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101-year old physician looks back on Navy medical career

By **André Sobocinski**

U.S. Navy Bureau of Medicine and Surgery

At 101, Dr. Jack Hughes has achieved a longevity that puts him in rare company. Having a well-honed memory that extends back most of this lifetime including operational experiences in World War II is rarer still.

The native of Tabor City, N.C., obtained a Navy Medical Corps reserve commission in 1942 while studying medicine at the University of Pennsylvania. He remained in reserve status until graduating in 1944.

“Ten days after graduating I got orders for Bainbridge, Maryland,” recalls Dr. Hughes. “It was all rather sudden.”

At the Naval Training Center Bainbridge, Hughes took care of new sailors and treated the usual assortment of recruit issues such as catarrhal fever, acute pharyngitis, with the occasional case of meningitis and pneumonia. Hughes recalls treating a patient with strep septicemia with the then new miracle drug Penicillin, which had been available in the Navy for less than a year at that point.

But just as he was getting into the daily routine of being a Navy physician, Hughes received orders to report to Lido Beach, Long Island, N.Y. While there he and fellow medical officers and corpsmen were organized into a unit code named “Foxy 29” slated for participation in the invasion of Europe. They were assigned amphibious duty aboard Landing Ship Tanks (LSTs).

“There were 120 new Navy physicians and over 2,000 corpsmen at Lido Beach,” said Hughes. “They broke us into groups and then started shipping us out on the LSTs after that.”

After training at Lido, Hughes took a train to Bayonne, N.J. where he shipped out on LST-138. They sailed up to Halifax, Nova Scotia where they awaited for a convoy before braving the crossing of the Atlantic in April 1944.

Hughes described the convoy being organized into “13 rows of five ships,” including 15 LSTs and two aircraft carriers. He still recalls the sea sickness, the waves and weather and a mishap that nearly turned deadly. “Early in the morning a freighter loaded with ammunition got its rudder fouled up and started running through the convoy like a Keystone Cop in a T-Model Ford. It had several close shaves, but no crashes.”

After stops in Wales and then Scotland, Hughes arrived in southern England where he was assigned to LST-497 along with another

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(U.S. Army photo by Sgt. Eric Smith)

U.S. Army Spc. Donna Wauthier, a flight medic with Charlie Company, 2-104th General Support Aviation Battalion, 28th Expeditionary Combat Aviation Brigade, was one medic who responded immediately to care for wounded civilians after a rocket attack in February.

Flight medics describe chaos after rocket attack

By **Capt. Travis Mueller**

28th Expeditionary Combat Aviation Brigade

After February’s rocket attack on Erbil Air Base that killed one civilian contractor, injured several members of the Coalition and later killed one civilian, medevac Soldiers with the 28th Expeditionary Combat Aviation Brigade responded immediately to evacuate the wounded.

The rockets landed near a contractor living area and casualties were taken by bystanders to a “role 2” hospital on the base. The medical personnel there eventually stabilized them but needed to get them to a “role 3” hospital, with more capabilities, for further lifesaving

measures.

Sgt. Eric Smith, one of the flight medics, said his crew arrived at the role 2 hospital as the patients were brought out of the operating room.

“We received reports from the teams that had been taking care of them up until that point, and then we conducted our own assessments,” said Smith. “We applied our equipment and then prepared the patients for movement out to the helicopters.”

The medical teams on the UH-60 Black Hawk helicopters were Capt. Alexandra Barikian and Sgt. 1st Class Brian Collins on one and Spc. Donna Wauthier

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LRMC introduces first-of-its-kind procedure in Germany

By Marcy Sanchez

Landstuhl Regional Medical Center

A team of Ear, Nose and Throat physicians at Landstuhl Regional Medical Center performed a first-of-its-kind intranasal cryotherapy procedure at LRMC, April 1.

The procedure, which also marks the first time it's been performed anywhere in Germany, uses cryoablation to freeze nerves in the back of the nose to treat chronic rhinitis, or allergy-like symptoms which last more than a month.

"We are really excited to be able to bring this service to (LRMC) because it allows us to treat patients with non-allergic and allergic rhinitis," said U.S. Army Lt. Col. Jessica Peck, chief, Ear, Nose and Throat Clinic, LRMC. "It is a procedure that's been performed in the United States now for about two years but was not approved by our host nation until late last year."

For Americans in Germany suffering

from allergic rhinitis, the procedure offers relief from allergy season in the country where studies from the Robert Kroch Institute (the German equivalent to the United States' Centers for Disease Control and Prevention) show at least 20 percent of the adult population suffer from allergies. Rhinitis, also known as coryza, is the irritation and inflammation of the mucous membrane inside the nasal cavity walls and usually characterized by symptoms such as runny or stuffy nose, sneezing, and post-nasal drip.

"This is a common constellation of symptoms that we see, especially here in Europe, where the allergies are sometimes higher, or different than what we see in the (U.S.)," said U.S. Air Force Maj. Christopher Tonn, one of the ENT physicians who introduced the procedure to LRMC. "(The symptoms) can really affect (patients') quality of life. It can affect physical fitness, as they may have restricted ability to breathe through their nose during activity, cardiovascular activity, can even affect their sleep. And all those things contribute to their quality of life and their readiness."

Welcoming the treatment and becoming Germany's first patient to undergo the procedure, was long-time

non-allergic rhinitis sufferer, Diana Bryant.

"I was diagnosed more than 20 years ago with vasomotor rhinitis, which means [symptoms are triggered by many] things from the environment," explains Bryant. "I've been on multiple medications over the years, two or three different nasal sprays, two or three different medications, and I would have to switch back and forth between them over the years for them to continue working."

According to Peck, by using the cryotherapy procedure patients are more likely to reduce medication intake, and more tolerant to their environment.

"In rhinitis, the nerve is kind of always over-reactive and overstimulated," said Peck. "A lot of times with non-allergic rhinitis, it's not a traditional allergy. You don't have a protein in the air or pollen in the air that gets into your nose, it's more internally driven with those nerves being super sensitive to things that traditionally don't cause allergies, like strong smells, or changes in temperature or changes in your own hormones."

Only two weeks following the treatment, Bryant states she is already noticing a difference in her symptoms.

"It takes about 30 days to see the full

effects after the surgery and so there's a slow onset of symptom relief," explains Peck. "But it's a permanent improvement."

Just as the minimally-invasive surgery takes only 15 minutes, recovery from the procedure is also speedy.

"Patients wake up saying they feel like they have an ice cream headache," explains Peck. "We try to have them drink some warm tea to kind of help warm things back up. They're able to go home that day and back to work the very next day."

Although the procedure at LRMC is only available to eligible beneficiaries living overseas, Peck and Tonn's efforts to bring the procedure to Germany will also benefit host-nation providers, through collaboration and experience.

"Nobody here in Germany had performed one yet, so we were able to create a partnership to let the (host nation physicians) come and observe the surgery and they helped us with logistics and to develop a supply chain," explains Peck. "In turn, we're going to be able to treat our patients and improve their quality of life while the German community is going to be able to start performing this procedure and help their patients as well."

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(Photo by Marcy Sanchez)
U.S. Army Lt. Col. Jessica Peck, chief, Ear, Nose and Throat Clinic, Landstuhl Regional Medical Center, performs an intranasal cryotherapy procedure at LRMC, April 23. The procedure was first performed at LRMC on April 1, which also marks the first time it's been performed anywhere in Germany. The procedure uses cryoablation to freeze nerves in the back of the nose to treat chronic rhinitis, or allergy-like symptoms which last more than a month.

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Travis embraces different approach to health care

By Nick DeCicco

60th Air Mobility Wing Public Affairs

TRAVIS AIR FORCE BASE, Calif. — In an effort to help Airmen live happier, healthier lives, Travis Air Force Base, California, is one of several bases trying a Lifestyle and Performance Medical Clinic approach to health care.

The program takes a patient-centered, evidence-based method to preventing, treating and potentially reversing the effects of diseases by looking at the entirety of an Airman's health and how various aspects such as diet, sleep, physical wellness and emotional health are intertwined.

"What we wanted to do in the Air Force is ensure we're looking at the entire person and root causes," said Lt. Col. Jennifer Harward, 60th Medical Diagnostics and Therapeutics Squadron nutritional medicine flight commander.

The program is built upon six pillars: nutrition, physical activity, sleep, decreased use of risky substances, social connection and stress management.

Col. Daniel Murray, 60th Operational Medical Readiness Squadron master clinician and the program's physical fitness expert, said that all of the pillars feed off of each other. For example, when physical health decreases, that impacts mental health as well. When sleep is disrupted, mood is affected. When someone is depressed, it may make them less inclined to exercise.

"That's what I think is different about all of this," Murray said. "It gives us the mechanisms to get after things we talk about all of the time — obesity, depression, suicide problems. This is a way to comprehensively address all of that. We're not trying to fix your run. Yeah, it will fix your run, but you'll also eat better and sleep better. We're doing it holistically rather than poking at these problems one at a time, which primarily is what I think makes this very different."

In terms of nutrition, the program emphasizes a plant-focused diet that favors minimally processed, whole foods. It also emphasizes decreasing the use of risky substances, which involves curtailing the intake of products such as tobacco, alcohol, caffeine and energy drinks.

Thus far, the benefits for individuals who participate has been measured through weight loss and laboratory test results. Participants from the first seven-week course saw a 4.9% reduction in their weight, as well as blood-level reductions in cholesterol (5.5%), triglycerides (14.85%) and low-density lipoproteins (16.15%), according to data provided by Sahra Pak, 60th Medical Diagnostics and Therapeutics Squadron dietitian and the developer of Travis' LPMC program.

At Travis AFB, the program, which started fall 2020, has been deployed as a pair of courses lasting approximately a month and a half. Other facilities,



Travis Air Force Base Lifestyle and Performance Medical Clinic team pose for a group photo at David Grant USAF Medical Center at Travis AFB, California, April 15, 2021. Travis AFB is one of the several bases trying a Lifestyle and Performance Medical Clinic approach to health care.

(U.S. Air Force photo by Chustine Minod)

Harward said, attempting to implement a similar program include Whiteman AFB, Missouri; Wright-Patterson AFB, Ohio; and the Air Force Academy in Colorado Springs, Colorado.

When the Air Force prioritizes the health and wellness of its Airmen, the hope is other benefits will accumulate downstream, such as cost savings in terms of health care needs and on-the-job efficiency, Pak said.

However, the results of the program aren't aimed simply at benefiting the broader service, but also on an individual level. The program strives to put Airmen on a path "for lifelong success when it comes to health, longevity and resilience," said Col. Zachery B. Jiron, 60th Air Mobility Wing vice commander.

"Throughout my career, I've found that the Air Force brings relatively healthy members into the force, but then does not provide them with current, expert-informed information on optimizing diet, nutrition, sleep, etc., so they can live their best lives and, most importantly for the Air Force, be fully combat-ready for what the nation expects of them," Jiron said. "I want Airmen to be at peak fitness during their time in service while developing the mindset and habits that will ensure they live long, healthy lives well beyond their Air Force careers. The LPMC program underpins both of these."

Lt. Col. Joe Sky, 60th Surgical Operations Squadron associate chief of medical staff and a cardiologist, echoed Jiron's observations, saying he has been an advocate for this style of health care for years.

"The goal is to show we can improve readiness, to show we have more (physi-

cal training) passes, that we're making a difference in people's lives," Sky said. "I don't tell people, 'I'm going to put you on a different diet.' I tell people to think about what your goals are for how you're going to eat."

Sky said both private and public-sector health care providers are embracing this approach, although results tend to come in the longer term, making the program difficult to institute. That's where he and Pak agreed leadership-level support has been vital. In addition to Jiron's backing, Pak said she recently briefed Chief Master Sergeant of the Air Force JoAnne Bass on the program during her visit to Travis AFB.

"From the top of the Air Force, we're really trying to change the culture of fitness and what that means," Pak said. "It's about changing the culture, changing the mindset. It's not a temporary fix to pass a PT test, but it's about long-term health."

Sky talked about the "80/20 concept," a notion that health care providers are just one component of a person's health care, with 80% of health based on the choices patients make for themselves while just 20% comes from health care professionals.

"Medical doctors have known for years that we don't provide everything that matters," Sky said. "This is an attempt to bring evidence-based science to providing our patients with the best options to control the components of health care that they can control."

Harward said giving patients that control isn't beneficial to just individuals, but also to the broader Air Force.

"People don't correlate the lifestyle behaviors that they do day to day to how they're performing throughout the

day, right?" Harward said. "So, if you're not eating well, not taking care of yourself, you start performing not very well and that impacts the mission. ... If we can make better choices throughout the day, we are going to be a much happier person, have more energy and be able to perform more throughout the day compared to if we were to make the bad choices."

To participate in the program's next

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• Physician

(Continued from front page)

lieutenant junior grade physician and 20 hospital corpsmen. They took part in training exercises off the Channel town of Southampton.

Early in the morning of June 6th, 1944, LST-497 shipped out to participate in the invasion of Normandy.

“At 4 o’clock in the morning I went topside and there were ships and airplanes everywhere you looked,” said Hughes. “There were more ships than I ever imagined existed.”

His ship was originally planned to drop off its load of Howitzer guns on the beach. The ship directly in front of LST-497 was hit. “We didn’t quite get to the beach,” stated Hughes. “After the ship was hit we backed out and stood offshore and watched the action until it got dark and then we began taking on wounded.”

Although LSTs like “497” had originally been conceived to transport tanks, trucks, personnel and ammunition in amphibious operations, medical planners also recognized practical uses for their large cargo holds (tank decks) in clearing sick and injured personnel from beachheads. These ships were first adapted for medical uses in the Pacific Theater

in 1943. And as plans for Operation Overlord (Normandy Invasion) were being formulated, the Navy identified the LST as the primary casualty transport for this operation.

On June 7th, 1944, LST-497 took on 100 casualties. In addition to the medical company, the ship also was carrying part of an Army hospital unit who assisted in the care of the casualties until they were offloaded. The ship then transported the casualties to British Coast where definitive care was available at facilities like the Navy-led, 1,000-bed Base Hospital No 12 at the Royal Victoria Hospital in Netley.

LST-497 was one of 106 LSTs at Normandy specifically designated for casualty evacuation. Of these, 95 of them carried casualties on more than one trip and 54 of them were specially converted with hanger racks and even small operating rooms to serve as a Casualty Treatment Receiving Ships. Although each LST was designated to carry about 200 casualties (both ambulatory and stretcher cases), LST could embark up to 331 casualties on a single trip. And through D plus 11 days, LSTs evacuated nearly 80 percent of all Allied casualties (79.62 percent).

LSTs designed for casualty evacuation were expected to make three “turn-around” trips across the English Channel over a 10-day period. After disembarking casualties at one of the three designated ports in Southern England, the LST holds were typically reloaded with equipment,

supplies and personnel and it set sail again for the Normandy coast.

One day after returning to Normandy, a sailor with acute appendicitis was brought aboard the ship.

“Fortunately we had hemostats of various sizes, plenty of suture, Novocaine and morphine,” remembered Hughes. “But by then the Army doctors and aid men had left with their equipment. We didn’t have any retractors for the appendectomy.” In a typical example of Navy shipboard ingenuity, Hughes and his colleagues went to the galley where they collected silverware and “spatulas of different sizes” and then took them down to the machine shop to make the retractors. The surgery was successful and, as Hughes put it, “The patient made an uneventful recovery.”

After 30 trips across the English Channel—where they continuously transported casualties and brought needed supplies back to the front—Dr. Hughes returned home. He served briefly at the Marine Barracks at Parris Island, S.C., as staff doctor and venereal disease control officer. During his final 22-months in the Navy he was mentored by a physician at

the Naval Hospital Parris Island named Lt. Cmdr. Ben Klotz who inspired Hughes to pursue urology.

After leaving the service in 1946, Hughes studied three years under legendary urologist Dr. Frederick Foley, inventor and namesake of Foley Catheter. He then went on to practice urology in Durham, N.C. before 50 years before retiring.

In looking back on his wartime experiences, Hughes downplays his own role while harkening the oral historian Studs Turkel.

“It was good war and necessary war and everyone did what they had to do,” said Hughes. “It was just part of life back then.”

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Photo by BUMED PAO)
Lt. (junior grade) Jack Hughes, MC, USNR in 1944. Courtesy of Dr. Hughes

I am Navy medicine – and Certified Nurse Midwife

By Douglas Stutz

Naval Hospital Bremerton/ Navy Medicine
Readiness and Training Command Bremerton

Of the approximately 30 certified nurse midwives in the Navy, there is one with Asian American Pacific Islander heritage.

With May designated as Asian American Pacific Islander Heritage Month, and May 13 as Navy Nurse Corps 113th birthday, Lt. Cmdr. Cheryl Q. Castro is the embodiment of personal heritage and professional legacy.

“I am the first, and according to our specialty leader, only Filipino active duty Navy Nurse Corps certified nurse midwife (CNM),” said Lt. Cmdr. Cheryl Q. Castro, stationed at Navy Medicine Readiness and Training Command Bremerton. “When I found out I was the only active duty Navy CNM of Asian American Pacific Islander heritage I was surprised. However, it’s made me extremely proud because diversity is one of the Navy’s biggest strengths. It reminds me how the Navy provided me equal opportunity and rooted out bias. It proves to me the Navy continues to reflect the nation’s diversity and commitment to treat everyone with dignity and respect.”

The San Diego native and Samuel F. B. Morse high school 1992 graduate began her Navy career in 1998 by enlisting to become a hospital corpsman, a decision influenced by her Filipino parents who met in the U.S.

“My mother was a nurse and my father was a machinery repairman. Best of both worlds, medicine and the military,” said Castro. “After high school, I went to college in the hopes of being a nurse. Unfortunately, I did not focus on studying. I joined the Navy at 24 hoping that being a hospital corpsman would give me the opportunity to go back to college and finally get a nursing degree.”

Along with her parents, there has also been another inspirational person in her life, from early teens to the present.

“I started dating James, my husband, at the age of 15. Luckily enough he has been my biggest supporter following

• Travis (Continued from page 3)

course, which Pak said is expected to launch in mid-May, active-duty members can self-refer or talk to their doctor about being enrolled in the program.

Also connected to the program are multiple, recurring fitness training sessions each week, which its coordinators call “Yoda’s Performance Clinic.” The sessions include, but are not limited to participants in the Lifestyle Medicine program. The running group, organized by Murray, meets at 9 a.m. on Saturdays at the red track (formerly the blue track), by the Duck Pond. The strength training conditioning group, which is run by others, meets at 8 a.m. and 4:30 p.m. Tuesdays and Thursdays at the Nose Dock Gym.



(Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton)

Meet Lt. Cmdr. Cheryl Q. Castro, assigned to Navy Medicine Readiness Training Command Bremerton, and the only Navy Nurse Corps officer of Asian American Pacific Islander heritage who is a Certified Nurse Midwife.

me wherever our orders sent us. Three children and almost 23 years later we are here in Bremerton,” Castro said.

Castro’s initial duty station as a hospital corpsman was Naval Medical Center Portsmouth where she became hospital corpsman 3rd class. At her next duty station at U.S. Naval Hospital Guam in 2001 she became a hospital corpsman second class. It was during her third assignment at Naval Medical Center San Diego when she was selected for the Seaman to Admiral Program, nursing option.

“I went to Old Dominion University, graduated in 2007. My first duty station as a Navy Nurse Corps officer was Naval Hospital Twentynine Palms. I took hot-fill orders as a Labor and Delivery nurse back to U.S. Naval Hospital Guam where I was selected for Duty Under Instruction, Midwifery,” Castro said. She subsequently attended San Diego State University and received her Master’s Degree in Women’s Nurse Midwifery, followed by her first duty station as a midwife at Naval Hospital Camp Pendleton.

It was during her time just starting her Navy Nurse Corps career at Naval Hospital Twentynine Palms that she discovered her niche, providing family-centered care with Labor and Delivery.

“I started as a Labor and Delivery nurse and quickly realized it was my forte and true passion. The next step in my progression was to become a midwife. I wanted to be able to provide over all care to my patients, not just come in at the finish line. I wanted to be able to take care of my patients in the prenatal stages,” said Castro.

For Castro, her calling as a midwife is captivating and compelling.

“People really don’t understand all the different aspects of midwifery. We just don’t deliver babies. For example, midwives provide primary care for obstetrical patients. We provide urgent care and triage services on labor and delivery. We can first assist on cesarean sections. We provide contraception care and can conduct screenings, such as pap smears for cervical cancer,” explained Castro.

As with other clinics at the military treatment facility, helping to stop the spread of COVID-19 has led to providing adjusted and flexible patient care to those in need. The routine protocol for seeing pregnant patients - a nine-visit pathway - has been modified when practical and possible.

“During this pandemic, we have been able to reduce the visits by providing virtual visits according to Centers for Disease Control and Prevention and

Defense Health Agency guidelines,” said Castro.

She currently leads eight providers, 10 hospital corpsmen and two medical assistants in providing Obstetric and Gynecologic care for more than 10,000 patient visits annually.

With the Navy surgeon general priority on operational readiness and Navy Medicine core mission of ensuring force medical readiness with a ready medical force, Castro’s duty as a midwife contributes directly towards that requirement.

“Midwives provide contraception care, which promotes readiness,” stated Castro. “Additionally, pap smears are a part of the Periodic Health Assessment which leads to readiness.”

When asked to sum up her experience with Navy Medicine in one sentence, Castro replied, “I have been blessed and honored to serve with amazing people, some that have become family.”

Since 1977, Asian American Pacific Islander Heritage Month has been an annual to recognize the achievements – as well as culture, traditions, ancestry, native languages, distinctive abilities – and contributions from more than 56 ethnic groups, proficient in over 100 languages, from Asia and the Pacific Islands who live in the U.S.

• *Chaos* (Continued from front page)

and Smith on the other. Collins and Wauthier were the lead medical providers on their respective helicopters as they transported patients to a role 3 hospital at another base.

While en route, the crews continued to manage their patients' complex medical issues.

"Both were considered critical care patients, as they were intubated, on ventilators and required several medications and procedures to keep them stable throughout the flight," said Smith. "By the time we arrived, we had improved our patient's condition from when we picked him up."

Wauthier has worked in civilian medevac and critical care transport for over 10 years and says her experience helps with her knowledge base and comfort operating in these situations.

"There are big operational differences between the two medevac worlds, but the fundamental patient care is still very similar," said Wauthier. "I've become comfortable with managing medical and trauma patients that require advanced airway management, as well as ventilator support, along with the types of interventions and medications that typically entails."

Although this was a real attack with real casualties, they say it was fulfilling to help how they could.

"Here was a patient who was pretty bad off, and we had a positive impact on his outcome," said Smith. "None of us want bad things to happen to people, but we are glad that we can be there to help them when they do."

Smith, Wauthier, Collins and Barikian are deployed with Charlie Company, 2-104th General Support Aviation Battalion, 28th ECAB.



(U.S. Army photo by Maj. Brian Burns)

Aftermath of indirect fire attack at Erbil Air Base in the Kurdistan Region of Iraq, Feb. 15, 2021.

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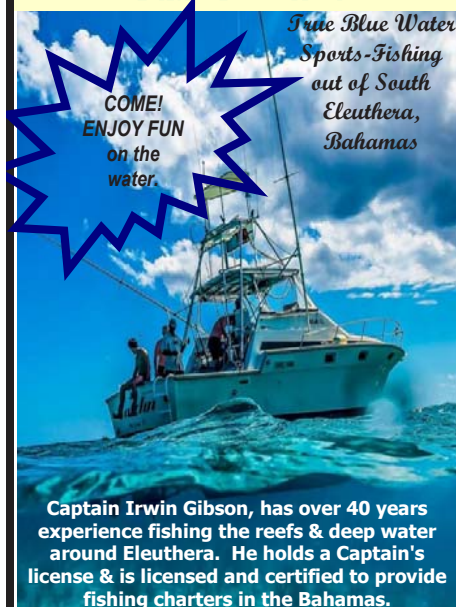
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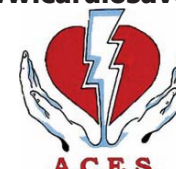
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**Summer Camp Nurse Opportunity
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Red Pine Camp for Girls located in Northern Wisconsin is seeking a full-time registered nurse from June 4 through August 08, 2021. Applicants must possess experience in first aid and an understanding of health needs for girls and young adults ranging from ages 7 to 16. Will work alongside & under the supervision of another camp nurse. **Duties Include:**

- Reviewing camper health histories;
- Communicating health needs of campers to administration and counselors;
- Distribution of prescription & over the counter medication;
- Providing first aid for minor injuries/illnesses;
- Maintaining accurate health logs

Salary based on Experience & Qualification
**Please contact the Camp Director,
Connie Scholfield: 952-270-0579
rpc@redpinecamp.com
www.redpinecamp.com**

Raise awareness in May for Mental Health Month

By Aimee Malone
Fort McCoy Public Affairs Office

May is Mental Health Month around the globe. Although mental health is crucial the whole year through, every May, we take time to highlight the vital importance of mental health in every aspect of our lives and our communities.

According to Mental Health America, while one in five people will experience a mental illness during their lifetime, everyone faces challenges in life that can affect their mental health.

The current pandemic has had profound effects on the mental wellness of people of all ages. It is crucial to reduce stigma surrounding mental-health struggles and encourage help-seeking behaviors as they are a true sign of strength, not of weakness.

There are practical tools that everyone can use to improve their mental health and increase resiliency, regardless of the situations they are dealing with.

One way to check in with yourself is to take a mental health screening at MHAscreening.org. It's a quick, free, and private way for someone to assess their mental health and recognize signs of mental health problems.

Mental health is essential to everyone's overall health and well-being, and mental illnesses are common and treatable.

In honor of May as Mental Health Month, the Monroe County Mental Health Coalition invites everyone to join in the "Mindful Movement for Mental Wellness" event happening virtually, the entire month of May. It is an opportunity to combine mindfulness with activities you enjoy doing, be it walking, running, cycling, stretching, yoga, meditating, or a multitude of other things. Sign up at form.jotform.com/210464415191146 and follow

us on Facebook at "Mindful Movement for Mental Wellness."

Set a goal and track your minutes of movement for the month.

Individuals who complete their mindful movement goal will be entered into a drawing for a chance to win a prize provided by local sponsors.

For more information about this event, email april.anderson@wisc.edu, katie.lelonek@co.monroe.wi.us, or sierra.phillips@va.gov.

If you are struggling with mental health, a number of resources exist to help. At Fort McCoy, the Employee Assistance Program can provide short-term counseling or provide resources to seek long-term. Call 608-388-2441 for information.

The Religious Support Office provides pastoral and spiritual counseling. Call 608-388-3528 for information.

MilitaryOneSource offers confidential help 24/7 online or by phone. Visit militaryonesource.mil or call 800-342-9647.

Many insurance programs now offer online counseling options. Check with your insurance company for their providers. The websites www.mentalhealth.gov/get-help and www.nami.org, among others, also provide several resources to get you started in finding help.

If you're thinking about suicide, 24/7 help is available through the National Suicide Prevention Hotline. Call 800-273-8255 to speak to someone immediately. The hotline also operates the Veterans Crisis Line specifically for current and former service members, available through the same number.

(Article prepared by Monroe County Mental Health Coalition and Fort McCoy Public Affairs Office.)



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