

VETERANS from page 1A

The bravery and intelligence that Strong exhibited gathering information and delivering it to surrogates on Washington’s staff is at the center of the fictionalized Netflix series based on Ross’s book, entitled “Turn.” The popular historical series portrays a woman of incredible courage and intelligence who, while constrained by contemporary values, manages to gather critical information under the most trying of circumstances. Strong clearly played a pivotal role in the initial securing of American independence.

The story of Anna Strong is just one example of the underappreciated aspect of the contributions made by women to the military. That ongoing lack of recognition is one of the main reasons that Gov. Kate Brown proclaimed an observance of the first Oregon Women’s Veteran’s Day on June 12.

“Throughout our nation’s history, women have served honorably and courageously both on and off the battlefield,” Brown stated. “Today, women comprise more than 16 percent of the country’s military force, with more than 25,000 women veterans currently residing in the state of Oregon and the number of women veterans continues to increase — as does Oregon’s commitment to promoting awareness of their contributions to our nation’s military history and improved access to their earned benefits.”

Oregon’s Department of Veteran’s Affairs (ODVA) released a statement in conjunction with Brown’s proclamation that reaffirmed the important roles women have played in the military.

“As a proud veteran of the U.S. Army, this historic proclamation is something that is obviously very personal for me,” said ODVA Director Kelly Fitzpatrick. “I am proud that here at ODVA, women veterans are represented at every level of our agency, including the very top. We are proud of all women veterans in the state of Oregon. You are a vital part of the Oregon veteran community, and we will continue to work to anticipate your needs and help you thrive in our state. Thank you for your service to our country.”

Florence has a large veteran’s community, and many of these former military members are women. The designation of a specific day to recognize the contributions made by women has resonated throughout the Florence veteran’s community.

On Wednesday, a number of these female veterans met at 1285 Restobar in Historic Old Town Florence to celebrate the proclamation and the service of fellow women vets.

Members of the Coastal Women’s Veteran’s Group (CWVG) shared their thoughts and experiences from the time they spent serving in the military and the impact that service had on their lives. There are women from all branches of the military represented in the CWVG and, while they all wanted to serve, some found their avenues of service limited.

Sharon Armstrong is one of the leaders of CWVG and she spent the majority of her career as an officer in the U.S. Coast Guard.

“At that time, fall of 1972, the Coast Guard was the only service accepting women with no prior military service. It had stripped all its reserve units of male admin staff and activated them for the Vietnam War. Now they figured they’d fill behind with women who had office skills. ... Since the Coast Guard had no time to send women recruits to ‘A’ schools or even conduct (on the job training) all we had to do was demonstrate a

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— Kelly Fitzpatrick,  
Director, Oregon Department of Veteran’s Affairs

higher level of typing, accounting, filing, writing, and the like,” Armstrong said. “I had a federal government job, two years of college and a few years of federal contracting experience under my belt, and I was enlisted as a Petty Officer First Class. My spouse was astounded as he had put in 4 years hard work to muster out as an E-5! Three years later I was offered a Direct Commission. Thirty-one years later I retired as an O-6 Captain.”

Members of CWVG have served in Korea, Vietnam and the wars in the Middle East. Nancy Sobottka is one of the group’s senior members and her time of service coincided with a struggle of a different kind.

“I was in the Women’s Army Corps (WAC) from 1958-1960. This was a vastly different time from today’s women in the service. I enlisted right out of high school as I felt very patriotic as well as wanting to travel and see

the world. Well, that didn’t work too well. My entire enlistment was spent at Ft. McClellan, Ala., which was the headquarters of the WAC in those days,” Sobottka said. “These were the days before integration in the South. The post was integrated, but walk out the gates, and it was not. I remember one time at the service club on post when a black young man was teaching me to play the guitar. One of my friends came over and whis-

pered to me that I better call a halt to that as several of the white men were getting upset and there might be problems. As a Wisconsinite from a small town, this was a sad experience.”

The stories shared by the ladies in the CWVG range from their participation in important historical events to more personal memories.

Terri Pennington was not only involved in one of the most significant events in military history, but she also found her husband-to-be during her service.

“My active duty started in April 1967 as a Second Lt. at Ft. Sam Houston, Texas. I learned how to help set up a field hospital, shoot a gun, how to march, salute and the Army way of doing things. An unexpected benefit was meeting my husband Charlie, who was a ‘dust off’ helicopter pilot getting some medical training there, too, before

being transferred to Vietnam.”

Pennington and her husband were later transferred to Korea, where the couple were involved with the repatriation of Americans that made news worldwide.

“On his first night check ride along the DMZ (demilitarized zone) I went along. As I looked out the window, I thought I was seeing 4th of July fireworks. We were being shot at. That was one of many interesting adventuresome yet to come.”

Another special memory that happened there was the release of the Pueblo crew in December 1968 to the hospital where she worked.

“These men were so happy to be free and back in our care,” Pennington said. “Charlie later flew up into North Korea to pick up the remains of one of the crew that didn’t survive the captivity.”

Cynthia J. Wright is a leader in the local veteran’s community and one of the more vocal of the members of the CWVG. Her service included a stint in an unusual capacity.

“I wanted to be a linguist and joined hoping to go into that field as a Cryptologic Technician, interpretive branch. But at the time I joined, that field was closed to women. So, I went into Aviation and became a Parachute Rigger, which was fun. I got to do a free-fall jump from an airplane with a chute I packed myself as part of my training. I also got to go up with the Navy Parachuting Team once and watch them go out of the back of an airplane in formation, taking photos the whole time from my strapped in position. I made lot of great life-

time friends in the service and have always been proud that I served, although my service was all during peace time.”

Many of the women were positive about their time serving, but there were a few former servicewomen that were uncomfortable or simply unwilling to share their experience with the public, as they include violence directed against them or who were suffering from post-traumatic stress disorder. These brave former soldiers did not want to publicly revisit the pain they still felt.

Ultimately, however, all of the women were proud to have served and look forward to the camaraderie of the CWVG.

The attendees said they were glad of the recognition the Brown’s proclamation brings and feel it is well deserved and perhaps overdue.

“I am really pleased that Oregon has joined three other states in officially designating June 12 as Women’s Veterans Day,” Wright said. “I believe the contributions of women in the military have not received the appreciation and recognition they deserve. So, it’s nice that a day has been designated for that purpose.”

According to the Oregon Department of Veterans Affairs, June 12 was chosen because it is the anniversary of the Women’s Armed Services Integration Act, which recognizes contributions made by women in the military and enables them to serve as regular members of the U.S. Armed Forces and Reserve.

With the proclamation from Brown, Oregon becomes the fourth state in the union to officially recognize the sacrifice and service of military women.

HEALTH FACTS

FROM THE CDC:

Men die at significantly higher rates than women from the top 10 causes of death, plus, men are the victims in over 92% of all workplace deaths. In 1920, women lived, on average, one year longer than men. Now, men, on average, die almost six years earlier than women.

Florence, Oregon

Us TOO Florence

Prostate Cancer Education/Support on the Oregon Coast  
[www.ustoooflorence.org](http://www.ustoooflorence.org)

BOB HORNEY, CHAPTER LEADER/FACILITATOR  
Us TOO Florence has two monthly meetings for your convenience:

- Tuesday Evening Group (2nd Tuesday)  
5-7 p.m. - Ichiban Restaurant  
Urologist Dr. Bryan Mehlhaff attends.
- Tuesday Lunch Group (3rd Tuesday)  
12 noon - 1:00 p.m. - Ichiban Restaurant  
Urologist Dr. Roger McKimmy attends.

Contact Bob for more information:  
(H) 541-997-6626 (C) 541-999-4239  
[maribob@oregonfast.net](mailto:maribob@oregonfast.net)

- Check out our Personal Prostate Cancer Journeys, slideshows and other information on our website.
  - A prostate cancer diagnosis is not needed to attend.
  - Spouses/family members are encouraged to attend.
  - Bring questions/records - get answers
  - Someone to talk to - who understands.
- [www.ustoooflorence.org](http://www.ustoooflorence.org)

MEN...  
GET IT CHECKED!  
(Refer to the checklist on this side.)  
The Men’s Health Network provides this maintenance schedule for men as a reminder of your need to take responsibility for safeguarding your health. Regular checkups and age-appropriate screenings CAN improve your health and reduce premature death and disability. You should consult your health care provider about the benefits of earlier screenings, especially if you are a member of a high risk group or have a family history of disease.



national  
MEN'S  
HEALTH

MEN’S HEALTH CHECKLIST

| CHECKUPS AND SCREENINGS                                                                                                                                                                                                          | WHEN?                                        | AGES   | 20-39 | 40-49 | 50+ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------|-------|-------|-----|
| <b>PHYSICAL EXAM:</b> Review overall health status, perform a thorough physical exam and discuss health related topics.                                                                                                          | Every 3 years<br>Every 2 years<br>Every year |        | ✓     | ✓     | ✓   |
| <b>BLOOD PRESSURE:</b> High blood pressure (Hypertension) has no symptoms, but can cause permanent damage to body organs.                                                                                                        | Every year                                   |        | ✓     | ✓     | ✓   |
| <b>TB SKIN TEST:</b> Should be done on occasion of exposure or suggestive symptoms at direction of physician. Some occupations may require more frequent testing for public health indications.                                  | Every 5 years                                |        | ✓     | ✓     | ✓   |
| <b>BLOOD TESTS &amp; URINALYSIS:</b> Screens for various illnesses and diseases (such as cholesterol, diabetes, kidney or thyroid dysfunction) before symptoms occur.                                                            | Every 3 years<br>Every 2 years<br>Every year |        | ✓     | ✓     | ✓   |
| <b>EKG:</b> Electrocardiogram screens for heart abnormalities.                                                                                                                                                                   | Baseline<br>Every 4 years<br>Every 3 years   | Age 30 |       | ✓     | ✓   |
| <b>TETANUS BOOSTER:</b> Prevents lockjaw.                                                                                                                                                                                        | Every 10 years                               |        | ✓     | ✓     | ✓   |
| <b>RECTAL EXAM:</b> Screens for hemorrhoids, lower rectal problems, colon and prostate cancer.                                                                                                                                   | Every year                                   |        | ✓     | ✓     | ✓   |
| <b>PSA BLOOD TEST:</b> Prostate Specific Antigen is produced by the prostate. Levels rise when there is an abnormality such as an infection, enlargement or cancer. Testing should be done in collaboration with your physician. | Every year                                   |        |       | *     | ✓   |

\*African-American men and men with a family history of prostate cancer may wish to begin prostate screening at age 40, or earlier.

| CHECKUPS AND SCREENINGS                                                                                                                                                                                                                                                                         | WHEN?                       | AGES | 20-39 | 40-49   | 50+    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------|-------|---------|--------|
| <b>HEMOCCULT:</b> Screens the stool for microscopic amounts of blood that can be the first indication of polyps or colon cancer.                                                                                                                                                                | Every year                  |      |       | ✓       | ✓      |
| <b>COLORECTAL HEALTH:</b> A flexible scope examines the rectum, sigmoid and descending colon for cancer at its earliest and treatable stages. It also detects polyps, which are benign growths that can progress to cancer if not found early.                                                  | Every 3-4 years             |      |       |         | ✓      |
| <b>CHEST X-RAY:</b> Should be considered in smokers over the age of 45. The usefulness of this test on a yearly basis is debatable due to poor cure rates of lung cancer.                                                                                                                       | Discuss with a physician    |      |       | ✓       | ✓      |
| <b>SELF-EXAMS:</b> <b>Testicle:</b> To find lumps in their earliest stages. <b>Skin:</b> To look for signs of changing moles, freckles, or early skin cancer. <b>Oral:</b> To look for signs of cancerous lesions in the mouth. <b>Breast:</b> To find abnormal lumps in their earliest stages. | Monthly by self             |      | ✓     | ✓       | ✓      |
| <b>BONE HEALTH:</b> Bone mineral density test. Testing is best done under the supervision of your physician.                                                                                                                                                                                    | Discuss with a physician    |      |       |         | Age 60 |
| <b>TESTOSTERONE SCREENING:</b> Low testosterone symptoms include low sex drive, erectile dysfunction, fatigue and depression. Initial screening for symptoms with a questionnaire followed by a simple blood test.                                                                              | Discuss with a physician    |      |       | ✓       | ✓      |
| <b>SEXUALLY TRANSMITTED DISEASES (STDs):</b> Sexually active adults who consider themselves at risk for STDs should be screened for syphilis, chlamydia and other STDs.                                                                                                                         | Under physician supervision |      | ✓     | Discuss |        |