

## **Sister Mary and the Muslim Doctors (A)**

On a December morning in 2009, Sister Mary Thomas, Senior Vice President for Mission at Avera McKennan Hospital, listened intently to the three physicians seated across the desk from her as they presented their unique request for help. As Muslim physicians at the Catholic hospital, they shared her deep commitment to caring for the health and well-being of patients and staff.

It was the emotional and spiritual health of their families that prompted them to meet with her and to ask the hospital to help them procure space in which they could develop a Muslim community center. They needed a place where Muslim families could gather together to build relationships and educate their children in their religious traditions. But as young doctors just starting their careers, they didn't have the financial resources needed to acquire a building.

On the other side of town, three of their colleagues affiliated with the other major hospital in the city—Sanford Health—had approached an administrator there with the same request. The young doctors hoped one hospital or the other would offer financial assistance. The Sanford administrator they met with was concerned that if they assisted one religious group, other religious groups would expect assistance, so his answer was “No.”

Sister Mary was unaware that the same request had been brought to Sanford Health. It would have mattered little to her anyway, given her independent nature and strength of personal convictions when it came to making decisions related to the hospital's mission. She prioritized the gospel imperative to care for one's neighbor, but as Senior Vice President for Mission of a large hospital, she was constantly forced to choose between competing needs and to weigh costs and potential complications of every choice. As she studied the faces of the three physicians who so eloquently pleaded their case, she had to ask herself, “Is this something we should do? Is this something we dare to do?”

The physicians had asked themselves the same questions as they considered the immensity of their undertaking. Each of them was working long hours building a medical practice, and this project would take even more time away from their families. None of them had extensive training in the Quran, Islamic law or community organizing: their training was in medicine. They would need to develop the infrastructure for a community center, develop educational programming, and provide leadership. They would also be assuming a long-term financial burden.

In spite of the costs, they decided to move forward with their vision. And so it was that Dr. Hesham Elgouhari (*He sham' El guh hahr' ee*) and two of his colleagues found themselves in the office of Sr. Mary Thomas on a December morning in 2009.

### **The Idea to Develop a Community Center**

The idea for a Muslim Community Center was born just a couple months earlier—on a cold autumn day—as Elgouhari rode with a friend, Dr. Tariq Khan, to Friday prayers. Elgouhari is a big, deep-chested man with a broad grin and gregarious personality that endears him to staff and patients. A natural storyteller, he loves to talk, but he is also a serious and gifted liver specialist.

Elgouhari opened Khan's car door and quickly slid into the passenger seat, rubbing his hands together for warmth. It was 32 degrees, but a brisk north wind made the late October day feel much colder. A native of Egypt, he had learned to expect bitterly cold weather in South Dakota since arriving in Sioux Falls in July 2008 to take a position in hepatology at The Center for Liver Disease at Avera McKennan Hospital and University Health Center. Khan had also joined Avera in 2008 as a Vascular and Transplant Surgeon. Their offices were side by side in the hospital complex.

In spite of demanding schedules, Elgouhari and Khan regularly attended Friday Jumu'ah prayers at a nearby mosque on 6th Street. The small Islamic Center of Sioux Falls (commonly known as the 6th Street Mosque) is a 1,300 square foot, single-story building with discolored stucco siding, located on a residential street in the oldest part of the city. It is set so far back from the street that it's easy to miss it driving by even if one is looking for it. The building was in very bad shape when the Muslim community purchased it in 1992, and although they were able to add a new roof and make the most urgently needed repairs, the toilets and air conditioning remained inadequate, and it was far too small to host large gatherings. But it was the only place to pray Friday Jumu'ah prayers with other Muslims except for an even smaller mosque called Masjid Attakwa, used mainly by Bosnian, Somalian and Arab Muslims in west central Sioux Falls. On this Friday afternoon, Khan and Elgouhari parked down the street and walked quickly to the small mosque where 60-70 other men had already gathered. Today there was room to kneel on the faded green carpet; sometimes men could only stand against the wall when the room was packed.

Many of the men attending prayers at the 6th St. Mosque came to Sioux Falls as refugees from war-torn countries in the 1980s and 90s. In recent years, several physicians and other professionals arrived in Sioux Falls and joined the mosque, raising hopes that a new building would be affordable. There was a fundraising campaign and even a groundbreaking ceremony for a new building to be located nearby, but financial problems and management issues stalled the building process almost as soon as it began. At least one doctor had offered to take an active leadership role, but his offer was declined.

As Khan drove north on Cliff Avenue, he expressed his discouragement about the limits of the 6th St. building. He said, "It's time to do something on our own. What do you think, Hesham, of talking to Avera? Maybe they have a place they will give to us where we can start a community center."<sup>1</sup>

Elgouhari's first thought was, "Tariq, are you kidding me?"<sup>2</sup>

Khan was not kidding. He had been thinking about the physicians he knew who left Sioux Falls because it lacked the kind of Muslim community center available in major cities. Khan grew up in Hong Kong and trained in Dallas. He had experienced Islamic centers that served as community centers for social life as well as religious life. Elgouhari had most recently trained at the prestigious Cleveland Clinic in Ohio, where his family enjoyed a thriving Muslim community center that offered attractive educational and social programs. So, they could appreciate why physicians moved to larger cities with Muslim community centers that offered a wide range of rich cultural and religious experiences for their families. Khan said, "If we had some nice space, we could develop a real community center where we could teach our kids and bring Muslims together. That would be good for us and good for Avera, if it meant physicians would stay."

As Elgouhari listened to Khan, his enthusiasm grew quickly. He agreed that it was time to figure out an alternative to the 6th St. Mosque. It was not a place where he could bring his family. "Our wives and kids aren't happy there," he said. And he knew Avera was supportive of their growing medical practice. "They

know we are good physicians. We take care of our patients, patients love us, admission loves us. We are building a huge practice, so the administration loves us too.” Avera just might want to help them create a place where their families’ spiritual and social needs could be adequately met, if it increased the probability that the doctors would stay long-term. But Avera is a Roman Catholic health system. Would a Catholic hospital consider assisting Muslims to build an Islamic Community Center? Elgouhari thought it over, and said to his friend, “Tariq, we just go ahead and try and see. We need to make it simple and easy, and we need to knock the right door.”

The door they knocked on was that of Sister Mary Thomas, a Catholic Presentation Sister and Senior Vice President for Mission at Avera McKennan Hospital.

### **Sister Mary and the Avera Health System in South Dakota**

Sister Mary Thomas is a member of the Catholic order of the Sisters of the Presentation of the Blessed Virgin Mary, of Aberdeen, South Dakota.<sup>3</sup> She joined the executive staff of Avera McKennan Hospital in August 2006 after decades of experience in pastoral ministry, including serving as a campus chaplain at Purdue University. She is the only Sister serving in an executive position at the hospital. Sr. Mary is a slight woman in her 50s with warm brown eyes who grew up as the youngest of eight children in the tiny, rural town of Bowdle, South Dakota. She has degrees in theology, sociology, Christian spirituality, and organizational development.

Members of the order to which Sr. Mary belongs—The Presentation Sisters—have been fondly called the Prairie Sisters because of their practical, *can do* attitude and their strength of commitment characteristic of early settlers to the prairies who steadfastly endured hardship.<sup>4</sup> The first Presentation sisters arrived in the Dakota Territory in the 1880s from Ireland, bringing with them a pioneering spirit as educators among the children of the Lakota Sioux and European settlers. Soon they were caring for victims of diphtheria and typhoid. Since then, their ministries have adapted based on the needs of the people, particularly the poor. Today, the Sisters manage extensive ministries in healthcare and education, along with a range of human rights work in areas including immigration, peacemaking, environmental concerns, and more.

The Presentation Sisters sponsor an integrated system of healthcare called Avera Health. Their association with Avera gives it the status of officially being a work of the Catholic Church. Avera is a primary source of healthcare in five states: South Dakota, North Dakota, NW Iowa, SW Minnesota, and Nebraska. It includes the flagship 545-bed Avera McKennan Hospital in Sioux Falls, 13 smaller regional hospitals, and a network of over 300 facilities, including primary care clinics, research centers, retirement housing, assisted living, long-term care, hospice, and behavioral health facilities.<sup>5</sup> The Sister-sponsored hospitals and other facilities are separately incorporated, not-for-profit legal entities.

The Sisters’ strong sense of mission drives the services at Avera Health and is clearly communicated in their Mission, Vision and Values statement: *Avera is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values. In caring together for life, the Avera community is guided by the gospel values of compassion, hospitality and stewardship.*<sup>6</sup>

### **Sioux Falls and Surrounding Area**

Avera's central campus and corporate headquarters are located in Sioux Falls, the largest city in South Dakota. The corporate office has a panoramic view of a half-mile-long field of tall prairie grass. When the wind blows hard, the motion of the grass resembles ocean waves. Beyond the open field, across the interstate highway, lies the city. Sioux Falls' metro area population is just over 243,500, which is nearly 30% of the state's entire population, estimated at 833,000.<sup>7</sup> The city's population is overwhelmingly white (86.8%) with 4% African American, 2.7 % Native American, 4% Hispanic or Latino, and less than 4% other races or more than one race.<sup>8</sup>

Sioux Falls is a regional hub for healthcare because it is also the primary location of Sanford Health, one of the largest rural health care systems in the nation, with locations in 126 communities in nine states. Sanford has enjoyed dramatic growth in recent years in conjunction with nearly a billion dollars in gifts from philanthropist Denny Sanford. Avera and Sanford are often viewed as competitors; they are also the city's largest employers.

Much of South Dakota is still covered by vast swaths of grasslands, dotted with small towns of fewer than 500 people where one routinely sees farmers and ranchers in cowboy hats and boots. Conservative politically and socially, the part-time legislature passed one of the most restrictive abortion laws in the country in 2006 (later repealed by public referendum) and an anti-sharia law in 2012. A majority of the state's residents trace their roots to Scandinavian and German immigrants and are predominantly Lutheran, with Roman Catholics making up the second largest group.

Muslims have been present in small numbers in South Dakota for more than 100 years, but their number increased substantially after WW II when Lutheran Social Services began settling refugees in Sioux Falls. By 2009, there were 3-4,000 Muslims in Sioux Falls, most of them refugees who fled civil wars in Somalia, Ethiopia, Burma, and Bosnia.<sup>9</sup> The majority of these immigrants worked in low-skilled jobs in local industries, including the John Morrell slaughterhouse and meat packing plant.

### **Muslim Doctors' Early Experience in Sioux Falls**

In the early 2000's, the Muslim population of Sioux Falls began to change when local hospitals, tech, and engineering firms began recruiting foreign graduates. Avera began recruiting foreign medical graduates who were in the U.S. on J-1 Visas for advanced medical training. These physicians are required by the Immigration and Naturalization Service to return to their home countries for a minimum of two years after completion of their training in the U.S. However, the two-year foreign residency requirement can be waived in exchange for an agreement to practice primary care for at least three years in a medically underserved area or designated health professional shortage area in the U.S.<sup>10</sup> At the end of three years, they can apply for a Green Card to work in the U.S. permanently and after five more years, apply for citizenship. Avera sponsored three doctors for the J-1 Physician Waiver in 2002-2003, all of whom left when their three-year commitment ended.

But Avera continued to recruit foreign medical graduates and between 2004-2009 brought in nine more Muslim doctors, eight on the J-1 Physician Waiver Program and one on an H-1 Work Visa. They included Drs. Elgouhari, Khan, and an infectious disease doctor named Jawad Nazir (*Jah wahd' Nah zeer'*). By 2009, Nazir had a very busy medical practice, in part because he was one of the first doctors in the state to use telemedicine to reach patients in rural areas by long distance. He often hosted large Muslim gatherings in his home, so Elgouhari and Khan asked him to go with them to ask Avera's administration for help. He eagerly agreed.

### The Chief Administrative Officer is Skeptical

In November 2009, before meeting with Sr. Mary Thomas, Elgouhari and his colleagues met with Chief Administrative Officer of the Avera Medical Group, David Flicek (*Flee-check*) to broach the subject of assistance in procuring space. The doctors explained to Flicek that a primary reason the Muslim physicians moved away at the end of their three-year commitment was because their families' religious and social needs were not being met in Sioux Falls. Every Muslim doctor in the city had trained in larger cities with Muslim community centers that offered opportunities for their children to learn Islamic history and religion, including the Quran. Those centers offered opportunities for women to gather as well as men and opportunities for the entire community to celebrate their cultural heritage and major life events. None of this existed in Sioux Falls, so it was not surprising that the retention rate of Muslim doctors was much lower than the retention rate of the total pool of physicians at Avera. The doctors pressed their case: a community center would keep Muslim physicians in Sioux Falls, but they needed Avera's help to start it.

Initially, Flicek was not receptive to the idea of helping them. In the early 2000s, Flicek was the one who had to deal with the complaints from the first Muslim physicians to come to Sioux Falls. Prior to 2005, the waiver program requirements made it necessary for Avera to place foreign medical graduates, regardless of their specialty, in a primary care clinic downtown for a minimum of 32 hours/week because it was the only area of the city currently designated as "underserved." Those requirements changed in 2005, but prior to that, the recruited physicians were generally frustrated spending so little time in their specialties. Their spouses also had a difficult time getting to know the community. "Seeing the doctors leave as soon as their 3 years were up, I was beginning to wonder if the stereotype of the short-term foreign medical grad was playing out here, with Avera being the springboard to future practice elsewhere. And they weren't assimilating into the culture the way we see it. Honestly, it made me a little cynical."<sup>11</sup>

But Flicek was also acutely aware that Avera needed to figure out how to work with physicians from a diversity of cultural backgrounds because 40% of U.S. medical residents are foreign medical graduates, representing a broad variety of faith traditions. Still, Flicek thought, "Geez, why can't you just get along? Why can't you assimilate? You know, when they are having to go wash and pray, do we really need to accommodate that? The American doctors don't get to do that. They go to church on *Sunday*; they don't go pray all the time. Even the Muslim physicians' partners were struggling with it."

In spite of his skepticism, Flicek decided to "move the idea upstairs" because these three doctors were valued physicians. He recommended to Sister Mary Thomas that she meet with the three doctors as soon as possible.

### The Muslim Doctors Meet with Sister Mary

In mid-December 2009, Sr. Mary met with the three doctors. Later she recalled, "They did not want a mosque. They wanted a community center where they could educate their children in their values as well as gather together in one location."<sup>12</sup> The doctors described their vision of a cultural center, which they assured her would absolutely *not* be a place for fiery sermons and the radicalization of Muslims. Rather, it would be a place to celebrate their cultural and religious heritage, a place to teach their children the highest values of Islam, and a place to pray.

Khan explained the problems with the 6th St. Mosque, which he described as a "beaten down place." Even if that building project could be restarted, the plans did not include adequate space for the education of children,

so it would still be unsatisfactory. Elgouhari explained that he was still renting a home and had put off buying one, knowing he might need to move when his children reached junior high age if there was still no place for them to receive religious education. He and his wife liked Sioux Falls very much and were willing to work to help create an educational center, but the Muslim physicians could not yet afford to rent a building at commercial rates, and some were not comfortable with the idea of taking out a mortgage.

The doctors described their desire to give their children a taste of traditional Muslim holiday celebrations. Because the 6th St. Mosque lacked adequate space, they gathered in homes, but that was becoming difficult as Avera recruited more doctors.

Beyond the need for physical space, the three doctors described the need for a sense of *community* among Muslim families. Their families had no place to regularly meet in order to create bonds of support with others who shared their religious practices. They envisioned sharing food, fun, and fellowship, in addition to educational activities. The center could host weddings, funeral prayers, and other life-stage events. The Muslims in Sioux Falls came from diverse cultural backgrounds; a Muslim community center could be a central gathering point for all of them.

### **Sister Mary Considers the Request**

Sr. Mary could appreciate the doctors' desire to have a place to gather with other Muslim families. As a Catholic Sister who lived and worked closely with others in her order, she understood the importance of community.

Sr. Mary was also sympathetic to the three doctors' unique circumstances as immigrants. Her order had worked for decades with Latino immigrants in Sioux Falls, mostly from Mexico and Guatemala, who came to the Midwest to work in the meat packing industry. She heard the doctors' request through ears trained to listen to the needs of an immigrant population. A focus on promoting justice and alleviating oppression regularly guided the sisters' decisions when they had to choose which of many needs they might best be able to meet through their efforts.<sup>13</sup> Here was an opportunity, thought Sr. Mary, to assist and model respect for Muslim immigrants in the face of anti-Muslim bias across the country.

As the doctors talked, Sr. Mary quickly assessed that assisting the doctors appeared to be within her area of responsibility. As Senior Vice President for Mission, Sr. Mary's job description includes helping leaders and departments to interpret and apply the mission of caring for the physical, mental and spiritual needs of caregivers as well as patients.<sup>14</sup>

She looked across her desk at Dr. Elgouhari—the only hepatologist in all of North and South Dakota—as he described his dreams for his children, and she silently hoped that Avera would not lose him regardless of Avera's ability to help them develop a community center. He had turned down a position at Cleveland Clinic when he decided to come and build the program at Avera. He could find a position in any area of the country he chose.

Sr. Mary told the doctors she would take their request to Avera's Regional President and CEO Fred Slunecka (*Slu' nek uh*), with her recommendation that they explore possibilities to help. "I looked at it as a way for us to aid our physicians in staying committed to this community," said Sr. Mary later. "[W]hen we go back to the mission statement that we are for the health of the community, we know that hepatologists are not in

abundance. And we had a hepatologist. And the hepatologist was Muslim. I wanted us to be able to provide him with the resources he needed so that...he could attend to the full needs of his family here.” As a proponent of gradualism—small changes that propel change in the right direction—Sr. Mary hoped there might be something they could do to help, even if the hospital could not offer direct or public assistance.

### **Sr. Mary meets with Regional President Fred Slunecka**

A short, stocky man in his early 50s, Fred Slunecka had been president of Avera for nearly twenty years. He was known as a decisive, energetic leader who carried the institutional memory of Avera in his head. He met with the three doctors soon after Sr. Mary informed him of their request.

Slunecka had several immediate concerns. He knew Avera could not provide cash assistance, because that might be misinterpreted as an illegal kickback to the doctors. He knew they would need to carefully consider what kind of precedent their action might create.

But his even greater concern was how the Bishop would respond. Slunecka appreciated the fact that Bishop Paul Swain, like prior bishops in the diocese, typically did not take an active role in the management of the Avera healthcare system. However, as the highest-ranking official of the Roman Catholic Church in the Diocese of Sioux Falls, Avera was under his authority. One question would surely be raised among employees and in the wider Catholic community: Should a Christian, faith-based organization expend money and resources for a non-Christian faith group?

Slunecka wondered how the other Presentation Sisters would view it as well. The sisters were strong supporters of Catholic education. If Avera helped the Muslims start a community center, wasn't that equivalent to writing a check for Muslim education?

He asked the doctors why the Muslim hierarchy didn't help build a new center, like a Catholic diocese would if a bishop recognized an unmet need. Slunecka was surprised to hear that there was no equivalent hierarchy and no outside sources of funding.

He probed for some way to help the Muslim doctors that would not involve directly furnishing resources. Slunecka asked the Muslim doctors if they would like Avera to hire a Muslim Chaplain to complement the hospital's Catholic and Protestant chaplaincy staff. The doctors explained that their need was for the religious education of their children, not someone to visit the sick.

Slunecka continued to search for an alternative to direct assistance so that he could keep some distance between Avera and the Muslim center. He called a colleague at the local meat packing plant that employed a number of Muslims and asked if they could help support a Muslim community center, but his colleague said that company policy made it impossible for him to assist a religious group.

### **The Administrative Council Meets**

While the final decision rested with Fred Slunecka, he regularly consulted on important issues with Avera's Administrative Council made up of eleven senior executives. Slunecka described the Muslim doctors' request and said he thought helping them might make sense economically if it improved physician retention. Every Avera executive was aware of the high cost of physician recruitment, so there was no disagreement there. It

was not unusual for recruitment costs for one physician to run in the hundreds of thousands of dollars. Travel expenses related to interviews and moving ran about \$20,000; if a recruitment agency was involved in finding the candidate, their fee was another \$30-50,000. For foreign medical graduates, Avera paid legal fees related to the immigration process, another \$25,000 each. But the three major costs were: 1) a signing bonus equivalent to the physician's entire loan forgiveness balance; 2) an annual stipend while the physician continued training in preparation for coming to Avera; and, 3) a guaranteed salary for the first two years while the physician began to build a practice. To invest that much money in a physician only to lose him or her after a few years was a financial blow.

Slunecka and Sr. Mary described the type of facility the doctors envisioned: It would not be a mosque, but rather a community center where all the Muslims of Sioux Falls would be welcome to gather, so they could educate their families, celebrate holidays and special events, socialize, and pray. Although the Council members knew very little about Islam, they could readily see the benefit of helping an immigrant group meet the social and spiritual needs of its members.

But the fact that none of them knew very much about Islam, or the local Muslim population for that matter, also made the project feel risky. The Avera executives also didn't know these Muslim doctors well, having met them only in formal settings. None of them knew where these doctors fell on the broad theological spectrum of Islam, between the most peaceful, moderate ideals of Islam on one end and extremist versions of Islam on the other end. Sr. Mary explained, "Where did these doctors fall on the line of what is the ideal of Islam and what is the version you get in the media or the terrorist version of it, that was still to be determined. Obviously, if they're here, I knew they had been vetted to some extent, so I was pretty sure they were on the other end of the continuum."

But even if Avera could trust the character and intentions of the doctors who had approached them for help, she wondered about *other* Muslims who might use the community center. Might some of them have very different aspirations and interpretations of their faith tradition? Thousands of Muslims in Sioux Falls had far less education than these doctors and were refugees from war-torn countries in which highly politicized, fundamentalist versions of Islam were expressed through cultural practices considered unjust and pre-modern by American standards. What if strident or divisive Muslims attended a Muslim community center on Avera's property and spoke out against other religions or the U.S.? The future constituents of this proposed Muslim community center were a completely unknown factor. Sr. Mary admitted, "That was the place that I was most ill at ease."

Slunecka and the Avera executives also had concerns about how news of a Muslim center on Avera property would be received in the communities they served. Most South Dakotans' knowledge of Islam was based only on sound bites in the media. No doubt there would be those who would criticize the Sisters and Avera Health executives for demonstrating any kind of support to a Muslim community. Even if public relations could be handled in Sioux Falls, how would concerns about a Muslim center on Avera property be handled in small towns all around the state? What would be the repercussions for Avera and the Muslim doctors if angry letters appeared in local newspapers, leading to public controversy? A backlash could damage Avera's reputation and have adverse effects on their ability to care for patients, and patients were always their highest priority. Although retaining Muslim physicians was an attractive possibility because recruitment costs were so high, the cost of controversy could also be extremely high.

There was one other concern that had begun to creep into Sr. Mary's thinking. Muslims in the area lived largely "below the radar" of the community; building a new community center would make them much more visible. It would bring together many Muslims in one place on religious holidays. Could this make them an easier target for anti-Muslim activists? She wondered if helping this immigrant population could actually place them at greater risk.

Sluneka summarized what he regarded as the most significant potential difficulties if they chose to provide space to the doctors: blowback from the Bishop, Presentation Sisters, and Catholics around the state; possible negative effect on Avera's image if controversy ensued; and setting precedence in relation to other groups. But he had been unable to come up with a viable alternative. So the question once again was, "Is this something we should do? Is this something we dare to do?"

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## Endnotes

<sup>1</sup> All quotes from Dr. Tariq Khan, Interview by author, Sioux Falls, SD, Apr. 22, 2013.

<sup>2</sup> All quotes from Dr. Hesham Elgouhari, Interview by author, Sioux Falls, SD, Apr. 27, 2013.

<sup>3</sup> This congregation is part of the Conference of Presentation Sisters of North America and the International Presentation Association. <http://www.presentationisters.org/about/presentation-connections/> (accessed Feb. 8, 2015).

<sup>4</sup> Dr. David Kapaska, Interview by author, Sioux Falls, SD, June 14, 2013.

<sup>5</sup> <http://www.avera.org/> (accessed Nov. 17, 2014).

<sup>6</sup> <http://www.avera.org/experience/ah/> (accessed July 29, 2014).

<sup>7</sup> *State and County Quick Facts*, The United States Census Bureau, Population Division. <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> and <http://quickfacts.census.gov/qfd/states/46/4659020.html> (accessed Aug. 1, 2014).

<sup>8</sup> *State and County Quick Facts*, The United States Census Bureau, Population Division. <http://quickfacts.census.gov/qfd/states/46/4659020.html> (accessed Aug. 1, 2014).

<sup>9</sup> 3,000 estimate is from Jamie Tarabay, *Muslim Community on the Rise in South Dakota*, National Public Radio, June 22, 2008. <http://www.npr.org/templates/story/story.php?storyId=91784882> (accessed Nov. 13, 2014). 4,000 estimate is from Bassel Salem, Interview by author, Sioux Falls, SD, Oct. 4, 2011.

<sup>10</sup> *Eligibility Information - Waiver of the Exchange Visitor Two-Year Home-Country Physical Presence Requirement, U.S. VISAS*, U.S. Department of State, Bureau of Consular Affairs. <http://travel.state.gov/content/visas/english/study-exchange/student/residency-waiver/eligibility.html> (accessed August 1, 2014).

<sup>11</sup> David Flicek, Interview by author, Sioux Falls, SD, June 11, 2013.

<sup>12</sup> All quotes from Sr. Mary Thomas, Interview by author, Sioux Falls, SD, Sept. 21, 2011.

<sup>13</sup> Sr. Mary Thomas. See also *Who We Are: Our Mission*, Presentation Sisters website, <http://www.presentationisters.org/about/> (accessed August 1, 2014).

<sup>14</sup> From the *Avera Beliefs Statement*, <http://www.avera.org/experience/ah/> (accessed Nov. 21, 2014).