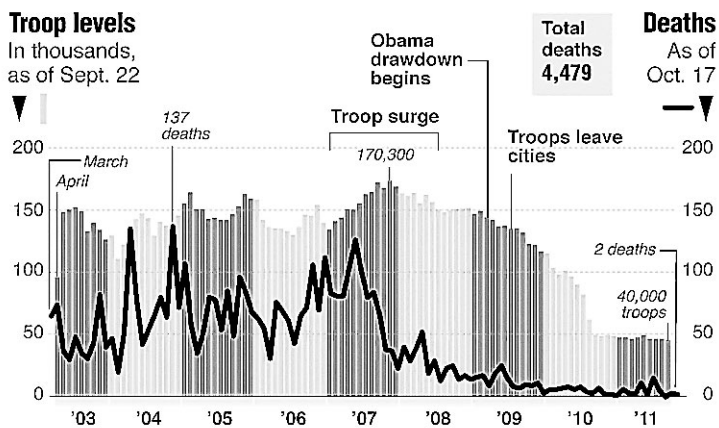


# U.S. troops in Iraq

President Barack Obama has ordered all U.S. troops out of Iraq by Dec. 31. Troop levels and deaths by month since the U.S. invasion in March



Source: Congressional Research Service, U.S. Defense Department, ICasualties  
Graphic: Judy Treibbe © 2011 MCT

# Iraq

From Page 1

cesses, though there's no indication how much they will matter to re-election voters more concerned with economic woes at home.

On Thursday, the president heralded the death of Libyan dictator Moammar Gadhafi and a day later the end to one of the most divisive conflicts in U.S. history.

The wars in Iraq and Afghanistan have cost the U.S. more than \$1.3 trillion.

Obama did not declare victory.

He did speak, though, about the string of wins on his watch — none bigger than the killing of Osama bin Laden, the al-Qaida leader behind the Sept. 11, 2011 terrorist attacks. The Afghanistan war still rages, but there, too, Obama has moved to end the combat mission by the end of 2014.

This was, in essence, the third time Obama had pronounced an end to the war, allowing him to remind the nation he had opposed it all along — a stance that helped his White House bid in 2008.

Shortly after taking office, Obama declared in February 2009 that the combat mission in Iraq would end by Aug. 31, 2010. And when that milestone arrived, he said it was "time to turn the page" on Iraq and put the focus back on building up the United States. On Friday, he said: "After nearly nine years, America's war in Iraq will be over."

The U.S.-led invasion of Iraq was launched in March of 2003 after reports, later discredited, that the country was developing weapons of mass destruction. By early April, American Marines were helping Iraqis pull down a statue of Saddam Hussein in Baghdad. Saddam was captured in December of that year and executed in 2006, but the war dragged on.

The ending was set in motion before Obama took office. In 2008, President George W. Bush approved a deal calling for all U.S. forces to withdraw by Dec. 31, 2011.

At issue was whether that deal would be renegotiated to keep thousands of U.S. forces in Iraq. The Obama administration and Iraqi government spent months debating whether the United States would keep troops to maintain a training force, to provide added stability in a country where spectacular attacks still occur, and to serve as a hedge against Iran.

Throughout the talks, Iraqi leaders refused to give U.S. troops immunity from prosecution in Iraqi courts, and the Americans refused to stay without that guarantee.

Obama never mentioned that issue on Friday.

He said that after speaking with Iraqi Prime Minister Nouri al-Maliki, both were in agreement on how to move forward. Obama said the two nations will now deal with each in the normal fashion of sovereign countries and will keep open the idea of how the United States might help train and equip Iraqi forces.

"Over the next two months, our troops in Iraq, tens of thousands of them, will pack up their gear and board convoys for the journey home," Obama said. "The last American soldier will cross the border out of Iraq with their heads held high, proud of their success, and knowing the American people stand united in our support for our troops."

The Associated Press first reported last week that the United States would not keep troops in Iraq past the year-end withdrawal deadline, except for some soldiers attached to the U.S. Embassy.

"Both countries achieved their goals," said Iraqi government spokesman, Ali al-Mousawi. "Iraq wanted full sovereignty while the United States wanted its soldiers back home, and both goals are achieved."

In addition to remaining military forces, Denis McDonough, White House deputy national security adviser, said the U.S. will have 4,000 to 5,000 contractors to provide security for American diplomats.

Obama's announcement was applauded by congressional Democrats, including Senate Majority Leader Harry Reid, who called it "the right decision at the right time."

# Award

From Page 1

The New Librarian of the Year award recognizes librarians who are just getting started in the profession and have performed the function of a librarian for a period of not more than 10 years in South Dakota.

According to the South Dakota Library Association, the New Librarian of the Year is someone who has transformed a routine task or an untried idea into imaginative, creative service and has projected a dynamic image of the professional librarian into the community and offered that community something which it did not have before.

According to Jacobs, Pittenger has done just that.

"She's gotten more programs going for both the children and the teens, and we were really lacking in that," Jacobs said. "She's also done great things with the summer reading program."

Among the programs that Pittenger has introduced are Baby and Me Lap Sit and Toddler Time. Baby and Me Lap Sit is an interactive program for infants up to 12 months and their parent or caregiver, while Toddler Time is designed for children ages 1 to 3 and their parent or caregiver, and is more sophisticated with activities and stories.

She has also formed a teen advisory group and introduced programming for teens and middle school students.

While programming is a large part of her job, Pittenger per-

forms many other duties. She is in charge of ordering all the books for the preschool-through-high school areas, as well as "weeding out" older books that are no longer suitable to be checked out. She is involved with the summer reading program and story time, and also visits day-cares each week to read to children.

"I keep pretty busy," she said with a laugh.

With her wide array of tasks, Pittenger said her experience as a teacher has been extremely valuable.

"I've taught a variety of levels, and I think it helped me feel comfortable with a variety of ages," she said. "And the training in children's literature and reading has been a direct help."

While Pittenger enjoyed teaching, she said she couldn't be

more pleased with her career move.

"I love my job. I loved teaching too, but this is just another aspect of it, from a different angle. It's the best of both worlds," she said. "It's a dream-come-true job for me, that's for sure."

To honor Pittenger, the Yankton Community Library will be holding an open house throughout the day on Wednesday, Oct. 26, at its location at 515 Walnut. There will also be a ceremony at 5 p.m.

"We'd like the entire community to come in and greet her and celebrate with us," Jacobs said. "She certainly deserves to be recognized, and we'd like as many people in the community to do that as possible."

# ASK THE EXPERTS

## Assisted Living/Hospice

**Q What are Palliative and Hospice care and when should someone choose this?**

**A** Palliative care is specialized medical care for people with serious illnesses. Palliative care seeks to prevent and relieve suffering and to enhance the patient's comfort and quality of life. It utilizes a team of care givers to provide physical, psychological, and spiritual care, a support system to help the individual live as actively as possible and a support system to sustain and rehabilitate the individual's family. Palliative care is appropriate for patients in all stages of a chronic disease, such as Cardiac, Pulmonary, Renal, or Neurologic, as well as cancer. It focuses on symptom relief rather than a curative approach.

Although Hospice care is also Palliative, the term Hospice generally applies to care administered in patients with a prognosis of six months or less to live. One of the main keys to success for patients in both palliative and Hospice care is a long enough length of stay. The longer a person receives care, the better the outcome for symptom management and personal and family coping. It is very important for a referral to occur in time for adequate services to be delivered. Talk openly with your physician/care professional about whether Palliative or Hospice care may be indicated for you or your family member.



Colette Broekemeier, RN  
Autumn Winds Comfort Care Administrator



605-689-0382

Yankton, SD

## Family Medicine

**Q What is vascular disease?**

**A** This is a very broad term defined as any disease process that involves the vascular system. Most commonly it refers to the process of arteriosclerosis. This is the process of progressive narrowing as well as hardening of the arteries that supply blood to the entire body but most concerning involving the brain, heart, kidneys, or peripheral arteries such as the lower extremities. The process of arteriosclerosis occurs due to many different factors. These include, but are not limited to family genetics, high cholesterol, high blood pressure, smoking, obesity, diabetes, and lack of physical activity. The process of how these factors interact together to cause progressive narrowing of the arteries is a complex one, however it all leads to the same outcome: the artery affected progressively narrows, causing diminished blood flow to the organ that the artery feeds. This will lead to organ damage and ultimately failure, or the inside lining of the artery will tear off some of the build up and a clot will form causing organ failure and ultimately organ death. This is the same process responsible for heart attack, stroke, peripheral arterial disease, or kidney failure. Vascular disease is the number one cause of disability and death in the US. To help access and reduce your risk of this happening to you please see your doctor. We are happy to discuss this with you at Lewis & Clark Family Medicine.



Jeffrey Johnson, M.D.



Brandi Pravacek, CNP  
L&C Specialty Hospital



1101 Broadway, Suite 103A  
Morgen Square, Yankton, 260-2100

## Ear, Nose & Throat

**Q Dr. Rumsey, for the past week I have been having terrible dizziness for 30 to 40 seconds in the morning when I get up or whenever I look up at something. What can I do?**

**A** What you are describing sounds like Benign Paroxysmal Positional Vertigo or BPPV. BPPV is one of the most common causes of dizziness. It causes short episodes of severe spinning. People often notice it in the morning when getting out of bed or if they tilt their head back to look at something above them. Currently there are no known precautions to prevent BPPV. Studies suggest half of the population will suffer from it sometime in life. Fortunately, diagnosis is easy and treatment is very effective. Always see a physician when suffering from any type of dizziness, imbalance, or lightheadedness as it is never anything to be taken lightly. Avera Yankton Ear, Nose & Throat is providing specialized testing for this and many other balance disorders. If you have questions regarding BPPV or are suffering from dizziness and imbalance contact us at 665-6820.



Matthew Rumsey, Au.D. CCC-A

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Yankton Ear, Nose & Throat

## Podiatry

**Q My second toe is now crossing over my big toe. The bottom of my foot hurts. It is making my daily walks impossible. How can I make my pain go away?**

**A** Crossover toe is a common foot problem that can inhibit physical activity for older Americans, but outpatient surgery can correct the deformity and keep senior citizens active and on their feet. Individuals with hammertoes, bunions or a second toe that extends beyond the big toe are most susceptible to developing crossover toe as they age. It's a common problem among older people in which the second toe gradually moves across the big toe. It can be painful and, therefore, difficult to walk comfortably or pursue an active lifestyle. The first symptom of crossover toe is pain in the ball of the foot. A tear in the joint makes the second toe unstable. It falls out of alignment and eventually drifts. If the pain persists and the toe starts to drift, surgery is recommended to suture the plantar plate or replace it through a tendon-transfer. Surgery to correct crossover toe is an outpatient procedure performed with a local anesthesia. Patients with bunions or hammertoes are advised to have those deformities corrected during the surgery. Recovery time is about six weeks. Non-surgical care includes taping the toe in place, while at the same time, using an orthotic device to pad the ball of the foot just in front of the painful joint. Ice, rest, and over-the-counter pain medications may be beneficial.



Terence Pedersen, D.P.M.



Scott Torness, D.P.M.

Avera Sacred Heart Hospital Professional Office Pavilion  
409 Summit St., Ste. 2600, Yankton  
668-8601



Foot and Ankle Clinic

## Urological

**Q Should I bother getting a PSA test anymore after that government sponsored report against doing PSA's?**



Dr. Joseph Boudreau MD, F.R.C.S.

**A** There was not a single doctor who treats prostate cancer on that committee! That report was for the benefit of the government and insurance companies as they will save themselves a lot of money by not having to pay for a screening PSA. The American Urological Association came out strongly against the report and still recommends a screening PSA for high risk patients. The report fails to mention that there has been a significant decrease in the number of patients presenting with advanced prostate cancer because the cancer has been detected at a much earlier stage because of the PSA. There has also been a drop in death rates from prostate cancer due to early detection. To not recommend doing a PSA until a better test is available to detect early prostate cancer was a very irresponsible recommendation to make and hopefully we will not see the incidence of advanced prostate cancer increase because of it. If you have a positive family history of prostate cancer, an abnormal feeling prostate, a previous history of an elevated PSA, are African American or even have a good ten year life expectancy then by all means, YES, do get a PSA!

## Yankton Urological Surgery, Prof., L.L.C.

2009 Locust, Yankton • 689-1100

## Chiropractic

**Q Do I have to have pain, or can I get treatment when I feel stressed?**



Sheila Fitzgerald, DC

**A** I don't have enough room here to answer this one! Stress is a normal part of our day, but 'feeling' stressed is not a good thing. Stress has many causes. When the stress going into our system is more than we process or remove, we feel it. Stress can produce many things including pain, distraction, and fatigue. It challenges our coping skills. We look for ways to overcome it or remove it. Chiropractic actively turns on our body's systems to manage the effects of stress. Thousands of neurons fire with just one adjustment. Our body takes this internal information and starts to create changes, system by system. Combined with rest, nutrition and lifestyle modification chiropractic is a wonderful tool to keep healthy. From all of us at First Chiropractic Center, enjoy the upcoming holiday season!



2507 Fox Run Parkway,  
Yankton, SD, 665-8073

## Fitness/Health

**Q When is the best time to exercise? I have heard that if you are overweight you should exercise after you eat, and if you are at the weight you want, you should exercise before you eat. Does it matter? And, if it does, why and how?**



Angie O'Connor  
Clinical Exercise Specialist

**A** The right time to exercise is whatever time you are most likely to follow through exercise! Over the years I have found that trying to get people to conform to a time of day that doesn't fit them can end up turning them off of exercising completely. A general rule regarding eating and exercise... throughout the day you really should never feel hungry and never very full. You should eat enough small meals so that you remain satisfied. Exercising when you're hungry may end up burning more muscle than fat. Exercising when you're too full might make you nauseous and generally consciously or subconsciously lower your workout intensity. Morning exercisers tend to be the most consistent of exercisers, perhaps because they don't have the opportunity to put it off throughout the day. Injuries are common, however, if a proper warm up isn't done as your muscles may not be "awake" yet. Some evening exercisers say night time exercise helps them sleep and others say it helps keep them awake so answers are mixed for that one. Our bodies tend to be the most "awake" around the noon hour so perhaps that is a good fit. The bottom line is getting it done, so pick a time that best fits you!



501 Summit • 665-9006 Sacred Heart Wellness Center

## Pharmacy/Nutrition

**Q Is there a new type of vaccine available for seniors who are 65 years or older?**



Shona Jussel, R.Ph.

**A** Yes, Fluzone HD is a new flu vaccine designed specifically for people 64 years and older is now available. Fluzone HD is an inactivated, injectable flu vaccine that is made up of 3 flu strains that are most likely to cause illness during the flu season. Fluzone HD is delivered at higher doses than the traditional vaccine and prompts the body to create a stronger immune response to provide adequate protection from the flu virus. Ongoing studies show that Fluzone HD is more effective than the traditional vaccine at producing adequate immune responses in people over the age of 65. The higher dose is needed because as we age it becomes harder to produce adequate immune response to the flu vaccine. The side effects of Fluzone HD are similar to the traditional vaccine with slightly more discomfort at the injection site. Fluzone HD is not recommended for individuals younger than 65, and the traditional seasonal vaccine is still available and recommended for anyone over six months old.

**Key facts on the 2011 seasonal flu vaccine:**  
•The best time to get vaccinated is in October or November.  
•It is recommended that everyone older than 6 months be vaccinated  
•You can't get the flu from the vaccine  
•You may still get the flu after being vaccinated  
•If you were vaccinated last year, you still need to be vaccinated this year.

Check with Hy-Vee Pharmacy for all your flu vaccinations needs.



Pharmacy • 665-8261

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