

Being Alone Can Cause You Trouble

BY DR. MIKE ROSMANN

As I write this, my wife Marilyn is traveling on a plane to Italy on an educational tour with nursing students, some parents and faculty, and I get to spend 12 days without supervision. Oh boy, I can do what I want! Fun.

Although I love and respect Marilyn very much, I like these opportunities to be on my own. I actually accomplish more when no one is around to tell me what to do.

I would be a mess if Marilyn were gone permanently and I would have a difficult time adjusting to being alone. It's a hard job managing me and I need help.

I don't usually do anything illegal when Marilyn is gone. But now I can go fishing when I want, eat what I want, work at my computer and sing any time of the day or night or do anything I choose, without someone asking if I am alright (it's a valid question).

I have gotten into some questionable circumstances. Like the time I had to call Marilyn at the border crossing back into the U.S. on a return trip from a Canada fishing excursion.

A few years ago, my son Jon, Leon, and I went on a June fishing trip to Ontario. Leon had told me earlier he had a goal to catch all the walleyes he could eat at least once in his life.

"Let's go to Canada next summer," I said. "Jon and I can show you where we can catch walleyes and other fish until our arms tire out."

Leon couldn't resist the offer, even though he had a heart attack and another stent implanted two weeks before we left for Canada. Leon helped me manage crisis counseling programs in response to floods and tornados in Iowa. He is one of the best counselors I know and has helped many farm and non-farm families.

We caught and ate walleyes every meal for a week and a grand pike Leon roasted over a camp fire with onions, peppers, cilantro and potatoes. We didn't keep too many fish or try to take too many back to the U.S.

When we arrived at the border crossing with 10 walleyes that I had filleted into 20 halves (four fish apiece was the limit), we were surprised when two U.S. agents asked us to park our truck in their locked garage. They demanded to know where we had been, how many fish we were transporting and what we had been doing.

They placed us in a locked holding cell, took our phones and said they would get back to us. We could ask on the inter-

com if we needed assistance. No one came when we asked to use a rest room.

The agents went through every item in our truck. We learned later they used drug-sniffing dogs and long-handled mirrors (to scout the undercarriage of the truck) searching for drugs.

They accused us of hiding evidence when they found a barbecued walleye we saved to eat as a snack. They asked how Leon, Jon and I knew each other.

After a couple hours the two agents returned and told us we were in violation of federal statutes. They had called a federal game warden. Thankfully, we were allowed to empty our bladders, under surveillance.

The federal game warden told us he could charge us with either of two statutes: we had too many fish, because each filet was assumed to be an entire fish (a \$2,000 fine), or because we had not left enough skin on each filet (i.e., \$100 per person). I had left skin samples for inspection, but less than the required 1 by 1 inch piece of intact skin on some filets. We could take our choice of violations.

The federal warden—he was named Wally Hornpecker or something similar—said he knew we did not knowingly bring back too many fish and he knew from the pieces of skin on the filets they were walleyes, but he had to charge us. We chose the cheaper option; we wrote out our checks payable to the U.S. District Court.

We aren't sure, but we think the border officials were racially profiling us, for Leon is African American, and because of the nature of their questions. They were probably disappointed when they figured out we weren't drug runners.

Perhaps Wally and the border guards enjoyed our walleyes for supper and felt good about "earning their keep" that day.

When we were allowed to leave I called Marilyn to explain we would be home later than expected. I asked her if she would welcome a federal offender (me) in our house. She said I could come home, thank goodness.

Oh well, I have done worse things in my life. But this is the kind of thing that happens when I don't have someone around to help supervise me.

Dr. Rosmann lives on his farm near Harlan, Iowa and claims to be a psychologist. Check him out at: www.agbehavioralhealth.com.

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Dr. Mike
ROSMANN

Visiting Hours

Mental Health Awareness Month

BY MARY CAROLE CURRAN, PH.D.

Avera Medical Group Behavioral Health Yankton

Every month of our calendar year seems to have some cause for which we are to shine the light of awareness and celebration. The month of May is certainly no exception. Perhaps you are not aware that May is National Stroke Association Awareness Month, National Salad Month, Asthma Awareness Month, National Egg Month, National Cancer Research Month, Bicycle Safety Month, Mediterranean Diet Month, Lupus Awareness Month, Liver Awareness Month, National Arthritis Month, Ultraviolet Awareness Month, Better Sleep Month, Meditation Month, Clean Air Month, National Barbecue Month and Mental Health Awareness Month. Mental Health Awareness Month was saved for last, as last is where mental health frequently sits on the continuum of health care priorities in our country.

Mental Health Awareness Month was initiated in 1949 by Mental Health America, an advocacy organization dedicated to helping ALL people living mentally healthy lives by raising awareness about mental health conditions and promoting mental wellness. The theme of this May's Mental Health Awareness Month is "Pathways to Wellness". We may not think much about our 'mental health' or even use that phrase, but it's a common element in all our lives. Most of us take our 'mental health' for granted. After all, since it's such a fundamental, yet unseen part of who we are, it doesn't seem to merit a lot of thought compared to everything else going on in our lives or in the world. The reality is that 'mental health' is a major factor in all aspects of each of our lives. We see it play out in our relationships, in our performance at work or school and in health issues.

Today, protecting and strengthening our 'mental health' couldn't be more important. With our fast paced, 24/7 culture, we face more stress from our daily lives than ever before. Many of us work extended hours or multiple jobs, and take less vacation. In fact, one in three American employees is chronically overworked. The line between work and home life is often blurred, so home is no longer a place of rest. Sleep and exercise feel like luxuries. We are eating poorly or skipping meals more often. We are constantly bombarded with information. We are also more disconnected from family, friends and neighbors, and less engaged in our communities than we used to be. Trust in one another has steadily declined over the last 30 years. Kids aren't immune either; many are racing from one activity to another without any downtime. Silence is a rare commodity.

All of us live with these daily threats to our 'mental health.' Many of us also face additional challenges that test us and put our mental health at risk. For some of us, it is the stress of care giving or divorce or losing a loved one. For others it is loss of a job, living with a disease such as diabetes, cancer, or hypertension, while others contend with addiction to alcohol or drugs, survive domestic

abuse, a street crime or disasters like tornados or drought.

Whatever the source of the threat, how able we are to deal with these challenges can positively or negatively impact our 'mental health,' overall health and well-being. When considering all the ways it can affect each of us and our society, the issue of 'mental health' amounts to the largest public health and economic concern in the country.

We know at least some of the problems. Twenty-five percent of adults suffer a diagnosable mental disorder each year, and mental health problems affect 20 percent of young people. Military personnel have the highest rate of suicides in history, and the suicide rate in veterans has passed the civilian population. Mental health problems take a high toll on workplaces, costing businesses more than \$79 billion a year, \$63 billion of it in lost productivity. Each year, 217 million work days are completely or partially lost due to mental disorders. Millions of people don't have access to the mental health care they need. College-aged shooters are carrying out some of the worst atrocities of our time. Report after report; headline after headline details the endless need for mental health in our nation.

We don't need to turn on the news to see this pain. We see it in our friends and families. Most of us probably know someone suffering from mental illness—a friend who gets the blues during bleak winter months, a relative whose thinking may not seem rational, or a colleague whose angry moods never seem to subside. These symptoms may affect a person's capacity to cope with daily life in a number of ways: disrupting a person's thinking, feeling, mood, ability to relate to others, and daily functioning. It is hard to find a population of individuals more forgotten, misunderstood or discriminated against than those living with mental illness.

Facts about mental health problems are indisputable: They do not reflect anyone's personal weakness, lack of character, or upbringing. Emotional problems can affect people of any age, race or income. A person's profession or religious affiliation does not cause or "brand" one with illness, nor is it any kind of punishment. Mental illness is a medical condition—just as diabetes is—and like diabetes, mental health issues are largely treatable through one or a combination of therapies.

As a society we must become myth busters, countering some of the myths and false beliefs about mental health problems with truth.

Myth: I can't do anything for a person with mental illness.

Truth: You can do a lot, starting with how you act and speak. You can create an environment that builds on people's strengths and promotes understanding. For example: Don't label people" or define them by their diagnosis. Instead of saying someone is "a schizophrenic," say; he or she "has schizophrenia." Don't say "a depressed person," say "a person with depression." This is called "people-

first" language, and it's important to make a distinction between the person and the illness.

Myth: Mental illnesses are brought on by a weakness of character.

Truth: Mental illnesses are a product of the interaction of biological, psychological, and social factors. Social influences, like the loss of a loved one or a job, can also contribute to the development of various mental health problems.

Myth: Children don't experience mental illnesses. Their actions are just products of bad parenting.

Truth: In any given year five to nine percent of children experience serious emotional disturbances. Just like adult mental illnesses, these are clinically diagnosable health conditions that are a product of the interaction of biological, biological, psychological, social, and sometimes even genetic factors.

Myth: Mental illnesses don't affect me.

Truth: Mental illnesses are surprisingly common; they affect almost every family in America. Mental illnesses do not discriminate—they can affect anyone. Ten percent of children and adolescents in the US suffer from serious emotional mental health disorders that significantly impairs their day to day lives at home, school and with their peers.

Myth: Individuals with mental illness are dangerous and violent

Truth: Those living with mental illness are no more violent than those without these disorders. Individuals living with mental health challenges are more likely to hurt themselves than others. Suicide is the third leading cause of death in youth aged 10 to 24.

Myth: Once people develop mental illnesses, they will never recover.

Truth: Treatment of many serious emotional and mental health disorders is effective. Psychotherapy, behavioral interventions, medications, and connection to one's community have been shown to be extremely helpful interventions, and have about an 80% success rate.

Myth: Seeking psychotherapy means you have "serious" problems.

Truth: Seeing a therapist is healthy, normal, positive and proactive. Therapy can teach you strategies to process your emotions and cope with life stressors, help identify and change negative beliefs or patterns in your life and understand more about your behaviors, relationships and yourself.

Be a mental health advocate. The following steps build and maintain well-being and help us all achieve mental wellness:

- Balanced diet
- Regular exercise
- Enough sleep
- A sense of self-worth
- Development of coping skill
- Emotional awareness
- Connections to family, friends and community.

For more information, please contact Avera Medical Group Behavioral Health Yankton at 605-655-1240 or 888-668-8700.

SCHOLASTICS

MOLLY KOKESH

Graduating senior Molly Kokesh of Scotland will be one of the featured speakers at the annual Augusta College spring commencement, set for 2 p.m. May 25, at the Elmen Center, located on campus at 2505 S. Grange Ave., Sioux Falls. Doors will open at 1 p.m. for seating.

Kokesh is the daughter of Marilyn and the late Dennis Kokesh. A German and Government/International Affairs major, Political Philosophy minor, and Civitas honors student, Kokesh was Augustana's 2012 Truman Scholarship nominee, a honor designed for those who intend to pursue a career in governmental or non-governmental public service. As a member of the College and state record-holding dis-

tance medley relay, Kokesh is an All-American track athlete and a member of Augustana's Cross Country team. She traveled to Austria in 2011 to study German; and to Norway in 2012 as a Peace Prize Forum Scholar, an opportunity providing two months of peace and conflict study at the University of Oslo. For her final project as a Peace Scholar, Kokesh studied the immigrant integration system in Oslo and its effect on minority women, a topic she has aspirations to explore in Sioux Falls. On campus,

Kokesh is co-president of Augie Green, the campus environmental club, and is a member of the ASA Student Senate. She is an Ambassador with Augustana Cultural Exchange (ACE), a program designed to help international students transition to the United States, and is a mentor for FRIENDSLink, a program linking young adults with disabilities to opportunities for continuing educational and social growth. After Augustana, Kokesh plans to spend a gap year serving in AmeriCorps, or working in Sioux

Falls, before entering graduate school for environmental or immigration law, or policy study.

There will be 385 students participating in the commencement ceremony honoring the class of 2013.

Friends and family not able to attend the ceremony can watch the live Web Stream broadcast beginning at 2 p.m. at www.augie.edu.

S.D. Joins Million Hearts Movement

PIERRE — The South Dakota Department of Health is joining the Million Hearts initiative by encouraging people to take the online pledge to live longer, healthier lives.

"We're excited for what Million Hearts can do for the overall health of South Dakota. By taking the Million Hearts pledge, people have the opportunity to turn awareness into positive action to improve their health," said Linda Ahrendt administrator for the Office of Chronic Disease Prevention and Health Promotion at the department.

Million Hearts is aimed at preventing 1 million heart attacks and strokes by 2017 by empowering people across the nation to make simple, healthy choices such as quitting smoking, reducing sodium and trans fat consumption. The campaign also stresses the monitoring and management of blood pressure and cholesterol levels.

"May is National Stroke Awareness Month, so it's a great way to tie cardiovascular health in South Dakota to the U.S. Department of Health and Human Services Million Hearts initiative," said Ahrendt.

Almost 800,000 strokes occur in the U.S. each year, yet most people cannot identify stroke warning signs or risk factors. Some studies indicate that up to 80 percent of strokes can be prevented. Nationally, cardiovascular disease costs business and communities over \$444 billion annually in lost productivity and health care expenses.

Million Hearts complements other tools and resources the department's Heart Disease and Stroke program offers. People can also visit the program's new Facebook page at www.facebook.com/SDHealthyLife to take

the pledge, share their stories and access tips and resources to help prevent heart disease and strokes.

To learn more about the Million Hearts initiative, visit <http://millionhearts.hhs.gov>.

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50th Anniversary Celebration



Mr. & Mrs. Lonnie Herrboldt

An Open House will be held on Saturday, June 1, 2013, at the Elks Lodge, #994, 504 W. 27th St. Yankton, SD, starting at 7 pm until 7:30 with live music at 8 pm.

Lonnie and Connie (Guthmiller) Herrboldt were married May 29, 1963, in Tripp, SD.

The event will be hosted by their children Tamara (Jeff) DeJong of Volin, SD; Todd (Brenda) Herrboldt of Yankton; and John (MaryBeth) Herrboldt of Yankton.

They have four grandchildren and two great-grandchildren.

41st Anniversary Celebration



Mr. and Mrs. Bill and Jean Lapour, Sun City, Arizona, will celebrate their 41st wedding anniversary June 1, 2013.

Their family requests a card shower. Greetings may be sent to 9615 W. Greenway Rd, Sun City, Arizona 85351.

Jean Bonszich and William Lapour were married April 29, 1972.

They have two children: Brian Lapour and Katie (Dave) Wiertzema.



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MORNING COFFEE
WEEKDAYS MONDAY-FRIDAY

Wednesday, May 22

7:40 am Lewis & Clark Specialty Hospital Physical Therapy (Amanda Adamson)

8:20 am Hy-Vee Foods (Chef Staci)

8:45 am Trinity Lutheran (Pastor David)

Thursday, May 23

7:40 am Yankton Conv/Vis Bureau (Lisa Scheve)

8:20 am Yankton Chamber (Carmen Schramm)