was chairperson for 2013’s benefit to help Grand Forks’ Chris and Kelly Hutton family, which has dealt with cancer and severe infant birth trauma issues. Sturges suggests providing definitive times and roles for volunteers so they’re not stand-

Troyer, among others, likes bake sales as a part of a benefit because they not only can raise decent sums of money but get friends and neighbors who may not actually attend the function to help, too, and the sales give the baker a “sense of helping “ if that person lacks the funds to contribute otherwise.

Get more tips and ideas for holding an NDAD-sponsored Community Fundraiser by calling (800) 532-NDAD. Learn the ways NDAD can help your benefit at no cost and assist you in providing welcome aid to someone with a serious health issue or disability.

NDAD is a nonprofit, charitable organization founded by concerned citizens to assist mentally and physically disadvantaged people in North Dakota, many of whom are not eligible for services from other agencies.

Disabling conditions often are very costly. NDAD was founded on the belief that people with disabilities, when given the opportunity, can live more satisfying, productive lives — and NDAD has helped thousands do just that since its creation in 1975. This often requires the purchase of specialized equipment, medical treatment, or other services.

NDAD provides financial assistance through funds generated by both the organization and community projects. NDAD also provides information and referral services to help people receive assistance through other agencies, when possible.

It’s AMAZING what people can do when there’s help.