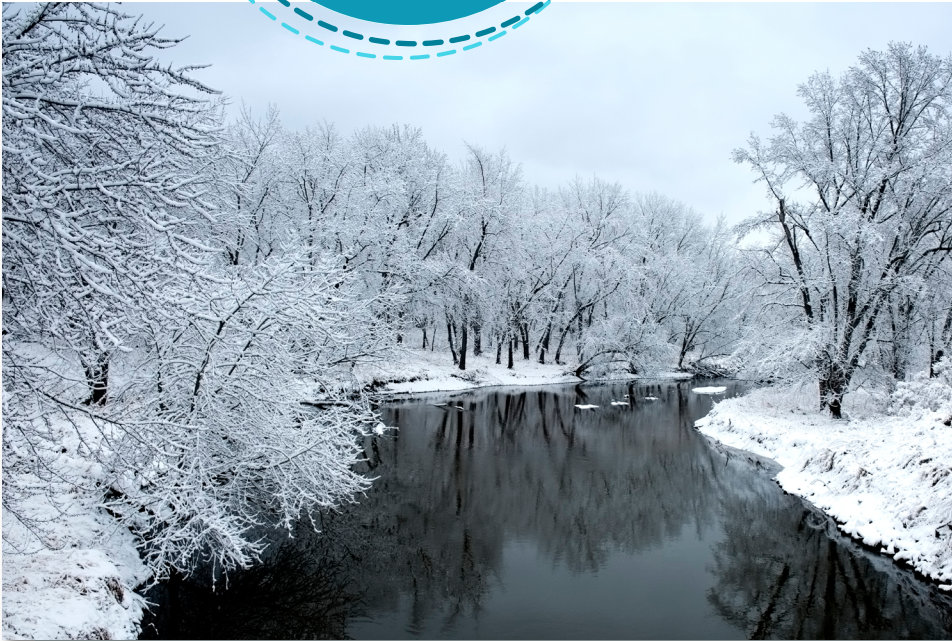


GLITEC Gazette

WINTER ISSUE | 2025



In This Issue

- Message From GLITEC 1-2
- E. Coli Outbreaks 2-3
- HIV/AIDS Awareness 4-6
- Stigma Awareness
- Event 6-7
- Opioid Conference 7-8
- New Team Members 9-10
- Healthy Recipe 11

Stay Connected

Our quarterly newsletters are posted on the [GLITC](#) and [Bemidji Area Emergency Response](#) websites. To receive our newsletters and other updates in your inbox, [sign up](#) for emails on topics you care about, such as events, news alerts, reports, and funding opportunities.

A Message From GLITEC Director Will Funmaker

The Great Lakes Inter-Tribal Epidemiology Center (GLITEC) achieved significant milestones before transitioning from 2024 to 2025. These milestones reflect GLITEC's growth and enhanced service delivery to the Tribes in the Bemidji Area (Michigan, Minnesota, Wisconsin, and Chicago).

In 2024, GLITEC expanded its reach by opening satellite offices in Grand Rapids, Michigan, and Green Bay, Wisconsin. These new offices strengthen our ability to effectively connect with and support Tribal communities, enhance regional collaboration, and increase accessibility to our resources.

To meet the evolving needs of the Tribes, GLITEC has also expanded its team, onboarding additional expertise across various disciplines. This growth has enabled us to address a diverse array of needs, collaborating on more than 200 technical assistance requests in areas such as data analysis, health assessments, and data capacity building.



[continued page 2]



As we move forward in 2025, GLITEC remains steadfast in its mission to advance Tribal health sovereignty and improve health outcomes for Tribal Nations throughout the Bemidji Area.

In Good Health,



Will Funmaker

Fall 2024 Foodborne E. Coli Outbreaks

Written by Jake Anderson, MPH

Foodborne outbreaks happen when multiple people get sick from eating the same contaminated food. When an outbreak is detected, public health and regulatory officials work quickly to gather information to identify the cause and prevent more people from getting sick.

One common cause of foodborne illness is *E. coli*, which is a kind of bacteria. In particular, a group called Shiga toxin-producing *E. coli* (or STEC) can be responsible for foodborne outbreaks. While most *E. coli* are harmless and can even help us, STEC produces a toxin (poison) that can cause severe illness, resulting in bloody diarrhea, kidney damage, and even death.

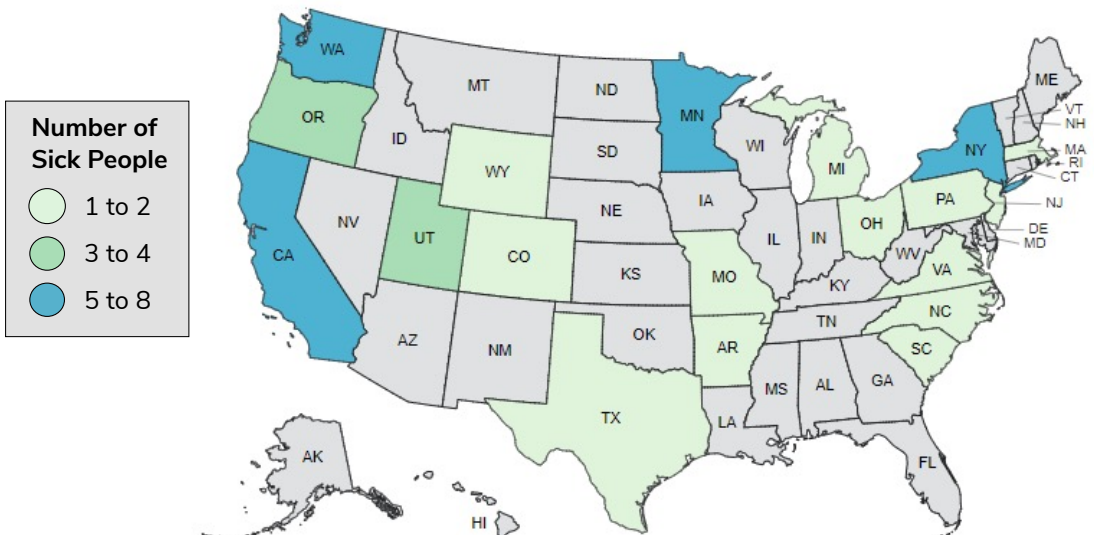


In fall 2024, there were two foodborne *E. coli* outbreaks involving STEC: one in organic carrots sold in grocery stores and another in onions served at several McDonald's locations.

Carrots Linked to E. Coli Outbreak

People in several states got sick from *E. coli* after eating bagged organic carrots sold by Grimmway Farms under multiple brand names. The investigation for this outbreak began on October 15, 2024, and is now closed.

The contaminated food has been recalled and is no longer sold in stores. While it is unlikely, if any [recalled products](#) are in your freezer, they should be discarded. Otherwise, there is no need to avoid eating carrots or other foods that contain carrots.



A total of 48 people in 19 states got sick from *E. coli* associated with eating contaminated carrots. Twenty of these people were hospitalized, and one person died.

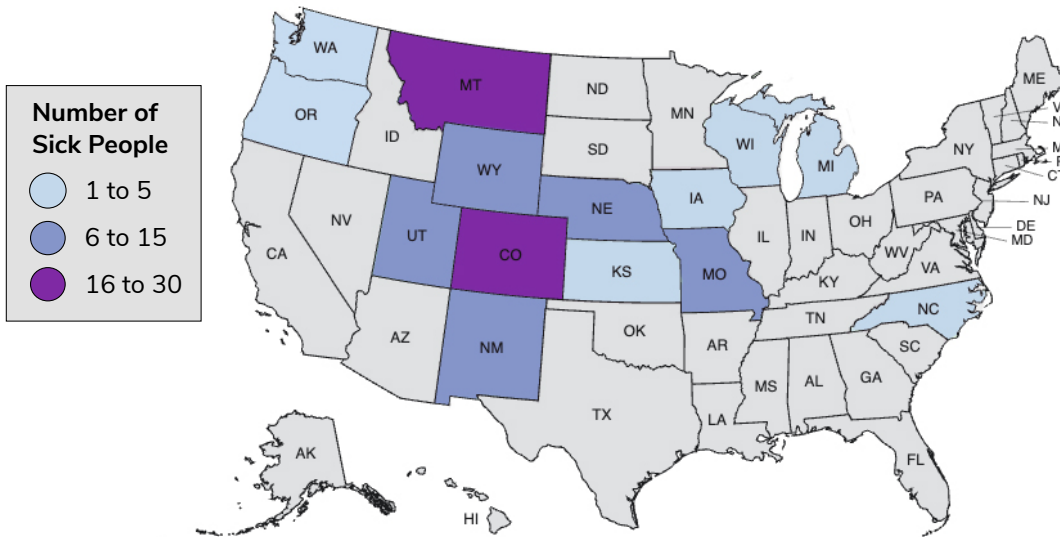
[continued page 3]

Onions Served at McDonald's Linked to E. Coli Outbreak

Another E. coli outbreak was linked to onions served at McDonald's in multiple states.

The investigation for this outbreak began on October 22, 2024, and is now closed. Affected onions were recalled and are past their shelf life. This means:

- the affected onions are no longer available for sale
- there is no need to avoid eating onions, other foods that contain onions, or food at McDonald's regarding this outbreak.



Data show 104 people in 14 states got sick from E. coli associated with eating contaminated onions at McDonald's. Thirty-four of these people were hospitalized, and one person died.

Get Food Safety Alerts to Stay Informed

You can take steps to learn about new food safety alerts:

- Check the Centers for Disease Control and Prevention (CDC) [website](#) for foodborne outbreak investigations.
- Consider signing up for food recall alerts from the [Food and Drug Administration](#) (FDA) or [Food Safety and Inspection Service](#) (FSIS). There are also third-party apps for smartphones that can be good resources.

Read GLITEC's new [E. coli factsheet](#) to learn more about STEC infections, how STEC is spread, symptoms of a STEC infection, and what you can do to prevent its spread.

E. Coli and STEC Infections: What You Need to Know

What is E. coli?
E. coli is a kind of bacteria that is too small to see with the naked eye. There are hundreds of kinds (or strains) of E. coli. Most strains live in animals' and people's gastrointestinal tract (stomach and intestines). These strains are harmless, can help in digestion, and may fight off harmful bacteria.¹

Some strains of E. coli produce toxins (poisons) that can make people sick. One group of these strains is known as Shiga toxin-producing E. coli (or STEC). If someone becomes sick from this group of E. coli, it is called a STEC infection.

How does STEC spread?
STEC may be found in animal feces and the stool (poop) of people who have a STEC infection. The bacteria can spread when something is contaminated by (comes in contact with) feces or stool and then reaches a person's mouth.²

For example, you can get a STEC infection after having contaminated food or drinks such as:³

- raw or undercooked ground meat
- contaminated fruits and vegetables
- raw (unpasteurized) milk or raw milk products
- unpasteurized juices.

Note: Pasteurization is a process that applies heat to food or liquids to destroy bacteria including harmful strains of E. coli.

Other ways you can get a STEC infection include:⁴

- through person-to-person contact with someone infected with STEC who did not wash their hands or by touching an object that they touched
- by visiting farms or petting zoos where you are more likely to come in contact with animals or animal feces

• after swallowing water from lakes, rivers, streams, and ponds, or from pools and hot tubs that were not properly cleaned or chlorinated.

Who is most at risk for infection?
Anyone can get a STEC infection. However, some people are at higher risk including:⁵

- children younger than 5 years old
- adults age 65 years and older
- people with weakened immune systems
- international travelers.

What are the symptoms of a STEC infection?
Most STEC infections include stomach cramps, diarrhea that can be bloody, vomiting, or a low fever. The symptoms usually start three to four days after swallowing E. coli.⁶

People with the following severe symptoms should contact their health care provider:⁷

- Diarrhea or vomiting lasting more than two days
- Bloody diarrhea or pee
- A fever higher than 102 degrees F
- Signs of dehydration:
 - Little or no peeing
 - Dry mouth and throat
 - Feeling dizzy or lightheaded

Important: A STEC infection can turn into a life-threatening condition called hemolytic uremic syndrome (HUS). HUS can lead to kidney failure, permanent health problems, and even death. People with HUS should be hospitalized right away. Go to the emergency room or call your doctor if you have signs of HUS:⁸

- pale skin (loss of color in the skin)
- unexplained bruising or tiny red spots on the skin
- bloody urine (pee)
- urinating (peeing) less or not at all
- feeling very tired or irritable (cranky)
- feeling less alert or aware.

Honoring HIV/AIDS Awareness Month

Written by Leopoldo (Eljay) Panganiban and Jyostnasri Mogili, PharmD, MS

December is internationally recognized as HIV/AIDS Awareness Month. It is a time to reflect on the impact of the HIV/AIDS epidemic and the progress made over the past 40 years. Likewise, World AIDS Day occurs every year on December 1. This awareness day was first recognized in 1988 to raise awareness about HIV and honor those affected by the virus. It serves as a reminder to continue efforts to prevent new infections and provide essential services to people living with HIV globally.

In addition to raising awareness, both HIV/AIDS Awareness Month and World AIDS Day encourage global solidarity and collective action to support ongoing efforts in fighting HIV and AIDS. They also emphasize the importance of continuing research, education, and advocacy to reduce stigma and ensure equitable access to treatment for all individuals affected by HIV, regardless of their location or circumstances.

What initiatives took place in December 2024?

Many organizations used the awareness month or day as an opportunity to take action:

- The National Institutes of Health organized a virtual panel that discussed progress, innovation, and impact in HIV research.¹
- The Office of Disease Prevention and Health Promotion raised awareness by promoting resources from its partner organizations. These included MyHealthfinder’s [HIV testing guide](#) and World AIDS Day’s [2024 campaign materials](#).²
- The World Health Organization (WHO) joined partners to recognize World AIDS Day under the theme: “Take the rights path: My health, my right!” WHO urged global leaders and citizens to address inequalities that hinder progress in ending AIDS.³

What does recent data say?

Data shows that new HIV diagnoses are highest among people age 25 to 34 and HIV is most prevalent (common) among people age 55 to 64. In 2022, 11 out of every 100,000 Native people were diagnosed with HIV compared with 5 out of every 100,000 white people.⁴

2022 data shows that HIV is more common among Native people than white people.

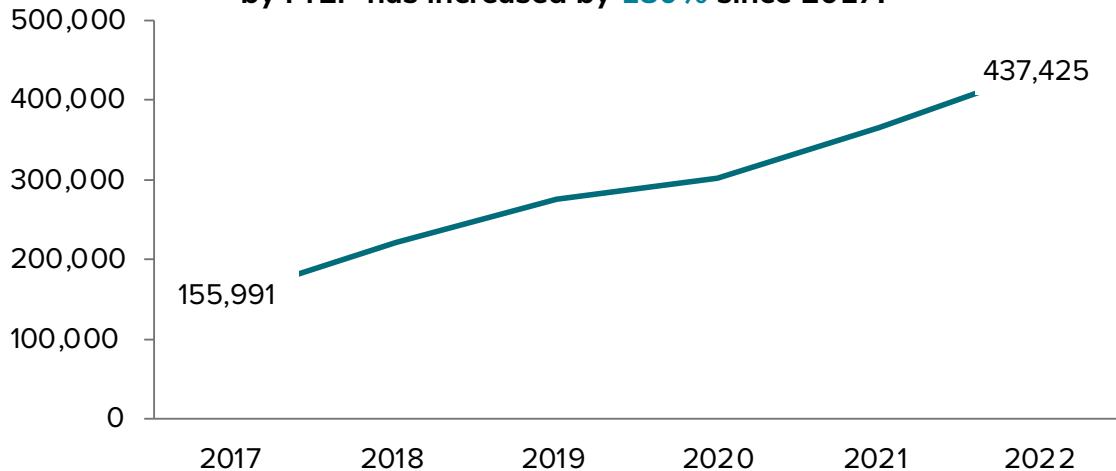
Rates below are calculated per 100,000 people.



[continued page 5]

One critical tool in preventing new HIV infections is pre-exposure prophylaxis (PrEP). PrEP is a highly effective medication that reduces the risk of transmitting HIV. Since 2017, the number of individuals with access to PrEP has increased from 155,991 to 437,425.⁴

2022 data shows that the number of people covered by PrEP has increased by 180% since 2017.



What is GLITEC doing to prevent the spread of HIV in our communities?

GLITEC provides two test kits from 4U Health at no cost to IHS, Tribal, and urban Indian organizations in our service area (Michigan, Minnesota, Wisconsin, and Chicago). One is a comprehensive kit that tests for STIs such as chlamydia, gonorrhea, hepatitis C, herpes, HIV, syphilis, and trichomoniasis. The other kit tests for human papillomavirus (HPV) in women.

Alongside these testing solutions, GLITEC also supplies HIV-related materials and resources such as condoms, lubricant, factsheets, and consumer information handouts. These materials are designed to support individuals in understanding their sexual health and in taking steps to prevent and manage STIs.

All kits and resources can be ordered by submitting an [order form](#).



In 2025, GLITEC published factsheets on [HIV](#) and [syphilis](#).

[continued page 6]

References

1. World AIDS Day. National Institutes of Health. Accessed January 9, 2025. <https://hivinfo.nih.gov/understanding-hiv/hiv-aids-awareness-days/world-aids-day>
2. December National Health Observances: HIV/AIDS Awareness and Flu Vaccination. U.S. Department of Health and Human Services. November 25, 2024. Accessed January 9, 2025. <https://odphp.health.gov/news/202411/december-national-health-observances-hivaids-awareness-and-flu-vaccination>
3. World AIDS Day 2024. World Health Organization. Accessed January 9, 2025. <https://www.who.int/campaigns/world-aids-day/2024>
4. AtlasPlus. Centers for Disease Control and Prevention. Accessed January 7, 2025. <https://gis.cdc.gov/grasp/nchhstpatlas/charts.html>

GLITEC Event Aims to Reduce Stigma Around Opioid and Substance Use

Written by Mandy Christensen



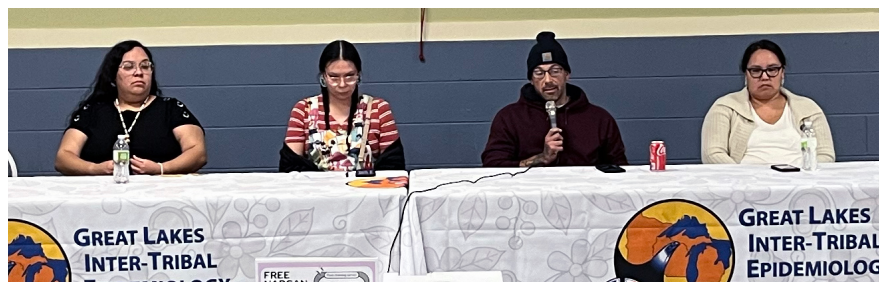
In collaboration with Wisconsin Voices for Recovery, GLITEC hosted a Stigma Awareness Event in the Lac du Flambeau community on November 19, 2024. The goal of the event was to reduce stigma around opioid and substance use in Tribal communities. All Tribal communities in the Bemidji Area were welcome to attend. The event was facilitated by Lashawnda Maulson of Sky Woman Consulting and Dr. Alton “Sonny” Smart.

The event began with songs from the Medicine Rock singers of the Lac du Flambeau community, smudging, and a prayer. An interactive activity was then introduced by Maulson that encouraged attendees to list what they love most about their communities.

Their responses are listed below:

- “The closeness to everyone.”
- “The cultural events.”
- “Wellbriety.”
- “The forward-thinking youth.”
- “The potential within everyone.”

[continued page 7]



This activity was followed by a series of presentations. To start, Dr. Kirk Klemme of the Wausau Comprehensive Treatment Center spoke on the biology of addiction and stigma. Next, Cindy Burzinski of Wisconsin Voices of Recovery and Maulson provided a collaborative presentation that focused on stigma in communities, sympathy vs. empathy, and recovery and stigma in BIPOC (Black, Indigenous, and people of color) communities.

Maulson then facilitated a peer recovery panel. This panel consisted of individuals who are in active recovery and embrace their Indigenous culture as part of their continued sobriety. GLITEC extends a special thank-you to the panel members: Mindi Thunder, Menominee Nation, as well as Lac du Flambeau Tribal members Winona Carufel, Shane Mitchell, and Santana Maulson. Their strength and commitment to sobriety inspire people across the Great Lakes area.

The end of the event included a feast prepared by Naanaan's, a local catering company owned by Bernie Lemieux and Sarah Pyawasit of the Ojibwe/Menominee communities. In addition, Dr. Smart shared closing remarks and Medicine Rock sang some traveling songs.

Many people attended, ranging from local visitors to community members from the Oneida Nation, Forest County Potawatomi, Lac Courte Oreilles, and Sokaogon Chippewa Community Tribes. Excellent resources were shared, great words were spoken, and personal stories of recovery were told. There was a combined 325 years of sobriety at the event.

GLITEC plans to host and attend similar events in the future.

Join GLITEC's Fourth Annual Opioid Conference

Written by Christina Denslinger, PhD

GLITEC is thrilled to hold its fourth annual Great Lakes Area Opioid Conference: Journeying Toward Wellness. This conference will be held April 29 to May 1, 2025, at Mystic Lake Casino Hotel in Prior Lake, Minnesota.



About the Conference

The Opioid Conference will focus on:

- increasing knowledge around opioids, other substances, and intersecting areas such as mental and physical health
- supporting collaborative response efforts that promote regional health and wellness.

This gathering provides an opportunity to connect, learn, and collaborate with colleagues, community members, and professionals who are passionate not only about addressing the opioid crisis and other substance use concerns, but also about building wellness and resilience.

[continued page 8]

The Opioid Conference has the following objectives:

- To provide an integrative experience within the mind, body, and spirit in an environment that offers hope, encouragement, and a positive foundation for American Indian/Alaska Native community action.
- To provide a framework that American Indian/Alaska Native communities can use to examine historical trauma and its effect on mental health disorders, substance use disorders, suicide, and the promotion of mental health.
- To celebrate American Indian/Alaska Native resiliency by focusing on protective factors and strengths within communities.
- To identify and enhance paths that support innovative prevention, treatment, and recovery strategies that promote wellness.
- To create a collaborative space to share ideas and strengthen partnerships that address the region’s public health concerns.



In conjunction with the conference, GLITEC will be hosting pre-conference trainings. These trainings will take place on Tuesday, April 29. Training sessions will include safeTALK as well as data visualization and management. Space may be limited for some sessions, so please register as soon as possible.

GLITEC invites Tribal public health professionals, prevention professionals, social workers, community health workers, and others working in Indian Country to support health and wellness. Through this gathering, we hope to work together to address systemic gaps in substance use responses for American Indian/Alaska Native communities in the Bemidji Area.

Attending the Conference

Register online by completing the [registration form](#). Hotel reservations can be made by calling Mystic Lake Casino Hotel at 952-445-9000 and requesting a room in the Great Lakes Inter-Tribal Epidemiology Center room block. You may also make your [reservation online](#). Please note that the room block will close on March 26, 2025.

Additional information, including the agenda, will be shared shortly. If you have any questions, contact Christina Denslinger at cdenslinger@glitc.org or Mandy Christensen at mchristensen@glitc.org.

We hope to see you there!

Say *Hello* to Our New Team Members!



Amber Hoon, LPN – Senior Public Health Specialist

Hello, my name is Amber Hoon, and I have joined GLITEC as a Senior Public Health Specialist. In a previous role within GLITC, I helped create GLITC's Tribal Dementia Program. My greatest joy is the honor of working with Elders, and my specialty is working with interested Tribal communities in the area of Alzheimer's disease and dementia.

This work includes offering culturally relevant trainings such as Savvy Caregiver in Indian Country and Dementia Friends for American Indian and Alaska Native communities, as well as facilitating the Second Wind Dream® Virtual Dementia Tour® experience. I have also had the pleasure of presenting different topics about dementia and discussing GLITC's Tribal Dementia Program at various conferences and gatherings.

Before working at GLITC, I dedicated 14 years to working as a charge nurse and, at times, interim nurse manager in long-term care at the Special Care Alzheimer's and Dementia Unit in Milwaukee. It was an amazing journey where I learned so many valuable lessons from those I cared for.

Outside of my work with GLITEC, I have three adult sons and recently had the honor of becoming a grandmother to my first grandchild. I enjoy visiting with Elders and sharing a good cup of tea or coffee or spending my free time fishing or in the woods with my two dogs and partner. I have a deep passion for learning about plant medicines and traditional food gathering and cooking. I especially enjoy participating in cultural events and ceremonies and hearing and learning the stories and songs.

Patrick Tschida, DrPH – Senior Epidemiologist/Program Director

My name is Dr. Patrick Tschida. I am honored to join the GLITEC leadership team as a Senior Epidemiologist/Program Director based in the Minneapolis satellite office.

I was born in St. Paul, Minnesota. Earlier in my career, I spent considerable amounts of time in East Africa (Tanzania and Kenya) as a Peace Corps volunteer and then as a Fulbright Scholar. I completed a master's degree in public health (MPH) at the University of Minnesota School of Public Health. In 2005, I earned my doctor of public health (DrPH) in nutritional epidemiology/global health at Johns Hopkins Bloomberg School of Public Health in Baltimore.

I lived in Duluth, Minnesota, for 15-plus years while working for the Minnesota Department of Health and Essentia Health, as well as for the Fond du Lac Band of Lake Superior as the Tribal Emergency Response Coordinator on a U.S. Environmental Protection Agency grant, developing and testing their first Tribal Emergency Preparedness Plan. I have worked on the design, implementation, monitoring, and evaluation of several large, multistate rural health programs for the University of North Dakota, the University of Hawai'i at Mānoa, and the University of Minnesota Extension.

I am happy to bring more than 25 years of experience in data management, data analysis, and program monitoring and evaluation to GLITEC. I am looking forward to serving Tribes throughout Michigan, Minnesota, and Wisconsin. Thank you!



Saqib Rana, MSPH – Data Engineer

Hi everyone. My name is Saqib Rana, and I am excited to support GLITEC as a Data Engineer through the CDC Foundation. I am not entirely new to the organization, as I joined in September. In my limited time with GLITEC thus far, I have had the pleasure of meeting many people and learning about the wonderful work GLITEC does to support Tribal health and wellness.

A little bit more about me: I am an experienced data engineer, mostly with experience from the public health space, but with cross-industry experience as well. Prior to this role, I supported another CDC Foundation jurisdiction in the Alaska State Health Department and worked as an independent consultant for a public health organization called Vital Strategies. Additionally, early in my career and after completing my undergraduate degree in public health, I completed my master’s degree in epidemiology from Johns Hopkins University, as my passion has always been data. I was inspired by one of my mentors early on who so eloquently put it: “Epidemiology is like the data foundation of public health.”

Outside of my expertise and career experiences and more on the personal side, I am a big foodie, love working out and lifting, and enjoy traveling and making memorable experiences with my wife. I am also fond of writing poetry and self-published my first book, a story-poem, around five years ago.

I look forward to joining GLITEC in meaningfully and impactfully serving the Tribes and Tribal entities that GLITEC has been tasked with supporting and that GLITEC has so graciously done before I joined.



Christina Alaniz, MPH – Public Health Specialist

Hi everyone, I am Christina Alaniz and am joining the GLITEC team as a Public Health Specialist in the Ann Arbor, Michigan, office. I was born and raised in Ann Arbor and received my undergraduate degree in global and community public health from the University of Michigan. After getting my degree, I moved to Albuquerque, New Mexico, to be the Program Coordinator of the Center for Participatory Research at the University of New Mexico College of Population Health. In this role, I worked with various communities and Indigenous Tribes within the area and cultivated a passion for community-based research. While working for the center, I earned my master’s degree in public health with a focus on community health. I hope to use these previous educational and professional experiences to further the important mission of GLITEC and focus on improving health equity.

Outside of work, I love to travel, do my nails, watch football (go Pack go), bake, and cook — especially Mexican food. I am also getting more into reading. I am excited to be at this organization!

Cranberry Hominy “Salsa”

Shiloh Maples, Little River Band of Ottawa Indians
 Prep time: 15 minutes • Refrigerate time: 2 to 4 hours



“ A few years ago, I was trying to imagine what an Indian Taco would look like using foods indigenous to the Great Lakes. I used a handmade corn tortilla and roasted venison — but I struggled to think of toppings that would complement those. A friend mentioned having tried some hominy salsa somewhere out West, so I decided to experiment with my own version. It’s been a hit around home and AIHFS (American Indian Health & Family Services) ever since! ”
 - Shiloh Maples

Note

This recipe provides small amounts of many vitamins and minerals.

Ingredients

- 2 cups cooked hominy
- 1 small red onion, diced
- 1 tablespoon ground cumin
- 3 cloves garlic, minced (use less if you desire)
- 1 serrano or jalapeño pepper, minced
- 1 teaspoon chili powder
- 1/4 teaspoon pepper
- 1/4 teaspoon salt
- 1/4 cup chopped cilantro
- 1/3 cup lime juice
- 4 tablespoons red wine vinegar
- 1/3 cup olive oil
- 1/2 cup dried cranberries

Directions

1. Mix all ingredients together.
2. Chill for 2 to 4 hours or overnight.



Great Lakes Inter-Tribal Council
 Epidemiology Center
 Great Lakes Inter-Tribal Council, Inc.

PO Box 9
 Lac du Flambeau, WI 54538

www.glitc.org/programs/epi

Our Mission

To support Tribal communities in their efforts to improve health by assisting with data needs through partnership development, community-based research, education, and technical assistance.