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**SPECIAL ISSUE**

## **Rays of Hope**

**Shedding Light On Rural  
Mental Health Challenges**





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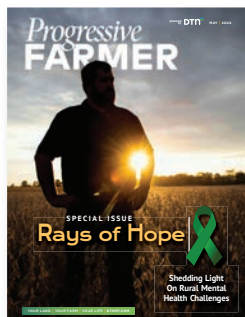
# MENTAL HEALTH Awareness

MAY 2024

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## ON THE COVER

Ohio farmer Nathan Brown is a mental health advocate who started a Facebook group called Farmer to Farmer Peer Support.

PHOTO: JOEL REICHENBERGER

*Our special issue is devoted to helping you manage your mental wellness when dealing with the unique challenges of farming and ranching.*

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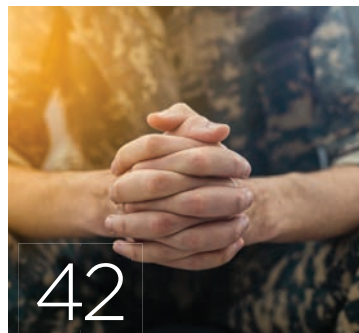
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# It's Time To End the Stigma Surrounding Rural Mental Health

**M**y Uncle Arne was a major part of my childhood and young adult years on the family farm in the Sandhills of north-central Nebraska. An Army veteran and grade-school teacher, Arne taught for more than 35 years in several rural Nebraska schools. During the summer months, he worked on the farm with my dad, grandpa, younger brother and me. I have many fond memories of him, but some of the most vivid include the glint of a gold tooth whenever he flashed his broad smile, his hearty chuckle whenever he found something funny and his playful sense of humor. Behind that seemingly always-upbeat attitude, though, lay a silent struggle—a battle with mental illness that ultimately claimed his life. In the summer of 2010, just a day before his 79th birthday, Uncle Arne died by suicide.

I'll never forget the flood of emotions I felt when I received the news: shock, disbelief, confusion, sadness, anger. That was followed by nagging questions that haunt me to this day: Why? Why did he choose that path? Why didn't he reach out for help?

Unfortunately, my family and I aren't the only ones who have struggled to find answers to those unanswerable questions. Over the past two decades, suicide rates have been consistently higher in rural America than in urban America, with some estimates putting it at least two times higher.

Suicide isn't the only mental health-related crisis facing rural America, though. According to the 2022 National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration, approximately 7.7 million, or 23%, of nonmetropolitan adults reported having some form of mental illness in 2022.

It's because of these alarming statistics—and conversations we've had with farmers and ranchers around the country—that we are devoting this special issue of *Progressive Farmer*, "Rays of Hope," to addressing the critical issue of rural mental health. It coincides with Mental Health Awareness Month, represented by green ribbons that appear throughout this issue.

Mental health isn't an easy topic to talk about, no matter where you live. It can be especially difficult in rural areas because of the stigma

surrounding it. Yet, farmers and ranchers face unique challenges beyond their control causing significant stress that can lead to anxiety, depression and other mental health issues. Extreme weather events can damage or wipe out entire crops, and injure or kill livestock. Crop and livestock prices can fall to levels that don't cover the cost of production. Government regulations can add extra costs and paperwork to the business. Input costs can soar, eating into hard-earned revenue.

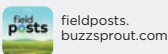
Rural culture teaches us to tough it out during these trying times and to pull ourselves up by our bootstraps. That attitude can serve us well when it comes to tackling the daily tasks associated with farming and ranching. But, when it comes to our mental health, and our overall health for that matter, going it alone can have disastrous—even fatal—consequences.

Help is available to prevent such tragic endings. Just ask farmers Bob Worth and Nathan Brown, who share their own stories in this issue about how they grappled with their mental health struggles but were able to work through them thanks to professional therapists and community support. For them, it's a sign of strength—not weakness—to seek help.

We hope this special issue provides you with useful information on how to maintain your mental wellness, recognize when something is wrong and find the appropriate help when needed. We also hope it helps spur an open, shame-free conversation among farmers and ranchers about this important topic.

As I and many others who have lost loved ones like my Uncle Arne to suicide have sadly learned, staying silent on mental health issues can have devastating consequences. Let's work together to end the stigma surrounding this critical topic and help bring rays of hope to those who are struggling.

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# Falling Crop Prices Add to Farm Stress

**Normally, when I write about risk management,** I'm talking about financially protecting oneself from the risk of adverse market prices. I don't mention it enough, but risk management should also include a conversation about how to emotionally protect oneself from the stress of volatile prices.

As rough as markets have been, we humans also tend to make things worse in our own heads. It's easy for us to believe that downward slides will continue, and sometimes they do. On the other hand, just about everyone can tell you a story about the year they sold their crops at the bottom of

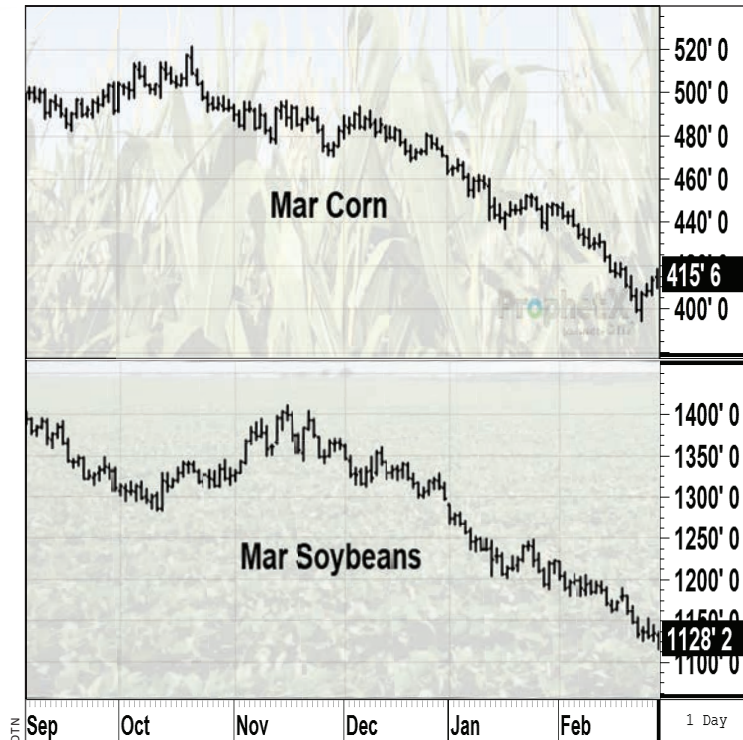
the market because things looked so bad they didn't think prices would ever get better.

I started as a young commodity broker in 1985, just as ending supplies of U.S. corn were about to climb to 4.0 billion bushels (bb), followed by 4.88 bb in 1986-87. Spot corn fell to the painfully low price of \$1.42 in the winter of 1987, and we worried it could take 10 years to work through the big mountains of corn. A drought in 1988 helped ease the surplus, and prices got a big lift in June. In the process, tempers ran high, farms were lost, and lives were changed.

For those who survived high interest

rates and 1980s prices, many will tell you the experience had a lasting effect. DTN contributor Philip Shaw mentioned his 1980s experience several times in his "Under the Agridome" column. Ask him today what he thinks crop prices will do, and he'll frankly tell you, "Nobody knows, friend." There's a lot of well-earned wisdom in that answer.

If I could tell young farmers one thing, it would be to spend time thinking ahead about worst-case scenarios and how to protect yourself, not just financially but also emotionally. There will be hard times, but as long as the world needs corn and wheat and rice for over half of its daily calories and biofuels to keep the economy running, we're going to need producers of those crops as well. ///



Let's face it: Farming can be a wonderful way of life, but no one should pretend it's easy. Long hours, hard work in extremely hot and cold conditions, broken-down machinery, hauled-out crops, drought, floods, disease, you name it—if the farming life didn't get you down at times, you wouldn't be human.

All of those things can happen before you go into the house for dinner. Then, you look at your DTN screen and see grain prices down another day. As I write this in early 2024, March corn prices have fallen nine of the past 10 weeks, losing more than 60 cents a bushel. Soybeans have only posted one positive weekly gain in 15 weeks and have lost almost \$2 a bushel. Wheat prices slid to their lowest level in over two years. Those downward slides can wear on a person, especially one who's doing most of the work himself.



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# Be Mindful of a Mother's Mental Health

My newborn baby's cry was a hot poker to my brain, piercing it in precisely the right spot to flood my nervous system with rage and anger. I knew the response was irrational but felt powerless to stop it.

Motherhood was supposed to be joyous, but nothing had ever made me so out of control and broken.

My husband encouraged me to share my struggles with my doctor. With the help of medication, meditation techniques and supportive friends, I gradually wrestled my postpartum depression (PPD) into submission.

It's estimated that one in 10 mothers suffers from postpartum depression, although there's also research suggesting that it's probably more common. Like many mental health conditions, it often goes undiagnosed and untreated.

More than the "baby blues," postpartum depression is longer lasting and interferes with daily life. Some mothers feel overwhelming sadness. Others can't stop crying. It's mood swings, uncontrollable anxiety, difficulty sleeping, hopelessness, rage and, in the worst cases, thoughts of harming herself or her baby.

While the majority of farmers are male, women fill vital roles on the farm and in farm families. If you only think of motherhood as a happy and fulfilling experience, it could be easy to overlook or dismiss the struggles that come with it as "just hormones."

Hormones are powerful forces in the body and mind, and there are many ways to manage them. Medications can be incredibly helpful. Some women may be hesitant to take them, especially if they're nursing, but the science shows they're safe for mom and baby when taken as prescribed. Behavioral therapies have helped me stop the flood of emotions before they get out of control.

As we dive deeply into issues related to mental health in this issue, I hope sharing a little about my experience helps you see or understand a piece that you may never experience yourself. But, if you look around and think about your experiences, you probably know someone who has shared my struggle.

Early identification and early treatment are crucial to preventing PPD from becoming a long-term condition. If you or someone you know is struggling, please discuss it with your doctor. It changed my experience with motherhood, and now I can celebrate the joyous moments. It's still hard, but it's no longer clouded by irrational rage. ///

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# A RURAL MENTAL HEALTH CHECKUP

> By Mike Watkins

**A**s Ryan Sexson sat on his bed—rifle in hand, finger on the trigger, pointed at his head—he knew he needed help.

Up to that point, he had largely downplayed the anxiety, depression and lack of self-worth he felt from “just being a teenager.”

Having grown up in rural Nebraska to a family of ranchers—the profession he and his family have carried forward—Sexson adopted the “can do” frontier attitude of taking care of things himself rather than seeking professional help.

That’s the way he was brought up, but it obviously wasn’t working.

“For years, I told myself it wasn’t a big deal, that it would work itself out as I got older,” says Sexson, who calls home a small custom calving ranch on the north-central edge of the Nebraska Sandhills, close to Nenzel, with wife, Jamie, and daughters, Rylie and Addie.

“But, I didn’t get any help. I was taught growing up that people don’t self-diagnose and was told to get my shit together. What stopped me from pulling the

trigger was the image of my mother having to clean the mess up.”

Sexson says isolation combined with his parents’ divorce and his tenuous subsequent relationship with his father played significant roles in his anxiety and depression.

As the youngest of four siblings growing up in remote Whitman, Nebraska, he lived far from everything—185 miles from the closest Super Walmart, 120 miles from a regular Walmart, 15 miles from the nearest grocery store and 3 miles from his closest neighbor. His high school in neighboring Hyannis was even several miles away.

When he tried to end his life again as a college student, he consulted his college counselor and then sought professional help. He was placed on medication, and his mental health outlook improved.

Several years later, when his son, James, died from injuries suffered in a car accident, Sexson found himself struggling again. Fortunately, he was able to cope,



*Rural Americans still face mental health stigma and scarcity of resources, but the outlook is improving.*





choosing to focus on his faith and family, and eventually take his story public to help others.

“We all struggle from time to time, but I’ve learned it’s important that we don’t discount our own struggles, because they are important,” he says. “No one is more significant than another. They are all worth talking about, and they matter regardless of how simple you may think they are. Say it out loud and own it.”

## THE FRONTIER WAY

Historically, people living and working in rural settings have been largely self-sufficient because they had to be. They were forced to take care of things themselves.

This “frontier” way symbolizes a rugged and independent way of life, characterized by self-sufficiency, resilience and the ability to survive and thrive in harsh and isolated conditions.

This also applies to dealing with mental health issues and the attitude that no outside help is needed.

“Rural areas, farming and ranching communities, have a lot of this frontier attitude,” says Cate Jones-Hazledine, co-director of the Panhandle office of the Behavioral Health Education Center of Nebraska (BHECN), a service of the University of Nebraska

Medical Center (UNMC). “It is part of what has kept them strong and resilient, but can work against them getting the help they need.”

Still, in rural places, there is stigma attached to talking about troubles, asking for help and showing weakness. In these communities, the mention of “mental health services” often makes people think they’re just going to be put on pills and sent home, or they will be labeled as “crazy” and ostracized.

“Primarily, I see the stigma of seeking behavioral health services as a barrier,” says Tara Wilson, associate professor of counseling at Chadron State College and co-director of BHECN Panhandle. “Individuals are hesitant to even park in front of a behavioral health clinic because of the high visibility aspect of rural communities.”

Linnea Harvey, Rural Renewal Initiative coordinator in the Department of Agricultural Education, Communication and Leadership at Oklahoma State University, explains it’s a complicated mix of barriers that plays into the reluctance to seek mental health services.

“People with the frontier attitude miss their daughter’s wedding because the cows need to be milked,” she ➤



JOEL REICHERBERGER

says. “Or, they work when they have strep throat, appendicitis, broken bones or other ailments—physical and mental—because those cows have to get milked.”

Harvey says many of the smaller farms she has worked with didn’t have hired help. The more she got to know these farmers on a personal level, the more she saw the constant stress they were under.

No one talked about it, but there was a lot of loneliness, depression and anxiety.

“Given all the other obstacles, I think ignoring it is the way most people go

about it—not out of pride but kind of out of necessity,” she says. “If you’re looking at something really scary, maybe closing your eyes so you don’t see it, even though it’s there, will help.”

## SIGNS OF STRUGGLE

There’s little question that the importance placed on overall mental health care varies from person to person.

For example, a farmer might need a knee replacement but keeps putting it off because he can’t take time away from the farm. The same is true for mental health. Often, mental health is not as visibly seen, so people place an emphasis on the more obvious needs.

TODD JOHNSON



Linnea Harvey

Ranching in rural Nebraska allows ample space for Ryan Sexson to ride his horses, something he’s enjoyed since he was a baby riding with his mom.

The Sexson family from several years ago (from left): Addie (now 13), Ryan, James, Rylie (now 17) and mom, Jamie. James passed away in 2021 from injuries suffered in a car accident.



COURTESY OF RYAN SEXSON

However, Wilson explains, it is circular. If someone isn’t physically or mentally well, the overall operation will also suffer.

“I have heard some say that they notice when they place an emphasis on their marriage, the farm just naturally reaps the benefits, as well,” she says. “While some see the circular aspect of, ‘If I take care of myself, I am going to be a more successful farmer/rancher,’ I think the majority of the individuals are going to place needs of the farm/ranch over their own needs.”

What are some of the signs one should look for in themselves as well as those they love that might indicate some level of mental health crisis?

Jones-Hazledine believes changes in someone’s behavior is a big one, as is feeling or acting angry or irritable, and changes in sleep patterns and appetite, among others.

“Everyone gets ‘down’ sometimes, but if this is more severe than normal or lasts longer, that is a sign that it might be something more,” she says. “And (always), any thoughts of suicide or self-harm should be taken seriously, and help should be sought immediately.

“This is the reason that we do a lot of integrated care” she continues. “Many people, especially rural people dealing with higher stigma, seek services first from their primary care physician (PCP). This means that the PCP might see a lot of patients for things that aren’t really medical in nature (or not fully).”

Jones-Hazledine adds that in the clinics where BHECN services are embedded, the doctors can refer >



It’s estimated  
1 in 4 farmers  
struggles with  
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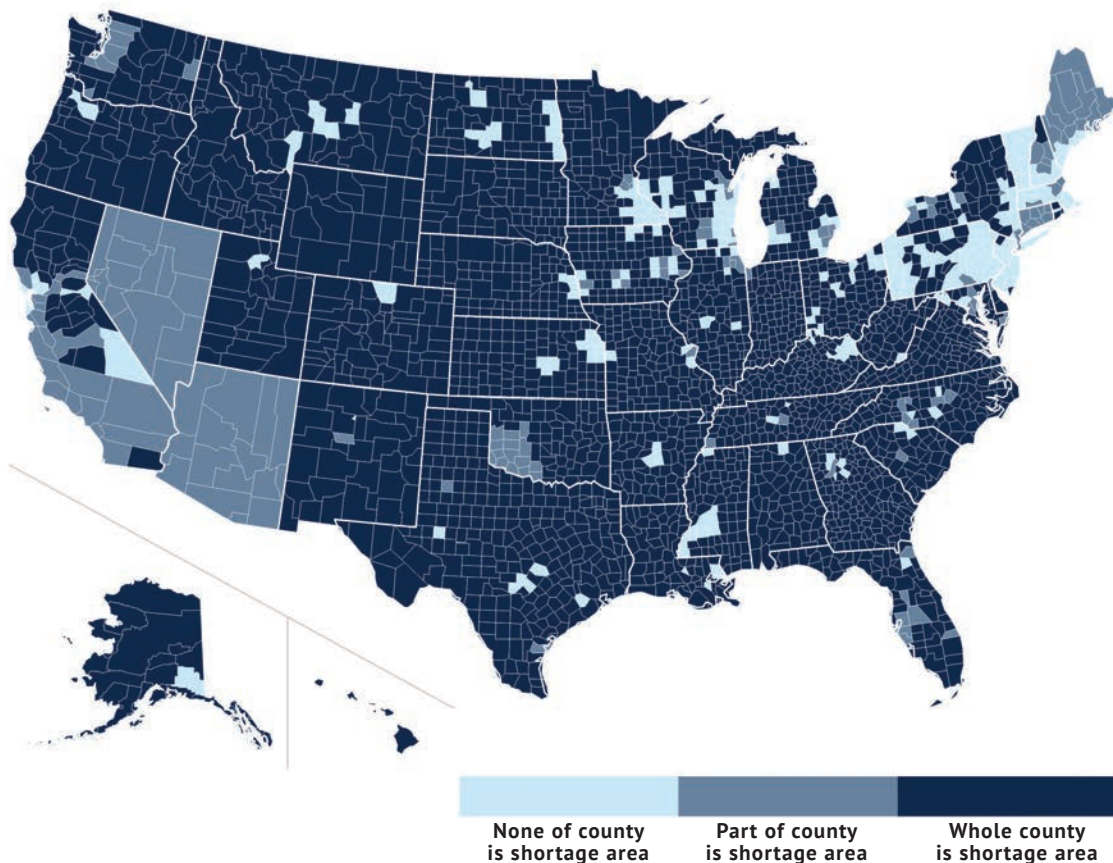
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## Professional Shortage Areas by County: Mental Health, 2024



those cases to them to provide the needed care.

“Having a doctor referral also helps people feel more comfortable seeing us, because they trust their doctors,” she says. “PCPs out where we are do provide a lot of the psychiatric care (prescribing ADHD medications and antidepressants, etc.), because there is a shortage of psychiatric providers.”

### ABSENCE OF SERVICES

One of the biggest barriers to getting mental health care involves access to services and providers.

According to the National Alliance on Mental Illness, it’s estimated that as many as 65% of rural counties do not have psychiatrists, and more than 25 million Americans living in rural areas are in a designated Mental Health Professional Shortage Area (see map above).

Because there are many counties in the more rural parts of the country that just don’t have many or any providers, individuals are forced to seek care outside of their communities.

If they want in-person services, it can be even more challenging, says Isaac Hooley, senior behavioral



*65% of rural counties don't have psychiatrists.*

health clinician in the Department of Psychological and Quantitative Foundations, College of Education Affiliations at the University of Iowa.

“When we’re talking about psychotherapy, I think many rural people have a particular narrative about what therapy will look like that relies on cultural stigma about seeking help,

processing emotions and opening up with people outside of their trusted circle of family and friends to share what has been difficult,” he says. “If you hold this view, it can be hard to imagine how therapy might be useful.”

Cost is another obstacle for many in accessing mental health services.

Wilson says rural Americans are often underinsured, or they frequently have high deductibles or insurance that doesn’t cover mental health services. These areas often have high poverty, making it challenging for people to even pay sliding scale fees.

### AVAILABILITY ON THE RISE

One of the few silver linings of the COVID-19 pandemic is that more mental health services have been made available.





Cate Jones-Hazledine

UNMC's Jones-Hazledine says in addition to more in-person services that have been established in larger rural areas over the past five-plus years, telehealth provides services that don't require transportation or the potential stigma of public visits to a mental health practitioner.

Still, in rural communities, which tend to be disproportionately older, people are often uncomfortable or unsure how to use the technology.

And, then there's the question of whether a doctor who works and lives in the city can relate to or understand the stressors of rural living—and will they be accepted?

“Currently, we use telehealth mostly to supplement in-person care—to provide services if there isn't a provider in the person's town (or not enough providers), or to meet more frequently if the person is a long distance away or weather interferes,” Jones-Hazledine says.

“It is important that providers receive some specialized education in working with rural populations,” she continues. “There are some differences between rural and urban people, and rural and urban therapy, which aren't necessarily taught in our graduate programs.”

University of Iowa's Hooley says the Iowa State Psychological Association constantly looks at how >



**25 million rural Americans are in a designated mental health professional shortage area.**

## National Efforts Address Mental Health

Multiple mental health programs are available on a national scope. Most recently, the Farm Family Wellness Alliance was unveiled at the national American Farm Bureau Federation (AFBF) convention in January. It provides free, anonymous online mental health and well-being services, and on-demand support to farmers, ranchers and farm families.

The alliance grew from a pilot project started by Farm Foundation in Iowa four years ago after many areas were hit by a derecho and later was expanded to Illinois. In addition to Farm Foundation and AFBF, the alliance includes CoBank, Farm Credit, Iowa Farm Bureau, CHS, Land O'Lakes, National Farmers Union, 4-H, FFA, Agriculture Future of America, Togetherall and Personal Assistance Services.

Under the program, overseen by licensed professionals, access is available 24 hours a day for farmers and their family members 16 years and older. Farmers connect with other farmers. If needed, they can be referred to a mental health professional.

Shari Rogge-Fidler, president and CEO of Farm Foundation, has been one of the driving forces behind the new program. As a fifth-generation farmer herself, she knows firsthand the stressors that are part of farms and rural life.

“One of the taglines that was used during the pilot phase was ‘When you feel better, you farm better.’ So, let's get started helping more farm families feel better so that we can all farm better,” she explains.

> [www.farmfoundation.org/farm-family-wellness-alliance](http://www.farmfoundation.org/farm-family-wellness-alliance)

Similarly, the Rural Mental Health Resilience Program, a partnership between Rural Minds and the National Grange, offers insight and resources into overcoming the stigma associated with mental illness, common myths about rural mental health and suicide, as well as conversation starters to discuss mental health with a friend or loved one.

> [www.ruralminds.org](http://www.ruralminds.org)

Commodity organizations like the American Soybean Association, National Corn Growers Association and United Soybean Board also are devoting efforts to the well-being of farmers. It includes guidance, resources, research and stories to help farmers find qualified help.

> [www.soygrowers.com/soyhelp-national-resources-info](http://www.soygrowers.com/soyhelp-national-resources-info)

> [#SoyHelp](https://twitter.com/SoyHelp)

> [www.ncga.com/mental-health](http://www.ncga.com/mental-health)

States like Minnesota, Oregon and Texas, among others, are also stepping up to provide more rural mental health resources, and a recent House of Representatives bipartisan bill—the Farmers First Act—would reauthorize the Farm and Ranch Stress Assistance Network (FRSAN) to increase funding to \$15 million annually over the next five years.

It would also allow FRSAN regional centers to establish referral connections with certified community behavioral health clinics, critical access hospitals and health centers.

—Chris Clayton contributed to this story





KENT SIEVERS



Dr. Marley Doyle

to create new training opportunities and draw psychologists to the state.

Iowa recently changed its state law to allow psychology interns (who are not yet licensed but near the end of their training) to bill for services, which can potentially increase the number of providers in the state.

Dr. Marley Doyle, who is also an associate professor at the University of Nebraska Medical Center and director of BHECN, says she sees an overall push in Nebraska for institutions like BHECN that are located in more urban areas to extend their reach into the rural areas.

“BHECN is focused on the recruitment and retention of behavioral health providers, and that has a huge impact on overall rural behavioral health,” she says. “BHECN is able to both recruit more individuals but also focus on the retention of clinicians based in rural Nebraska.

“By recruiting, BHECN is growing the behavioral health workforce in Nebraska, which means there are more clinicians available to provide services,” Doyle continues. “Through BHECN’s retention efforts, we are able to enhance knowledge through training

opportunities and support those of us providing services in rural Nebraska.”

Still, until there is a crisis, mental health care is often not a priority for most farmers and ranchers, although changes in attitude are happening.

“I do think we have made gains in the 20 years that I have been out here, but we definitely still see people waiting until things are particularly bad to seek services,” Jones-Hazledine says.

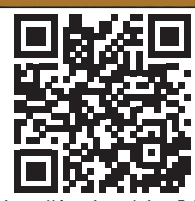
“Kids are growing up with services available at school, and this helps to reduce stigma and normalize help—seeking when needed,” she adds. “We also do things like teach a stigma-reduction course in middle school health class. Things are definitely improving, and more resources are becoming available.” ///

## FOR MORE INFORMATION

**988 Suicide and Crisis Lifeline.** Call. Text. Chat. 24/7, free and confidential support for people in distress, prevention and crisis resources.

**Substance Abuse and Mental Health Services Administration National Helpline. 1-800-662-HELP (4357)** 24/7, free and confidential treatment referral and information service for individuals and families facing mental and/or substance-use disorders.

Scan for more info



<https://tinyurl.com/n4mar3uk>

DTN

AMONG U.S. ADULTS IN NONMETROPOLITAN AREAS, 2020:

**21%**

experienced mental illness

**6%**

experienced serious mental illness

**13%**

experienced a substance-use disorder

**5%**

had serious thoughts of suicide

SOURCE: NATIONAL ALLIANCE ON MENTAL ILLNESS



# 1 IN 4 FARMERS

STRUGGLE WITH  
MENTAL HEALTH

*Saying something  
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NATIONAL  
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Lowell's story.



# GROWING PAINS

**K**ristin Ward is making both a financial and a time investment in the mental health of her teens. When she moved her son, Jack, and daughter, Kasey (see photo above), from Montana to rural Palisade, Nebraska, in late August 2023, both teens needed post-trauma therapy.

The single mom has been loading them up in the car and traveling 32 miles to the regional hub of McCook once a week to meet with their therapists. “We spend an hour on the road, an hour in the therapist’s office and then usually need to stop for a meal in town. By the time we get home, half of the school day is gone,” she explains. Besides the time commitment, fuel, meals and the cost of the sessions put a financial burden on her family.

“It’s a good thing I believe in the power of mental health,” Ward says, mentioning that her own past struggles keep her focused on providing the option for her kids.

Ward is just one of the thousands of parents across rural America doing everything in their power to help their kids survive the growing pains of adolescence and young adulthood. It can sometimes be a daunting task with the many unique challenges and stressors facing rural youth.

## RISING THREAT

The statistics on rural teen mental health are somewhat staggering. According to a five-year study financed by the National Children’s Center for Rural and Agricultural Health and Safety, about 60% of farmers and their adolescent children met the criteria for at least mild depression, while 55% of the adults and 45% of the adolescents surveyed met the criteria for generalized anxiety disorder. To contrast, the prevalence of depression in the general population is typically 17 to 18%, showing an alarming mental health issue in rural Americans.

Ward’s regular trips down the highway are a choice she’s made with those statistics in mind and because her kids prefer to meet with their therapists in person rather than through other options such as telehealth. Video conferencing has made mental health care more accessible for rural Americans than ever before—opening pathways to mental health care that didn’t exist before the pandemic

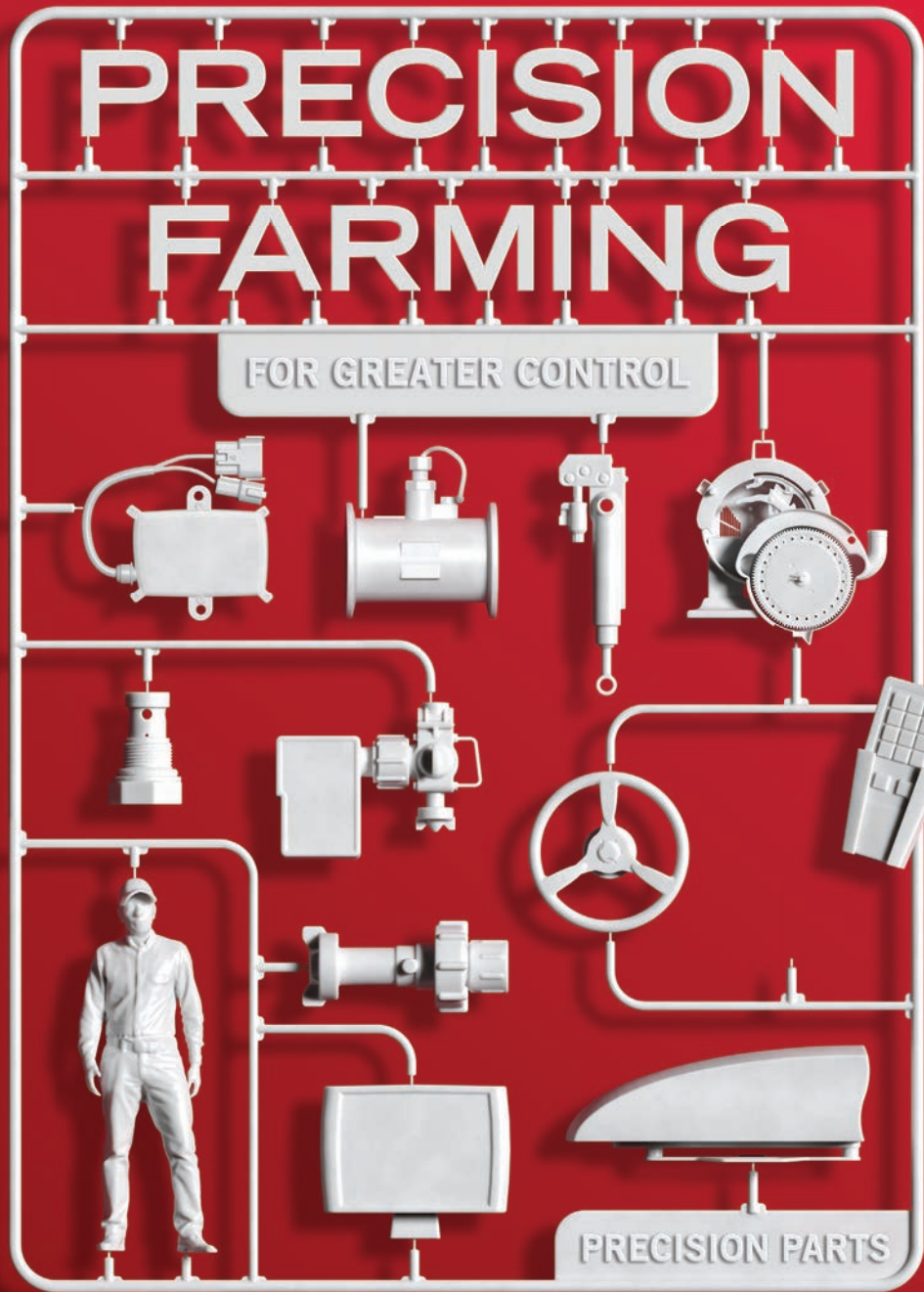
altered the way people communicate.

Just 45 miles down the highway in Benkelman—a farm community of just over 800 population, situated in the pocket where the Nebraska prairie connects to both Kansas and Colorado—Dundy County Hospital (DCH) >



*Obstacles, solutions  
abound in rural youth  
mental health.*





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scored a big win recently by bringing in its second mental health practitioner.

Having two mental health therapists on staff is a rarity for a town its size, and this reality isn't lost on the hospital's CEO, Kris Mathews. "We got lucky when the first one moved to town because she married a local, and we lucked out again here recently," Mathews says, emphasizing that having just one therapist on staff is more than most hospitals Dundy County's size can boast.

Renee Ruhlman, who was the first therapist on staff at the hospital system, says the advent of telehealth has allowed more rural families access to therapy than ever before. She and Christy Freehling, a therapist who just moved to town from the state's capital city of Lincoln, see so many factors at play in the mental health of teens across the United States—social media, addiction, current events, poverty and family issues such as divorce—but also pointed out challenges exclusive to rural teens.

"What I've seen with my teen clients is that their anxiety is because sometimes they're pressured into doing more activities because there's not as many kids. Their involvement, sometimes overinvolvement, is crucial," Ruhlman explains. "On top of that, they're working long hours on the farm after practices and then finishing up homework late at night."

Freehling agrees. "There are high expectations in a small community to be involved in everything," she adds. "With all the demands on their time, it's like kids don't have time for themselves to just breathe."

Jenna Gibbs sees the same issues in her work with youth ages 16 to 25 across the Midwest through the Ag Health and Safety Alliance, in Iowa City, Iowa. She says students are often surprised when they meet with her for an agricultural safety discussion, and she begins a section on mental health. She says most data on mental health in rural areas focuses on older farmers.

The largest stressor in the older set is financial, but Gibbs says rural youth seem to be sheltered from most discussions about farm finances.

"Their biggest source of stress has nothing to do with finances. It's mostly time management that

they struggle with," she explains. Gibbs spends a large portion of her time on college campuses with ag students. In Speed vs. Safety assessments she administers to the students, she sees many of them making the decision to cut corners on safety because of the burdensome demands on their time.

"These students are in college classes, working on the family farm and often also working on the school farm. There's pressure from all sides to make sure all the work gets done on time, and that causes anxiety," Gibbs says, explaining that on the assessments, students are averaging a dangerously low score of just 32 out of 100 points, where 100 points indicates total commitment to safety and zero points a complete lack of safety.

That average score shows Gibbs the students are often forced to prioritize speed as they complete their work, sacrificing safety in the process. "The great news is that they're interested in changing that culture, and they're also very open to discussions about their mental health," she emphasizes, noting that ag students are using the mental health services available at their colleges at a higher rate than before.

Gibbs also highlights the importance of sleep and explains that many of the students she works with aren't getting the sleep required for their development. "They're working long hours, trying to have social lives, and that doesn't allow them the 10 hours of sleep they need every night," she says.

Roz Sheldon, a therapist at Elevate Counseling, in Kearney, Nebraska, agrees. With a population of some 34,000, Kearney isn't necessarily considered rural. However, Sheldon works with youth from the smaller communities in the area. She views their constant mobile phone access as a concern.

"Kids have access to information that exceeds developmental capacity and understanding," she explains. "Now, they go home and have equal exposure to peers and outside influences as they do in the school setting. There is no reprieve unless parents enforce a distance from distraction and outside influences."

Her biggest concern, however, is that the need for mental health care exceeds the number of practitioners available to provide it. According to Health Resources and Services Administration data from late 2021, there were 3,426 rural areas in the United States designated with shortages of mental health



*"With all the demands on their time, it's like kids don't have time for themselves to just breathe."*



*Kristin Ward (back) has made mental health care a priority for her two teens, Kasey and Jack.*





Christy Freehling

practitioners, and it would take approximately 1,597 practitioners nationwide to remedy the shortage.

“Personally, the biggest concern is providing the services for the number of individuals seeking help,” Sheldon says. “At our clinic, we’re unable to accommodate the numbers. And, I have individuals who have driven from other time zones and for

several hours to receive services. But, our biggest obstacle is overcoming stigma and helping people understand that mental health care is a component of overall wellness.”

Stigma can be a factor surrounding mental health in small communities, but Gibbs doesn’t worry about that as much when the next generation of farmers begins ag careers. “Sure, there might be some people asking why your truck is parked in front of the therapist’s office in town. We know how small towns can be,” she says. “But, telehealth offers privacy in seeking mental health. If you have a Wi-Fi connection, you can seek treatment privately.”

Gibbs also sees that stigma breaking down. “The time is now to change that, and the students I work with are ready for a change. There’s a shifting dynamic,” she adds.

Tracy Lungrin, at Wayne State College in Nebraska, also sees residual stigma as repairable. “There’s a lack of awareness and exposure to folks talking about and normalizing mental health care,” she says. “Intervention to youth who are showing symptoms of mental health concerns and one-on-one and group support would help. And, educating the family and teaching them how to provide a more supportive environment to discuss mental health needs to happen.”

For Ward, she’ll continue to make the trips to McCook with her kids. “It’s important to us,” she says. “So, we prioritize it.” ///



## Signs Your Teen Is Struggling Mentally

Knowing what to look for in teenagers is key to providing them with the help they need. The following are common signs that your teen may be having mental health issues:

- Mood swings
- Irritability and anger
- Tearfulness
- Changes in sleep, weight or eating habits
- Loss of interest in things they love
- Withdrawing from friends, family and community
- Canceling plans with close friends
- Abnormal academic struggles
- Running thoughts or worries that won’t subside
- Signs of drug, alcohol or other substance abuse
- Signs of self-harm
- Refusing to discuss what’s bothering them
- Obsessive behaviors



24/7 CALL, TEXT, CHAT

# PLAN FOR SMALL GRAINS WEED CONTROL SUCCESS



*Ryan Humann, Ph.D., field scientist for Corteva Agriscience, says Tolvera herbicide pairs tolpyralate, a new active ingredient for the cereals market, with bromoxynil to provide effective broadleaf and grass control. It also offers rotational flexibility and is tank-mix friendly.*

**R**epeating your cereal crop weed control program from 2023 may seem like the smart thing to do, but weeds may have other plans.

To beat weeds in small grains in 2024, repeating a previously successful herbicide plan will eventually cause important herbicide tools to fail as weeds become more resistant.

Diversity becomes critical in cereal grain production to keep weeds off balance. Steps include rotating fields with a broadleaf/pulse crop; using tillage, herbicide burndown or preemergence treatment with varying herbicide classes/modes of action; growing a competitive crop stand; and making timely post applications to keep weeds under control.

“Growers that we see succeeding against weeds in cereals take a program approach with backup plans,” says Ryan Humann, Ph.D., field scientist with Corteva Agriscience in Fargo, North Dakota. “As tough weeds like herbicide-resistant kochia, waterhemp, horseweed, narrowleaf hawksbeard and others

expand in the Northern Plains, it's going to require numerous practices ahead of postemergence herbicides, so weeds don't go to seed.”

An effective weed control plan will track previous weed species and size, severity and field locations. Coupled with crop-specific weed information are herbicide usage by year, group numbers applied, rates, adjuvants, nozzles, weather and yield results.

**SHIFT GEARS.** Depending on initial tillage or burndown herbicide success, initial plans for postemergence control sometimes need to change.

“Growers can map out their crop rotations, early season practice and burndown mixes, but then the environment, crop delays or failed weed control force a shift in plans,” Humann says.

He explains numerous postemergence herbicide products currently do a good job controlling broadleaves and grasses.

“But as herbicide-resistant kochia and waterhemp continue to emerge, it's going to get tougher to manage these weeds,” Humann points out.

Watch for herbicide resistance. In the western part of the Northern Plains, kochia can resist ALS-inhibiting herbicides, atrazine and, in some areas, even dicamba and fluroxypyr. On the eastern half, waterhemp is showing resistance

to glyphosate. Grasses like wild oats and green foxtail have shown resistance to ALS and ACCase-inhibiting herbicides.

“Over the past few years, North Dakota State University weed scientist Brian Jenks has been educating growers about the need to monitor herbicide resistance,” Humann says. “It's a scary proposition as growers are running out of herbicide options on resistant weed populations.”

Indicators of herbicide-resistant weeds include: the herbicide typically controlling a weed species, poor control on one species while others are controlled normally, poor control confined to isolated spots in a field and dead and alive plants of the same species present in an area. Contact your university weed specialist for further testing.

**NEW PREMIX FOR CEREALS.** About five years ago, Corteva began working on a premix concept showing great efficacy and spectrum: bromoxynil, a Group 6 chemistry compound, and an HPPD-inhibitor compound called tolpyralate (a new active ingredient for cereals).

Called Tolvera herbicide, this new premix recently received registration from the Environmental Protection Agency. With registration, Tolvera herbicide will be available for the 2025 season.

While Corteva has numerous Group 2 and Group 4 chemistries in the cereals





Corteva.us/  
Tolvera/DTN

## Tolvera™ herbicide from Corteva Agriscience will offer small grain farmers a new active ingredient to battle weed resistance and provide crop rotation flexibility.

market, this Group 6 + Group 27 premix will help round out the company's cereals portfolio. By incorporating Tolvera herbicide into a rotation with other chemistries, the company hopes all herbicide tools will last longer to reduce weed resistance.

"Tolvera herbicide offers a new active ingredient in cereals, giving our Group 2 and Group 4 herbicides a break. It delivers broad-spectrum weed control, including efficacy on critical Northern Plains grasses like green and yellow foxtail," Humann says. "Currently, only Group 1 and 2 chemistries can be used for post control on these grasses, so Tolvera herbicide delivers management flexibility for cereal growers."

**CROP ROTATION FLEXIBILITY.** For growers who want flexibility in rotating to pulse crops like lentils and chickpeas, Tolvera herbicide offers nine-month plant backs for these and many other common rotational crops, such as sunflower, canola and soybeans.

"Crop rotational flexibility of nine months will set Tolvera herbicide apart from other chemistries," Humann says. "Growers can confidently use the product on cereals and plant other crops the next season without worry of carryover."

Corteva has tested this product across Canada, the Northern and Central Plains, and other wheat-growing areas to determine that Tolvera herbicide has

a good rotation profile. Tolvera herbicide is proving successful for growers in the prairie provinces.

**MORE CROPS ON LABEL.** Along with crop rotation flexibility, Tolvera herbicide will be labeled for use on most cereal crops: spring wheat, winter wheat, durum wheat and barley. "This premix won't have restrictions on barley and Durham like some products so that growers will have good crop flexibility across the cereals, except oats, triticale and rye," Humann says.

Tolvera herbicide, with two modes of action, will control a broad spectrum of hard-to-control broadleaf weeds and key grasses like foxtail, crabgrass and barnyardgrass. Key broadleaf weed control includes kochia, chickweed, volunteer canola, buckwheat, shepherd's purse, smartweed, mustard, pigweed, waterhemp and lambsquarters.

Aside from being a robust stand-alone premix, it offers good tank-mix flexibility to help growers achieve localized weed spectrum control. Tolvera herbicide is an EC formulation that mixes well with 2,4-D, MCPA or fluroxypyr to achieve greater control of kochia, pigweeds and mustard, or it can be mixed with a graminicide to pick up weeds like downy brome and wild oats that Tolvera herbicide doesn't control.

**HOW TO APPLY.** Like any weed in a post herbicide program, Corteva recommends applying early on three- to four-inch-tall weeds up to the jointing stage for optimum control and crop safety. "Weeds taller than this can begin to metabolize herbicides and reduce control, especially herbicide-resistant weeds like kochia," Humann says.

Other recommendations to optimize control include applying on a warm, sunny day to activate the chemistries within the weed. "We recommend 10 gallons of water per acre with a methylated seed oil (MSO) adjuvant to penetrate the leaf cuticle," he adds.

Optimizing weed control depends on proper planning, adjusting to the environment and rotating chemistries to keep weeds off balance each year. Like a starting pitcher being replaced by a reliever when hitters succeed because they know his stuff, so do weeds resist a herbicide used too often. So, rotate chemistries to keep weed seeds from building up in your soil.

**Tolvera™**  
HERBICIDE

 **CORTEVA™**  
agriscience



# PLEASE, DON'T SUFFER IN SILENCE

Anyone observing Bob Worth at a farm meeting would have a hard time imagining there was a time he could barely force himself to get out of bed. The Lake Benton, Minnesota, farmer is known for his hearty smile and overall enthusiasm.

But, Worth will tell you it is a zest born of redemption.

He had just begun farming on his own in the early 1980s when interest rates soared to 21%, and the values of commodities and land plummeted. Finances were more than tight. Farm neighbors were being sold out. He had a young family to feed.

"I got super depressed. I didn't care about going to work or taking care of the livestock or harvesting the crop. I was a joyous person who stopped laughing. I didn't want to leave the house," he recalls.

His wife, Gail, recognized something was terribly wrong and urged him to see a doctor. "I don't know where I'd be today if she hadn't encouraged and supported me," Worth admits.

"I feel so lucky. A physician's assistant took an intense interest in what I was going through," he says. "It took a couple of different medications and weekly doctor visits for nearly six months, but we finally found the right prescription to turn me around."

## SHARING HELPS

Still, it would take several decades before Worth felt comfortable sharing his mental health journey. "I made up my mind: If telling what I have been through would help one person, it was important to do it," he says.

"Farmers need to know that farm stress is real and something you don't need to take on alone," he continues. "There's no shame in getting help, and if the first person or thing tried doesn't help, keep trying."

That's a message Nathan Brown, who farms near Hillsboro, Ohio, has spent years trying to reinforce. His own struggles with emotional health led him to create a farmer peer group on Facebook. That's created a network



Nathan Brown

JOEL REICHENBERGER

of farmer support. But, he still sees too many farmers suffering in silence.

Last year, when a farmer friend died from suicide, Brown penned a plea out of sheer frustration (see "An Open Letter to the Ag Community on Mental Health," on page 24). "I don't think we can talk about our emotional challenges in the ag community enough. There's still a stigma associated with seeking help. We still need more professionals familiar with the challenges," Brown explains.



*Farmers urge fellow farmers to reach out when life overwhelms.*

Sometimes, farmers reach out to Brown to simply ask questions or talk. Others are searching for professional help either because there is none in their area, or they'd rather find that help some distance from home. He knows farmers who drive for hours to seek the therapy that best fits their needs.

Sometimes, it is the spouse seeking advice. "The caretakers of those struggling are a group we probably need to pay closer attention to, because they can get overlooked and downplay their own needs," he adds.

## WATCH FOR SIGNS

Current commodity prices coupled with rising input prices are haunting reminders of the 1980s farm crisis. Politics and local disputes are easily splayed out over social media these days. Rural areas are struggling with loss of clergy and health care professionals.

Add rural stoicism, stubbornness and even worries about the cost of treatment as other barriers, Worth notes. "We didn't have health insurance when I went through this, and yes, it was an expense. But, today I can look back, and the cost had I not addressed it would have been incalculable," he says.

"Stresses aren't going away for farm families—that includes spouses, children and everyone involved in the operation," Worth says. "If you notice a change in personality in someone, don't be afraid to ask if they are OK and be willing to listen to the answer."

"The most important thing I've learned from all of this is that I could be fixed, but I couldn't fix it myself," he continues.

And, the answers may not be easy or convenient. "Start by looking at what you can control. It's also important for those advocating for rural mental health care to make sure we are caring for our own health as we extend hands to help others," Brown says. ///





□ *Bob Worth hopes talking about his experiences with depression will help other farmers.*

COURTESY OF BOB WORTH





# A FARMER'S PLEA: SPEAK THE TRUTH ABOUT MENTAL HEALTH

➤ By Nathan Brown

Last year, I attended the funeral of a farmer friend who decided this world was too much, that his family would be better off without him. He decided to die by suicide.

Why didn't he ask for help? Why didn't he just admit he was broken and try to get fixed?

Why? Why? Why?

I can't seem to stop asking, "Why?"

A search of "farming" on social z and genuine scenes from across America. A newborn lamb, perfectly straight rows of corn, cattle grazing and many harvest sunsets will fill your screen.

The lifestyle is romanticized by so many—from small children to happy television shows. And, who doesn't appreciate growing something with their own hands, tending to the land passed down from generation to generation, feeding, fueling and clothing every person in this great country?



*An open letter to the agriculture community encourages breaking the stigma.*

But, there's an ugly truth behind those pretty pictures. Agriculture often has a dark side that many agriculturalists are not willing to share. For every picture that shows something new and wonderful, there are often an equal number of moments filled with disappointment, doubt, despair, chaos, uncertainty and anxiety that farmers sometimes deal with daily. Farming isn't easy—it just isn't and never has been.

So why now? Why are so many farmers in dark places? Weather, world unrest, production problems—farmers face so many forces beyond their control. Even balancing family and family life can put a strain on mental health. We work long hours, take on risk no other industry would think of and do it all on land that our families have worked for generations.

What possibly could go wrong?



Nathan Brown

PHOTOS: JOEL REICHENBERGER



Today's farming operations are high-risk, high-reward businesses. Producers have been pushing production to the limits and adding volume to make up for what seem to be ever-shrinking margins. Technology has allowed producers to achieve production gains and reduce the physical toll of the vocation, yet the toll on farmers' mental health seems to have increased.

Talking about things that affect one's mind is taboo in our society, so much so that we are watching our friends and neighbors decide they would rather take their own lives than seek the help they so desperately need.

I, for one, am done with it.

As I was consulting a mental health advocate after my friend's suicide, he asked me, "Why that guy? Why didn't we help him?" We talk about getting help with mental health more than ever before, and several of us have stepped up to share our own mental health struggles. How could this still happen despite efforts to prevent it?

Those are tough questions, and the answers to those "whys" are even tougher.

What I know is we must keep talking, sharing and pushing for more resources in our communities to break down the stigma surrounding mental health. We need people to get trained in mental health first aid, particularly in the agriculture industry. Knowing what to say or what to look for could help save a life. In rural America, mental health resources are some of the most desperately needed medical services, yet in most areas, they are limited or simply nonexistent.

We must push for more funding and boots on the ground to save lives.

And, as farmers, we must own up to the problem. If an implement is broken on the farm, we fix it. Why are we reluctant to do that for the most important asset to the farming operation?

If you are struggling, take the time to take care of yourself. It's OK to take an afternoon off to heal your mind and thoughts.

Take up exercise and eat a healthy diet—those two things lighten my spirits when I am down. Do something you enjoy that will ease your thoughts.

If you feel you are in a spot that you can't climb out of, seek professional help. Your family doctor can refer you to that specific mental health professional who can help you.

Important to my mental health is a core group of friends who I check on, and they check on me when times are rough. You're not alone in your trials, my friends. Not by a long shot.

Depression, anxiety, stress and other mental health issues are real in agriculture. It is easy to get lost in one's thoughts, especially if you are looking through the lens of social media or worried about how others perceive you.

There is help available, we just need to break this stigma and ask for it. Start by admitting to yourself that you are hurting, and remember that your life and mental health are more important than anything or any farm, because you are worth more than any building or piece of land. ///

*Nathan Brown operates a diversified crops and livestock farm with his wife and family near Hillsboro, Ohio. He speaks frequently about mental health and created a Facebook community called Farmer to Farmer Peer Support to further the discussion about and to advocate for rural issues.*



## KEYSTONES OF MENTAL HEALTH

# Unlock the Power Of Emotions

The prevalence of mental illness in our society is significant, and the chances are high that you or someone in your family or your company, or simply an acquaintance in your rural community is struggling with his or her mental health. According to the National Institutes of Health, anxiety disorders, including panic, social anxiety, obsessive-compulsive disorder, various phobias and general anxiety affect about 19% of the population, while depression affects another 7%. Thus, more than a quarter of the U.S. population experiences a diagnosable mental health disorder in a given year.

In his 2020 book “Permission to Feel,” author Marc Brackett, Ph.D., suggests that a significant contributor to our society’s mental health challenges is our inability to understand and regulate our emotions. “If we can learn to identify, express, and harness our feelings, even the most challenging ones,” he writes, “we can use those emotions to help us create positive, satisfying lives.”

Brackett uses the acronym RULER to help us recall how to deal with our emotions. Here is a summary of each step in his process.

### RECOGNIZE OUR EMOTIONS

The first step is simply noticing a change in your emotional state. You might detect a shift in your own thoughts, energy or mood, or in someone else’s facial expression or voice. When you pay attention, you notice that something is “going on” with yourself or another person.

### UNDERSTAND OUR EMOTIONS

The second step is to understand the reason for the emotion. In my case, I’ve found that everything from the time of day, the weather, the length of my to-do list or my latest interaction with someone can change how I’m feeling. In communicating with others, the ability to pinpoint the reason someone is experiencing an emotion vastly improves your communication with them.

### LABEL OUR EMOTIONS

When it comes to naming my own emotions, I’m remarkably lacking in creativity, often vacillating between the words “great” and “OK” and “frustrated.” A quick internet search, however, suggests there are more than 3,000 words for our feelings. After reading Brackett’s book, I downloaded the “How We Feel” app (you can find it at [howwefeel.org](http://howwefeel.org)) to improve my ability to name, and thereby pay more attention to, my emotions. The app lists 144 words to describe our feelings and connects those feelings to other events, the weather, sleep and physical activity to detect trends in one’s emotional state.

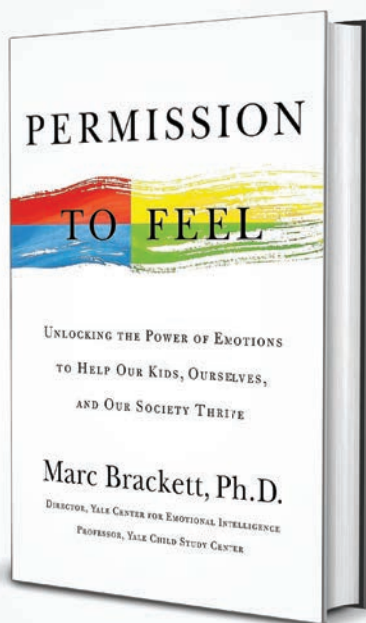
### EXPRESS OUR EMOTIONS

Expressing how you feel doesn’t mean you have to share all of your feelings with everyone you meet. Rather, having a sense of how and when to display your emotions, and knowing the appropriateness and the “unspoken rules” (also called “display rules”) of your audience and the setting are key.

### REGULATE OUR EMOTIONS

Managing one’s emotions isn’t the typical kind of hard work you are used to on a family farm or ranch, but always being on top of your emotional state can wear you down, particularly when there is a gap between how you feel and how you present yourself to others. Regulating strategies can include focused breathing, performing rituals to prepare for emotionally taxing circumstances, shifting your attention away from certain feelings, reframing how you see a situation and pausing to take a third-person view of your current state.

Brackett points out that “our cognitive abilities—what we focus on, where we devote our efforts, what we remember, how we make decisions, our levels of creativity and engagement—all depend on our emotional state.” Recognizing, Understanding, Labeling, Expressing and Regulating our emotions can not only improve our mental health but also improve our relationships, our physical health and our performance in our family businesses. ///



Email Lance Woodbury at [lance.woodbury@pinionglobal.com](mailto:lance.woodbury@pinionglobal.com)



## Scientific Discovery Stuns Doctors

# Biblical Bush Relieves Joint Discomfort in as Little as 5 Days

*Legendary “special herb” gives new life to old joints without clobbering you. So safe you can take it every day without worry.*

According to the Centers for Disease Control and Prevention, more than 54 million Americans are suffering from joint discomfort.

This epidemic rise in aching joints has led to a search for alternative treatments—as many sufferers want relief without the harmful side effects of conventional “solutions.”

Leading the way from nature’s pharmacy is the new “King of Oils” that pioneering Florida MD and anti-aging specialist Dr. Al Sears calls “the most significant breakthrough I’ve ever found for easing joint discomfort.”

Biblical scholars treasured this “holy oil.” Ancient healers valued it more than gold for its medicinal properties. Marco Polo prized it as he blazed the Silk Road. And Ayurvedic practitioners, to this day, rely on it for healing and detoxification.

Yet what really caught Dr. Sears’ attention is how modern medical findings now prove this “King of Oils” can powerfully...

### Deactivate 400 Agony-Causing Genes

If you want genuine, long-lasting relief for joint discomfort, you must address inflammation. Too much inflammation will wreak havoc on joints, break down cartilage and cause unending discomfort. This is why so many natural joint relief solutions try to stop one of the main inflammatory genes called COX-2.

But the truth is, there are hundreds of agony-causing genes like COX-2, 5-LOX, iNOS, TNK, Interleukin 1,6,8 and many more—and stopping just one of them won’t give you all the relief you need.

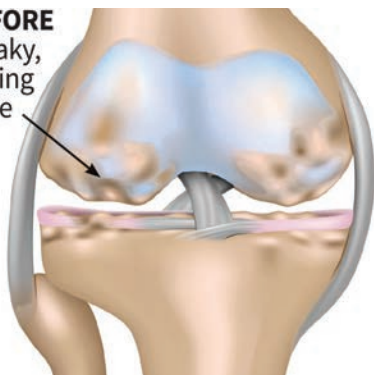
Doctors and scientists now confirm the “King of Oils”—Indian Frankincense—deactivates not one but 400 agony-causing genes. It does so by shutting down the inflammation command center called Nuclear Factor Kappa Beta.

NK-Kappa B is like a switch that can turn 400 inflammatory genes “on” or “off.” A study in Journal of Food Lipids reports that Indian Frankincense powerfully deactivates NF-Kappa B. This journal adds that Indian Frankincense is “so powerful it shuts down the pathway triggering aching joints.”

### Relief That’s 10 Times Faster... and in Just 5 Days

Many joint sufferers prefer natural solutions but say they work too slowly. Take the best-seller glucosamine. Good as it is, the National

**BEFORE**  
Creaky,  
aching  
knee



**AFTER**  
Soothing,  
ache-free  
knee



*The active ingredient in Mobilify soothes aching joints in as little as 5 days*

Institutes of Health reports that glucosamine takes as long as eight weeks to work.

Yet in a study published in the International Journal of Medical Sciences, 60 patients with stiff knees took 100 mg of Indian Frankincense or a placebo daily for 30 days. Remarkably, Indian Frankincense “significantly improved joint function and relieved discomfort in as early as five days.” That’s relief that is 10 times faster than glucosamine.

### 78% Better Relief Than the Most Popular Joint Solution

In another study, people suffering from discomfort took a formula containing Indian Frankincense and another natural substance or a popular man-made joint solution every day for 12 weeks.

The results? Stunning! At the end of the study, 64% of those taking the Indian Frankincense formula saw their joint discomfort go from moderate or severe to mild or no discomfort. Only 28% of those taking the placebo got the relief they wanted. So Indian Frankincense delivered relief at a 78% better clip than the popular man-made formula.

In addition, in a randomized, double blind, placebo controlled study, patients suffering from knee discomfort took Indian Frankincense or a placebo daily for eight weeks. Then the groups switched and got the opposite intervention. Every one of the patients taking Indian Frankincense got relief. That’s a 100% success rate—numbers unseen by typical solutions.

In addition, BMJ (formerly the British Medical Journal) reports that Indian Frankincense is safe for joint relief — so safe and natural you

can take it every day.

Because of clinically proven results like this, Dr. Sears has made Indian Frankincense the centerpiece of a new natural joint relief formula called **Mobilify**.

### Great Results for Knees, Hips, Shoulders and Joints

Joni D. says, “**Mobilify** really helps with soreness, stiffness and mild temporary pain. The day after taking it, I was completely back to normal—so fast.” Shirley M. adds, “Two weeks after taking **Mobilify**, I had no knee discomfort and could go up and down the staircase.” Larry M. says, “After a week and a half of taking **Mobilify**, the discomfort, stiffness and minor aches went away... it’s almost like being reborn.” And avid golfer Dennis H. says, “I can attest to **Mobilify** easing discomfort to enable me to pursue my golfing days. Definitely one pill that works for me out of the many I have tried.”

### How to Get Mobilify

To secure the hot, new **Mobilify** formula, buyers should contact the Sears Health Hotline at **1-800-299-0209** TODAY. “It’s not available in retail stores yet,” says Dr. Sears. “The Hotline allows us to ship directly to the customer.” Dr. Sears feels so strongly about **Mobilify**, all orders are backed by a 100% money-back guarantee. “Just send me back the bottle and any unused product within 90 days from purchase date, and I’ll send you all your money back.”

Use Promo Code **PFMB524** when you call to secure your supply of **Mobilify**. Lines are frequently busy and due to heightened demand, supplies are limited. To secure your supply today, call **1-800-299-0209**.

# REACH OUT TO SAVE A LIFE



**W**hen rural North Dakota resident “James” drove by his neighbor “Bob” sitting in his vehicle near a field, something seemed off—the time and place for Bob to be there were unusual. James immediately turned around and went back to ask Bob if he was all right. A long conversation revealed Bob was facing a great deal of stress and struggling emotionally. James persuaded Bob to get help, and thanks to that assistance, Bob’s situation improved. Later, Bob admitted to James he probably wouldn’t be alive if James hadn’t stopped to ask him if he was OK.

This real story is an example of how the simple act of reaching out to someone who is struggling emotionally and having thoughts of suicide can potentially save that person’s life, says Katie Henry, a family and community wellness Extension agent with North Dakota State University (NDSU).

Henry is a certified trainer for a suicide-prevention program called “QPR,” which stands for “Question. Persuade. Refer.” The program—and others like it—teach people how to recognize the signs of mental health distress and empower them to provide lifesaving assistance.

The key message of these training programs is that, like many other health issues, suicide is preventable. Each program takes a slightly different approach to giving help, but at their core, all focus on the same

basic principles: recognizing the warning signs that people may be considering suicide, reaching out to them and connecting them with the appropriate mental health help.

## WATCH FOR WARNING SIGNS

The education program “Talk Saves Lives” teaches that the first step in preventing suicide is recognizing the warning signs that someone is struggling, explains Becky Wiseman, a clinical social worker and family consultant case supervisor for Cornell University’s New York FarmNet Program. In a recent Rural Minds webinar on rural suicide awareness and prevention training, Wiseman said suicide warning signs are typically displayed in three ways: through a person’s talk, behavior and mood.

Examples of things people might say if they’re considering suicide are they’re feeling trapped, they have no reason to live, they feel they are a burden to others, they’re in unbearable pain or they’re thinking about ending their life, Wiseman says.

Behavioral warning signs may include an increased use of alcohol or drugs, sleeping too little or too much, acting recklessly, withdrawing from activities they normally participate in, isolating from family and friends, looking for a way to kill themselves or giving away possessions, she adds.



*The simple act of connecting with someone at risk of suicide can save that person's life.*

Moods that may be warning signs could include depression, apathy, rage, irritability, impulsivity and anxiety. “We all have ups and downs in our moods, but if you notice something that’s changed, (and) it’s uncharacteristic or concerning, it’s really important that you speak to that person about what’s happening and what

Over **48,000** people died by suicide in 2021

**1** death every **11** minutes

Many adults think about suicide or attempt suicide

**12.3 million** Seriously thought about suicide

**3.5 million** Made a plan for suicide

**1.7 million** Attempted suicide

If you or someone you know is in crisis, please contact the

**988 Suicide and Crisis Lifeline**

- Call or text 988
- Chat at 988lifeline.org



# Sometimes you need help...

# and sometimes you are the help.

A healthy farm is  
nothing without  
a healthy you.



Scan **#SoyHelp**  
QR code or go to  
**ruralminds.org** to  
access farm resources  
for seeking mental  
health help.

Sometimes you know something “isn’t quite right” with your mental health—or maybe you’ve recognized tell-tale signs of farm stress in a friend or family member. But what are the next steps? The U.S. soybean industry cares and offers ready access to resources for getting help.

The American Soybean Association’s **#SoyHelp** program provides national and state-by-state online resources year-round for those who may be struggling with situational stress, ongoing depression, suicidal thoughts or something else. ASA, with support from the United Soybean Board/Our Soy Checkoff and in conjunction with USB, soy states and other industry partners, disseminates #SoyHelp information to combat farm stress, lessen stigmas around mental health conversations, provide ideas for seeking qualified help, and share stories from those who have walked a similar path.

ASA is a member of the Rural Minds Partnership Council and also encourages people to visit **ruralminds.org** for a variety of mental healthcare information and support services, including access to the Rural Mental Health Resilience Program, which provides mental health information, resources and training for people who live in rural communities across the country.

Together, #SoyHelp and Rural Minds offer practical options for seeking help with your unique farm stress troubles—or for you to help a friend, a neighbor, or anyone who may need support.





you're noticing," Wiseman says. "And, then trust your gut; our gut really tells us what we need to do."

If you're on the fence about whether to reach out to someone, Wiseman stresses you should always assume you are the only one who is going to do it. "In too many instances, people talk about their concerns for someone amongst themselves, but they hesitate to reach out to that person directly."

## HOW TO REACH OUT

Often, the hardest thing to do is ask people if they are considering suicide. A common fear is that asking someone whether the person is thinking about suicide could put the thought in that individual's head or make the person more likely to follow through. That fear is unfounded, mental health experts say.

"We know that asking somebody directly if they're having (thoughts of suicide) actually lowers their anxiety and opens up that critical line of communication between you and that person, and gives them an opportunity to ask for help," says Madeleine Smith,

an NDSU Extension agent and certified QPR trainer, who participated in a recent QPR training webinar sponsored by NDSU.

Wiseman recommends

talking to the person privately if you suspect someone might be suicidal. "Listen to their story, express concern and caring, and ask directly. Don't be afraid to ask, 'Are you thinking of ending your life?' 'Are you thinking of suicide?'" she says.

Don't worry about saying the wrong thing, she and other experts agree. The fact that you ask the question is more important than how you word it.

After a conversation has been started, listen to the person, Wiseman continues, without offering solutions to the issues that may have led the person to consider suicide.

## GETTING A SUICIDAL PERSON HELP

If you suspect someone has a plan to end his life soon—especially if it comes up in a conversation—don't leave the person alone, Wiseman explains. Stay with the person and help the individual connect with professional help. If the person is in immediate danger of self harm or of harming others, call 911. If the danger is less immediate, urge the person to call 988, the national suicide and crisis

lifeline, or offer to call the line with the person. Experts also recommend offering to take the person to a mental health professional, a clergy member or someone the person trusts.

If the person doesn't have an immediate plan to end his life and can't get into a mental health professional right away, the next best thing to do is get the person to commit to accepting help, and make the arrangements to get that help. And, then follow up soon afterward to make sure the person is getting help.



## REDUCE ACCESS TO LETHAL MEANS

Another potentially lifesaving action people can take is to reduce a suicidal person's access to lethal means, such as firearms or medications, according to mental health professionals.

People who attempt to kill themselves usually choose a means they are familiar with and already have access to, said Tara Haskins, Total Farmer Health director for AgriSafe Network, in a recent "Counseling on Access to Lethal Means" (CALM) webinar. CALM is another training program aimed at preventing suicide, primarily through reducing access to lethal means.

Most suicide attempts involve medications, Haskins explains. However, 55% of deaths from suicide in the United

States involve firearms, she says.

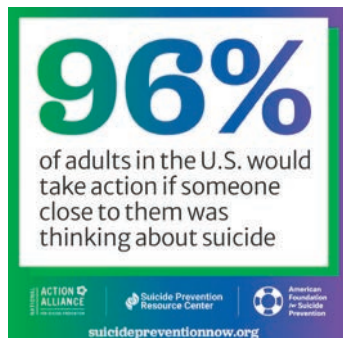
Because the thought of suicide is often spontaneous and brief, putting time and distance between someone who is suicidal and access to lethal means can sometimes allow the suicidal thoughts to pass, she says.

"Individuals usually consider suicide not necessarily because they want to die," Haskins explains. "In fact, we know from interviewing individuals that have survived a suicide attempt or that have had suicidal thoughts, they also admit to having thoughts of ambivalence. That's what we're trying to capitalize on are those ambivalent thoughts." ➤

### Did you know?

If someone can get through a suicidal crisis, chances are **they will not go on to die by suicide.**

#Science2StopSuicide





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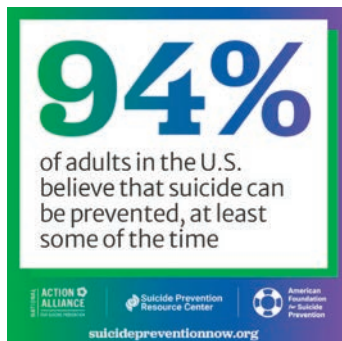
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She suggests focusing on the person's safety and the safety of family members and making the person a collaborative partner. Ask questions such as, "What do you think we can do to help make you safer?" or "Can we think about steps to keep you safe until things get better?"

If a suicidal person has access to firearms, the best option is to collaborate on

temporary off-site storage, such as at a friend's or relative's place, a gun range, a self-storage facility or a pawn shop. The next best option is in-home storage, where firearms are locked and unloaded, and stored in a safe or lockbox. Another option could be to add trigger or cable locks to the firearm for added time in gaining access to them. Or, the keys or combination to a locking device could be given to a trusted person.

If a suicidal person has access to medications, CALM training recommends limiting the amount of medications available to only what the person needs immediately. Some options include safely disposing of any out-of-date, unused or excess medications and over-the-counter remedies or using a lock box to secure any lethal and additional medications.

It's difficult to reduce access to every form of lethal means, Haskins says, but if a person considering suicide

mentions something specific, it's important to take steps to help the individual remove, limit or disable it. Follow up on a plan for safety and assist the person with getting professional help.

## SIMPLE ACTS CAN SAVE LIVES

Chad Reznicek, a behavioral health state specialist with the Colorado AgrAbility Project, has worked for 20 years as a licensed professional counselor and has done thousands of suicide assessments. Through his work, he says, he has witnessed firsthand the power of reaching out to people who are struggling.

"Many of the assessments we did (on people who had considered or attempted suicide) would ask questions such as, "Had you ever had a plan to complete suicide and something or someone stopped you?," and the number of times that people reported some small, caring gesture, some simple act of human kindness as being the thing that allowed them to hit the brakes on their suicidal intent that day and keep going has given me a tremendous amount of hope and optimism," Reznicek says. ///

**Editor's note:** This article summarizes some of the lifesaving techniques taught in several suicide-prevention training programs. It is not intended as a replacement for in-person participation in one of these programs. Please immediately call 988, the national suicide and crisis lifeline, if you or someone you know is having thoughts of suicide.

## Suicide Prevention Training

Several suicide-prevention training programs are available that teach how to recognize the warning signs that people may be considering suicide, how to talk to them and how to connect them with appropriate mental health help.

Here is a list of some of these programs:

### **CALM (Counseling on Access to Lethal Means)**

[www.calmamerica.org](http://www.calmamerica.org)

This program teaches people how to collaborate with those at risk of suicide to implement safe storage of firearms and dangerous medications.

### **COMET (Changing Our Mental and Emotional Trajectory)**

[medschool.cuanschutz.edu/family-medicine/research-and-innovation/pbrns/hprn/projects-and-programs/comet](http://medschool.cuanschutz.edu/family-medicine/research-and-innovation/pbrns/hprn/projects-and-programs/comet)

Developed by the High Plains Research Network Community Advisory Council (a grassroots group of ranchers, teachers, small business managers, students, retirees in rural eastern

Colorado), rural mental health professionals and health researchers, COMET teaches people how to intervene when they encounter someone who is in a "vulnerable space" and help shift the person's mental health trajectory back to a place of wellness instead of proceeding toward a mental health crisis.

### **QPR (Question. Persuade. Refer.)**

[qprinstitute.com](http://qprinstitute.com)

Created in 1995 by Paul Quinn, QPR (like CPR) is an emergency intervention for someone experiencing a life-threatening mental health crisis. The program teaches participants to be able to recognize the warning signs of suicide and question, persuade and refer people at risk for suicide for help.

### **Talk Saves Lives**

[afsp.org/talk-saves-lives](http://afsp.org/talk-saves-lives)

This program covers the general scope of suicide, the research on prevention and what people can do to fight suicide.



# Breakthrough From #1 U.S. Hospital Clears up Sinus and Nasal Problems - Fast!

**New discovery targets infected throat mucus - to stop post nasal drip, congestion, runny noses, coughing, sneezing, ringing ears, and sore throats**

**By Wayne B. Roberts**

Associated Health Press

Doctors at a medical center based in Minnesota have discovered the real cause of nearly all sinus and nasal infections. They were shocked to find it is infectious fungi you inhale through your nose.

Now, a breakthrough 100% natural formula, **Sinuprol**, can help get rid of chronic sinus infection, called "sinusitis" – an insidious condition that can lead to blood clots and brain infection, causing abscesses, meningitis, and even death!

The sinus infection can also spread to your facial bones, triggering headaches, fever, and swelling in the eye socket -- which in some cases can cause loss of vision.

## How Sinuprol works

Sinuprol is the **FIRST** nasal treatment that can quickly flush infected mucus from your nose -- without surgery.

Antibiotics, antihistamines, and steroid-containing nasal sprays are no help in fighting sinus infection. In fact, over-the-counter decongestant sprays can actually harm the small hairs lining your nose, causing mucus to build up even more.

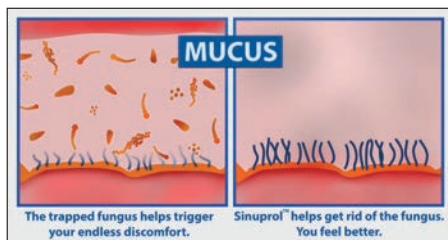
The result? Only Sinuprol can dry up runny noses, end constant coughing, and unclog your swollen nasal channels – safely, swiftly, and effectively.

"Up to now, the cause of chronic sinusitis has not been known," says Dr. David Sherris, ENT. "In fact, fungus is likely the cause of nearly all these problems."

Dr. Gary Bennett, MD says, "The root cause of fungal sinus infections is the exposure to fungus and mold spores in the air. Once inhaled, the fungi can become lodged in the mucosal lining of the sinuses."

## Fungi triggers 96% of sinus problems

Top doctors have found that chronic sinus infection is caused by inhaling 40 different



types of infectious fungus in the air you breathe. The proof? In a study of 210 people with sinus infections, 96% of them had fungus in their mucus.

Did you know you take approximately 24,000 breaths daily, inhaling 90 percent of the infection-causing fungi in your body through your nose? Or that insulation with poor ventilation, plus indoor mold and air pollutants, have triggered a plague of sinus and nasal problems affecting millions?

How? These harmful fungi hide in your throat, where they infect your mucus, causing your nasal passages to swell up.

Result: Congestion, dripping mucus, runny nose, endless sneezing, constant coughing, ringing in your ears, sore throat, and tenderness of the face. No wonder millions of sinus sufferers are now rejoicing about this new solution!

## The natural alternative to nasal sprays

Sinuprol is a unique drug-free formulation made from all-natural ingredients. These include *Urtica Dioica*, *Pinus Maritima*, *Petasites Hybridus*, and other herbs clinically proven to fight fungal infection.

For instance, a clinical study published in the *Journal Phytotherapy Research* found that *pinus maritima* extract reduced nasal symptoms by 42% in just 8 weeks. In addition, Sinuprol also supports your upper respiratory system, so that you breathe more freely.

## Dries up runny noses

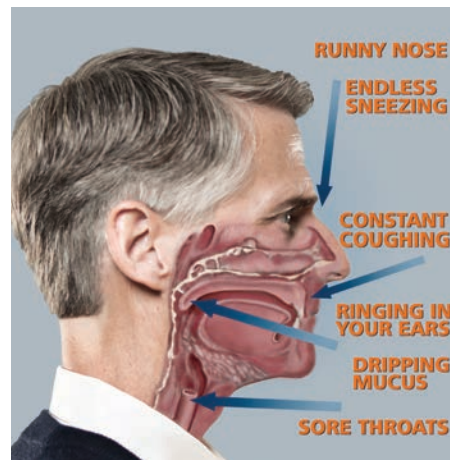
A stuffed-up nose may be just a cold. Or, it may be something far worse: a sinus infection, otherwise known as "sinusitis."

According to the Center for Disease Control (CDC), about 37 million Americans suffer from sinusitis. Sinus infections are responsible for 16 million doctor visits and \$150 million annually spent on prescription medications.

## Helps with allergies, too.

"Allergic rhinitis" is a chronic nose cold sparked by an allergy attack. Sinuprol can help end the sneezing, watery eyes, and congestion caused by allergic rhinitis. How? By blocking and sweeping out dust, mold, pollen, fungus, and animal hair before they cause bigger problems.

In a study appearing in *Advances in Therapy*, 580 patients took 16 mg of butterbur leaf extract, an active ingredient in Sinuprol, daily for 2 weeks. The symptoms of allergic rhinitis, which included sneezing and congestion, improved in 90% of the participants.



**STUNNING RESEARCH SHOWS** that 38 different kinds of harmful fungus may be hidden in your mucus, causing sinus nightmares. Now a new doctor approved treatment dissolves infected mucus to help you breathe easier.

## Keeps your nose fungus-free

Having sinus infection is not the norm: The National Institutes of Health reports that "healthy sinuses contain no bacteria or other germs. Mucus is able to drain out and air is able to circulate."

Whether your sinus discomfort is the result of an allergy, a fungus, virus, or from a bacterial infection, Sinuprol can help drain away infected mucus. The formula is manufactured in an FDA-registered facility. And no prescription is required.

## 50% OFF FOR THE NEXT 10 DAYS

I'm proud to say that this is the official release of NeuroFlo for Progressive Farmer readers. Therefore, everyone who calls within the next 10 days will receive 50% OFF their first order. A toll-free hotline number has been set up for local readers to call for this 50% OFF savings. The number will be open starting at 7:00 am today and only for the next 10 days.

Sinuprol is GUARANTEED to work great for you – or you PAY NOTHING with a 90-day unconditional money-back guarantee. It is NOT sold in stores or online. No prescription or doctor visit is required.

If Sinuprol does not rapidly clear up your sinus and nasal symptoms... or you are dissatisfied for any other reason (or for no reason at all)... just return the unused portion or even the empty bottles for a prompt product refund. That way, you risk nothing.

All you have to do is CALL TOLL-FREE **1-866-998-9935** and provide the operator with the special 50% OFF discount approval code: **SNP142**.

Important: Due to Sinuprol's popularity and recent media exposure on ABC, CBS and FOX NEWS, phone lines are often busy. If you call and do not get through immediately, please be patient and call back. Those who miss the 10-day deadline for 50% OFF will have to pay more for Sinuprol.

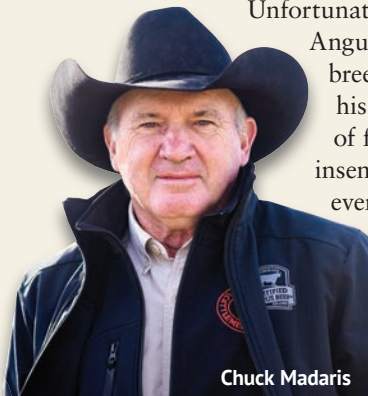


# At the Hoof of the Matter

*Progress is being made on foot soundness.*

If you want to see a sick look on a rancher’s face, watch when his or her newest, most expensive, curve-bender bull comes hobbling up. Stuff happens. Bulls have a talent for stepping in rodent holes or hurting themselves by butting heads with their pasture mates. However, take an informal survey of ranchers, and they’ll tell you lameness, specifically hoof structure problems, are more common.

Chuck Madaris began noticing it in the mid-2000s when he started selling upward of 100 head of 2-year-old bulls per year. “It is somewhat difficult to spot feet issues in a yearling, but it becomes much more obvious at 18 to 24 months,” he explains.



**Chuck Madaris**

Unfortunately, the Hope Hull, Alabama, Angus, Chiangus and SimAngus breeder also began to see it in his females. He had a group of females sired using artificial insemination (AI) and had to cull every one of them for hoof issues by the time they were 3 years old. However, he says, “Semen from that bull is still being marketed.”

“EPDs (expected progeny differences) are a wonderful thing,” Madaris says. “They allow us to compare cattle raised in the West with those from the Southeast.” He’s convinced, though, that some of the foot problems came from chasing higher weaning and yearling weights, as well as carcass EPDs.

“In an attempt to build a better animal, there was perhaps an indirect selection pressure for structural problems,” agrees Kelli Retallick-Riley, president of Angus Genetics Inc., a subsidiary of the American Angus Association. “Cattlemen were pushing for growth. It may have stimulated the issue a bit.” She says a current research project is looking at the correlation between other traits and foot conformation.

## › COLLECTING DATA, DEVELOPING A SYSTEM

“Commercial producers asked the Angus seedstock breeders to make it right,” Retallick-Riley notes. The staff then started gathering information from the Angus association in Australia and the dairy industry

### FOOT SCORE GUIDELINES

#### Foot Angle (5 is ideal)



#### Claw Set (5 is ideal)



AMERICAN ANGUS ASSOCIATION

to develop a scoring system for structure. As a result, a scoring system for claw set and foot angle was released in 2015. After

For more information on hoof structure, see the scoring chart from the American Angus Association at [www.angus.org/performance/Documents/footscorebrochure.pdf](http://www.angus.org/performance/Documents/footscorebrochure.pdf)

four years of data collection and research, EPDs were added to the weekly genetic evaluations in 2019. “Those allow producers to select for good hoof structure,” she says.

The American Simmental Association is also moving to include information on hoof structure in its genetic evaluations. John Irvine, Simmental and SimAngus breeder, says, “We need to track foot scores. It is an economically relevant trait. We’ve been gathering data for several years.”

With the help of two Kansas State University graduate students, the Manhattan, Kansas, rancher has already collected hoof scores on every cow and heifer in his herd. “Frankly, we haven’t had problems,” he says. “Simmentals have an open herd book, and we use cattle of other breeds. We have a very diverse set of cattle.”

Because of the time and difficulty involved in collecting hoof scores, Madaris hasn’t done that with his herd. However, he does use claw set and foot angle EPDs when selecting sires. “The American Angus



Association is a real asset. They got people really going in the right direction. Bulls that are throwing foot issues are identified sooner," he says.

He also puts selection pressure on the cattle in his herd. "We cull on performance first, disposition second and hoof structure third." Madaris makes use of the Angus Association's hoof scoring system to compare the hooves of his cattle with the ideal hoof. Although he rarely sees hoof problems in the younger bulls and heifers, if he does, they go into his custom beef program. When he culls a 2 year old, the animal is harvested and ground for his hamburger market.

"The first thing is to source your bulls from a producer who pays attention to foot quality," Kansas rancher Irvine says. "Evaluate the feet and legs, the structure of the bulls you're thinking of buying. The best scoring method is the illustration by the American Angus Association. All of my customers are aware of that chart."

"I encourage producers to look at EPDs, but more importantly, look at their hooves," Madaris adds. "If a bull is penned in straw or shavings, I won't consider him. People try to put a number on everything. Sometimes you just need to use common sense." ///

## Genetics: Not the Final Answer

"We know there is a genetic component to foot claw set and foot angle," says Kelli Retallick-Riley, president of Angus Genetics Inc., a subsidiary of the American Angus Association. "Claw set and foot angle is a quarter heritable. However, that leaves three-quarters to the environment. We can manage for longevity. Feed appropriately, especially at a young age."

For Hope Hull, Alabama, purebred breeder Chuck Madaris, that means developing young bulls on a high roughage ration of corn silage and a commodity feed, probably soy hulls, dried distillers grains and/or corn gluten. "We shoot for average daily gains of 3.0 pounds. One advantage of selling older bulls is we don't have to push them so hard," he explains. As a result, the feet problem in his bulls is genetic, not environmental.

Minerals are another key component of a young bull's diet. Madaris puts a mineral pack in the total mixed ration (TMR) he feeds his developing bulls. He also keeps loose minerals out for the rest of his herd. "Proper minerals are essential in every animal's diet," he stresses. "However, if it takes a special chelated mineral for my cattle to work, I'm probably not doing my bull customers any favors."

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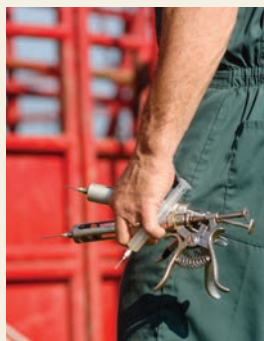




>By Jennifer Carrico, @JennCattleGal

# New Bovine Vaccine

## LSU researcher develops BRD vaccine that could help prevent most common cattle disease.



Use of a newly developed vaccine could be more efficient for cattle producers to prevent bovine respiratory disease.

JIM PATRICO

A researcher at Louisiana State University (LSU) has developed a new vaccine to fight the No. 1 disease fatalities in cattle: bovine respiratory disease (BRD).

BRD can kill up to 8 million calves each year, costing the U.S. cattle industry more than \$1 billion. LSU professor of veterinary medicine Shafiqul Chowdhury says the vaccine is safer than other vaccines currently available.

Working with bovine herpesvirus type 1 (BHV-1), he genetically modified it to provide the protective proteins of other bovine respiratory viruses, including bovine viral diarrhea virus types 1 and 2, and bovine respiratory syncytial virus to help prevent BRD. This work took Chowdhury 10 years for development, and he has applied for a patent for the vaccine.

Once acquired, a commercial company will manufacture the vaccine, as a licensing agreement has already been signed.

It is estimated that 20% of all cattle raised for beef production will require clinical treatment for BRD at some point in their lives, explains Matthew Scott, assistant professor of microbial ecology and infectious disease at Texas A&M College of Veterinary Medicine and Biomedical Sciences. BRD is considered a multifactorial disease complex because several factors play a role in its development, including genetic susceptibility, suppression of the immune system, stress, commingling with sick cattle, sudden weather/climate shifts and being exposed to pathogens.

## > VACCINE DEVELOPMENT AND BENEFITS

Chowdhury says because of the way this vaccine was developed, it will be safer than the current cocktails of live vaccines, decreasing the calf mortality rate in vaccinated animals. The U.S. does not require marker or DIVA (Differentiating Infected from Vaccinated Animals) vaccines, which can be distinguished from the virulent field viruses. Current vaccines are not DIVA/marker vaccines, allowing for the vaccine viruses to circulate and be maintained in the cattle population.

The new vaccine has no chance of causing spread and circulation of the vaccine virus. It is cost-effective since it uses one virus, genetically modified BHV-1, which grows well in cell culture. In current commercial vaccines, individual viruses are grown separately and then mixed.

This vaccine also does not cause abortion, a potential outcome among cows that reach adulthood after being given the commercial vaccine cocktail.

It is hoped the vaccine will prevent clinical signs of disease.

“At birth, calves can receive passive immunity from receiving the proper amount of colostrum,” Scott adds. “As calves grow, their immunity can be boosted further with vaccines, dewormers and adequate nutrition.” ///

Brief Summary of full Prescribing Information.

## VALCOR™ (doramectin and levamisole injection)

(5 mg/mL doramectin, 150 mg/mL levamisole hydrochloride)

**CAUTION:** Federal law restricts this drug to use by or on the order of a licensed veterinarian.

### INDICATIONS:

VALCOR™ is indicated for the treatment and control of the following species of parasites in beef cattle two months of age and older and in replacement dairy heifers less than 20 months of age. Not for use in beef bulls intended for breeding over 1 year of age, dairy calves, and veal calves.

**Gastrointestinal Roundworms** (adults and fourth stage larvae): *Ostertagia ostertagi* (including inhibited larvae), *O. lyrata*, *Haemonchus placei*, *Trichostrongylus axei*, *T. colubriformis*, *T. longispicularis*\*, *Cooperia oncophora*, *C. pectinata*\*, *C. punctata*, *C. surnabada*, *Bunostomum phlebotomum*\*, *Strongyloides papillosus*\*, *Oesophagostomum radiatum*, *Trichuris* spp.\* **Nematodirus helvetianus**\*. **Lungworms** (adults and fourth stage larvae): *Dictyocaulus viviparus*. **Eyeworms** (adults): *Thelazia* spp. **Grubs** (parasitic stages): *Hypoderma bovis*, *H. lineatum*. **Sucking Lice:** *Haematopinus eurysternus*, *Linognathus vituli*, *Solenopotes capillatus*. **Mange Mites:** *Psoroptes bovis*, *Sarcoptes scabiei*. \*Adults only

### WARNINGS AND PRECAUTIONS:

#### WITHDRAWAL PERIODS AND RESIDUE WARNINGS:

Cattle must not be slaughtered for human consumption within 15 days following last treatment with this drug product. Not for use in female dairy cattle 20 months of age or older, including dry dairy cows; use in these cattle may cause drug residues in milk and/or in calves born to these cows or heifers. Not for use in beef calves less than 2 months of age, dairy calves, and veal calves. A withdrawal period has not been established for this product in pre-ruminating calves.

#### User Safety Warnings:

Not for human use. Keep out of reach of children. If accidental eye contact occurs, flush eyes immediately with water for 15 minutes and seek medical attention. If wearing contact lenses, flush eyes immediately with water before removing lenses then continue rinsing for at least 15 minutes. Do not eat, drink or smoke while handling the product. Wash hands after use. Take care to avoid accidental self-injection. If accidental injection occurs, seek medical attention and provide product package insert to medical professional. To obtain a Safety Data Sheet(s), contact Zoetis Inc. at 1-888-963-8471 or www.zoetis.com.

#### Animal Safety Warnings and Precautions:

Use of levamisole in cattle treated in the last few days with cholinesterase inhibitors such as organophosphates or with morantel may enhance the toxic effects of levamisole. Use together with caution.

Destruction of *Hypoderma* larvae (cattle grubs) at the period when these grubs are in vital areas may cause undesirable host-parasite reactions including the possibility of fatalities. Killing *H. lineatum* when it is in the vertebral canal may cause staggering or paralysis. These reactions are not specific to treatment with VALCOR™ and can occur with any successful treatment of grubs. Cattle should be treated either before or after these stages of grub development. Consult your veterinarian concerning the proper time for treatment. Follow recommended dosage carefully. Reproductive safety has not been evaluated in bulls intended for breeding.

#### ADVERSE REACTIONS:

This product is likely to cause swelling at the injection site. Tissue damage at the injection site may also occur, including possible granulomas and necrosis. These reactions have resolved without treatment. Local tissue reaction may result in trim loss of edible tissue at slaughter. A single death attributed to triadriol infection associated with the injection of VALCOR™ was reported in a non-pivotal effectiveness study. Observe cattle for injection site reactions. If injection site reactions are suspected, consult your veterinarian. This product is not for intravenous or intramuscular use. Hypersalivation may be observed; however, this reaction will disappear within a few hours. If this condition persists, a veterinarian should be consulted.

#### Contact Information:

Contact Zoetis Inc. at 1-888-963-8471 or www.zoetis.com. To report suspected adverse drug experiences, contact Zoetis Inc. at 1-888-963-8471. For additional information about reporting adverse drug experiences for animal drugs, contact FDA at 1-888-FDA-VETS or http://www.fda.gov/reportanimalae.

#### TARGET ANIMAL SAFETY:

Margin of Safety: Subcutaneous administration of VALCOR™ was well tolerated in calves as young as 3 months of age at 1, 2, or 3 times the recommended dose. Dose-dependent post-dose hypersalivation was seen in all treated groups compared to the controls. All cases of hypersalivation were mild, transient, and resolved without further medical intervention. Dose-related injection site reactions were observed, and those in the 1X group resolved between 21 and 28 days post injection. Injection site reactions were primarily swelling which resolved between 21 and 28 days post injection. Findings from the injection sites included swelling, edema, inflammation, muscle necrosis and fibrosis.

Female Reproductive Safety: The reproductive safety of VALCOR™ was established in two studies with female cattle. First, a single dose of VALCOR™ was administered subcutaneously at 3 times the recommended dose at times coinciding with folliculogenesis, implantation, or organogenesis, and had no effects on conception, calving, abortion, and stillbirth rates, and post-natal viability up to 30±2 days post-calving. There were no congenital abnormalities. The only test article-related change was an increase in incidence and duration of swelling at injection sites compared with control, but all swellings eventually resolved. In a second study, a single dose of VALCOR™ administered subcutaneously at 3 times the recommended dose at either early or late gestation had no effects on calving, abortion, and stillbirth rates, and post-natal viability up to 30±2 days post-calving. One control calf and two treated calves were born with congenital abnormalities and did not survive. These were not determined to be test article-related. The only test article-related change was an increase in incidence and duration of swelling at injection sites, but all swellings eventually resolved. Not for use in bulls intended for breeding over 1 year of age, as reproductive safety has not been evaluated.

#### HOW SUPPLIED:

VALCOR™ is available in 100 mL, 250 mL and 500 mL multi-dose, rubber-capped glass vials.

#### STORAGE, HANDLING, AND DISPOSAL:

Store below 25°C (77°F). Do not expose to light for extended periods of time. Do not contaminate water by direct application or by improper disposal of drug containers. Dispose of containers in an approved landfill or by incineration.

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# NAVIGATE THE TREATMENT MAZE

**C**heyenne Watson (name changed to protect her identity) grew up in a small town in western South Dakota, helping her parents work the family farm when she wasn't in school.

She spent summers with her dad in the tractor or combine on their crop farm while also taking care of the family's chickens.

"It was a great childhood; I loved every minute of my time working on the farm," she says. "I have amazing memories of those days."

And, while she says her family discussed many topics at the dinner table or during family gatherings, no one ever talked about mental health beyond mentions of someone in town being "crazy."

"It just wasn't talked about, especially if anyone in our family was ever struggling with mental health," she says.

That all changed when, as a teenager, Watson's uncle, Mike (name changed to protect his identity), who farmed in a neighboring community, showed visible signs of depression following the loss of a large crop.

She says the small town he lived in, while friendly and filled with charm, had limited mental health resources—plus, he believed strongly that it wasn't "a big deal," and he could "handle it himself."

The nearest mental health clinic was miles away, and transportation was a constant hurdle. Fortunately, he confided in his personal doctor, who helped him find online and mental telehealth services until he could make it to a neighboring town with in-person assistance.

## WHEN IS IT TIME TO SEEK HELP?

For people living and working in rural areas, Watson's story isn't unique. Mental health services and resources are often sparse, and those that are available could be hours and miles away. Add in the stigma surrounding mental health and the fear of people knowing your business, and it can deter many from seeking help.

So, how do you know when it's time to seek the help of a mental health professional? And, how do you go about finding that help?

Linnea Harvey, The Rural Renewal Initiative coordinator, Department of Agricultural Education,



Communications and Leadership at Oklahoma State University, says there are two things that contribute to someone's willingness to get help.

"First, stress simply becomes too much, and they have someone in their life they can say that to without being judged," explains Harvey, who grew up on a farm in Wisconsin. "Telling someone else is the first step in seeking professional help, and if you don't have that 'someone' you feel comfortable talking to, you're less likely to seek help on your own.

"The second is that there are a lot of adverse childhood experiences in rural areas," she continues. "These experiences often lead to mental health issues coupled with substance abuse. If people get to a place where they're serious about rehab or getting clean, often that's the time they address their mental health, as well; otherwise, they're more likely to relapse."



*Mental health services are sparse but still within reach in rural areas.*

## SIGNS, SIGNS, EVERYWHERE SIGNS

Signs of mental illness can vary, but there are some common indicators to observe.

"The classic signs I know are decreased interest in normal activities, signs of stress in the individual and in the family members, changes in routine, decline in personal care and care of property," Harvey says.

Some signs to look for in yourself as well as those close to you may include:

- **Social Isolation:** withdrawal from social activities and isolation from friends, family and community
- **Substance Abuse:** increased use of drugs or alcohol as a coping mechanism
- **Increased Agitation or Irritability:** noticeable changes in behavior, such as persistent anger, irritability or aggression
- **Changes in Sleep Patterns:** significant alterations in sleep patterns, such as insomnia or excessive sleep
- **Poor Performance or Attendance in Work or School:**





<https://tinyurl.com/43dxy2m6>

decline in job or academic performance, frequent absences or difficulty concentrating

► **Physical Health Issues:** Unexplained physical ailments, chronic pain or worsening existing health conditions.

In her experience as the Panhandle co-director of the Behavioral Health Education Center of Nebraska (BHECN), psychologist Cate Jones-Hazledine views changes in behavior, feelings of anger or irritability, and changes in sleep and appetite as signs that mental struggles may require attention. BHECN was established in 2009 by the state legislature to help meet behavioral health needs in rural Nebraska.

It's the identification of these characteristics and feelings—and their degrees of severity—that may or may not need professional assistance.

“Everyone gets ‘down’ sometimes, but if this is more severe than normal or lasts longer, that is a sign that it might be something more,” she says. “And (always), any thoughts of suicide or self-harm should be taken seriously, and help should be sought immediately.”

## SUPPORT IS CLOSER THAN YOU THINK

If you live in a rural area, finding mental health help may require some additional effort, but there are still options.

► **Primary-care providers:** They can play a crucial role in identifying and managing mental health concerns. While they may not specialize in mental health, they can provide initial evaluations, prescribe medications, if necessary, and refer individuals to available resources.

► **Local hospitals or clinics:** Contact them to inquire about mental health services they provide or for a recommendation for local mental health professionals.

► **National helplines:** Reach out to helplines such as the 988 National Suicide Prevention Lifeline (call or text 988, or chat online at [988lifeline.org/chat](https://988lifeline.org/chat)) or the Substance Abuse and Mental Health Services Administration (SAMHSA) helpline (1-800-662-HELP) for guidance and support.

► **Support groups:** Look for local support groups or online communities where you can connect with others who may be experiencing similar challenges.

## ► Self-help

**resources:** In the absence of professional therapy,

individuals may turn to self-help resources such as books, online articles, videos and podcasts. These resources offer guidance, coping strategies and information about managing mental health.

► **Faith and spirituality:** Religious and spiritual beliefs can play a significant role in rural communities. Many individuals turn to faith for comfort and support during times of mental distress.

► **Teletherapy and online support:** Although broadband internet service can be spotty in rural areas, teletherapy has become more accessible, allowing individuals to receive mental health support remotely. Online support groups and forums also provide a sense of community and connection.

## WORTH THE FINANCIAL IMPACT

When having to choose between paying for a new tractor or seeing a mental health practitioner, in rural America, more often than not, the tractor wins.

“While some see the circular aspect of it, ‘If I take care of myself, I am going to be a more successful farmer/rancher,’ I think the majority of the individuals are going to place needs of the farm/ranch over their own needs,” says Tara Wilson, associate professor, counseling, at Chadron State College and co-director of the BHECN Panhandle.

“For example, a farmer might need a knee replacement but keeps putting it off because he cannot take time away from the farm. The same is true for mental health. Often, our mental health is not as visibly seen, so they place an emphasis on the more obvious needs,” points out Wilson, who is a licensed mental health practitioner and nationally certified counselor.

Despite the costs of mental health services, insurance is an option to cover some or most of the expenses—and it is just as important to know how to navigate the process.

Self-employed individuals can deduct health insurance premiums as an adjustment to their income on their federal income tax returns. This deduction is available for self-employed individuals, including sole proprietors, partners in a partnership and more.

To qualify for the deduction, the health insurance plan must be established under your business and must cover either yourself, your spouse, your dependents or your children under the age of 27 at the end of the tax year. The insurance plan can be in your name or in the name of your business. ///



ILLUSTRATION (ABOVE) AND PHOTO: GETTY IMAGES





▣ *The Rev. Jillene Gallatin, a pastor at Grace Lutheran Church, in Waseca, Minnesota, is among a growing number of rural clergy who seek training on suicide prevention.*

STEVE WOIT



# FAITHFUL FIRST RESPONDERS

**P**reventing suicide is personal to the Rev. Jillene Gallatin, a pastor at Grace Lutheran Church, in Waseca, Minnesota.

“My mom died by suicide when I was 14,” she says.

One year later, Gallatin attempted to take her own life. Now, she’s sharing her story to help others who may be struggling.

“Though loss by suicide has been a part of my story, it hasn’t really been something that I’ve shared or named,” she explains. “I felt that when this was coming up again and again, it might be something that I could really champion, so I looked for ways to kind of offer that as a resource.”

Gallatin was one of several clergy members in Minnesota and other states who took part in the online LivingWorks Faith training program.

In her community, she also serves as a member of the Waseca County Suicide Prevention Cohort to identify mental health resources and aid in suicide prevention. That cohort works to help people recognize how to connect those struggling with mental health with the right help resources.

Suicide rates are nearly two times higher in rural areas of the country than in urban centers. At the same time, mental health professionals are scarce in rural America. Nearly two-thirds of all rural counties lack a psychiatrist as farmers face growing stress.

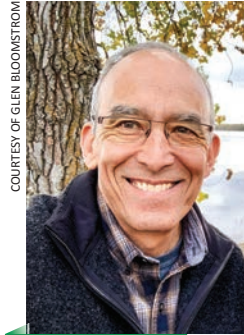
Clergy and other community leaders are working to fill those gaps, and suicide-prevention training for this group is increasing.

A notable example is the Minnesota departments of agriculture and health, which developed a series of training programs in the Minnesota Community Partners Preventing Suicide Program, targeted for a variety of community members from clergy to youth.

One of those programs was offered for clergy like Gallatin as part of a partnership with LivingWorks, a suicide prevention/intervention training company ([livingworks.net](http://livingworks.net)).

## TRAINING IN DEMAND

Glen Bloomstrom, director of faith community engagement at LivingWorks, is a retired ordained Baptist minister



Glen Bloomstrom

who trained chaplains and other military personnel at the Pentagon in suicide prevention. He has also instructed members of the agriculture community in Minnesota, from local bankers to Farm Bureau employees.

Demand is high for the training. It’s common to have 100 people on a waiting list, Bloomstrom says.

“Lots of people are talking about how they know people who have died from suicide,” he continues. “Now, it is very prevalent.”

According to the Centers for Disease Control and Prevention, between 2000 and 2020, suicide rates increased 46% in nonmetro areas compared to 27.3% in metro areas.

In 2019, Bloomstrom says, the state of Minnesota decided it needed to engage more clergy on the suicide-prevention front. Clergy are a key part of prevention efforts, he adds, because they are well-known and trusted in a community even by people who don’t go to church.

“In northern Minnesota, we went through safe-talk training,” he explains. “They had a suicide in town, and the principal called the youth pastor because he was trained. He was able to access materials, and he coordinated the clergy. It doesn’t take everybody and anybody, but a few who can be catalysts.”

Bloomstrom says it is a complicated grief for people who lose someone to suicide. Family members left behind are 40% more likely to consider taking their own lives, he says.

“We’ve got to be up front to recognize a lot of stigma around suicide and mental health,” Bloomstrom adds. “The rural culture is proud, independent and self-sufficient. I’m a guy; I don’t want to be weak. We isolate, and that’s when you think more and more about suicide.”

Though clergy make up the majority of community members who people turn to in times of crisis, Bloomstrom says there are many other potential intervenors. Bartenders, personnel at American Legion posts and local cafés all could be important, he says. Potential help can come from others, too. Agribusiness cooperative CHS Inc. sponsored a workshop recently for seed salesmen and fertilizer dealers.

“We’re looking for brave people to care for one another,” he says. “Why can’t we do that confidently and change the narrative in our rural communities? I think we have people who are concerned and are great listeners. I do think it’s skill-based training. Let’s go to a training that gives confidence to then use it.” ///



*Training programs empower rural clergy and other community leaders to respond to mental health crises.*



GETTY IMAGES



DAVE SHEFFIELD

Lauren Welter

Lauren Welter has worked closely over the years with a handful of veterans who come from farm families and returned to the farm after their time in service.

Because of their strong work ethic and other cultural factors that make them great soldiers (or marines, airmen or sailors),

rural populations are overrepresented in America's armed services.

Unfortunately, the very factors that make them good soldiers can also make them vulnerable to nonrecovery from post traumatic stress disorder (PTSD) and other mental health problems following their service.

"Specifically, rural life can easily promote isolation, and round-the-clock working can lead to burying trauma memories instead of dealing with them directly," explains Welter, an Iowa licensed psychologist (and former farm wife) who runs a small group practice with two locations in the eastern part of the state.

"Similarly, substance use [and/or abuse] is often culturally sanctioned, and the real need to prioritize daily farming/family needs can make it easy to ignore mental health problems," she adds. "Over time, this all leads to worsening PTSD, depression, anxiety and substance-abuse problems for many rural veterans."

Beyond the general shortage of trained mental health providers in almost all rural spaces, there is a real need for specific training in military culture and combat trauma, in particular.

The primary treatment options rural veterans have come from the Veterans Health Administration (VHA), where providers have specialized training working with

combat veterans but may lack understanding of the many cultural and lifestyle factors that make it difficult for rural veterans to seek or fully engage with mental health treatment.

For many rural veterans, VHA clinics can be several hours away and have long wait lists, while most civilian providers, even if they do have availability and accessibility, have little training in the unique experiences of military culture and combat, Welter explains.

"From my observations, these rural veterans can end up feeling more hopeless and helpless when they do seek care, and they feel misunderstood by providers," she points out.

## WHERE VETERANS CAN GET HELP

➤ **U.S. Department of Veterans Affairs (VA):** The VA provides a wide range of mental health services specifically tailored to the needs of veterans. This includes individual and group therapy, medication management, specialized programs for PTSD and substance abuse, and 24/7 crisis support.

➤ **Vet Centers:** These community-based centers offer a variety of services, including individual and group counseling, marital and family counseling, and assistance with VA benefits.

➤ **Military OneSource:** This free service provides confidential counseling and support to active-duty, National Guard and Reserve members, as well as their families. They offer a wide range of resources, including face-to-face counseling, online chat and telephone support.

➤ **Local Mental Health Providers:** Veterans can seek help from private mental health providers in their local communities. It is important to find providers who have experience working with veterans or with trauma-related issues.

➤ **Support Groups:** Veterans can benefit from connecting with other veterans who have had similar experiences. Support groups, both in person and online, can provide a sense of community and understanding.

➤ **Crisis Hotlines:** Veterans in crisis can reach out to the National Suicide Prevention Lifeline at 988 or the Veterans Crisis Line at 988 (Press 1). To chat online, visit [VeteransCrisisLine.net/Chat](https://www.VeteransCrisisLine.net/Chat). These services provide immediate crisis support and can help connect veterans to appropriate resources.

Addressing these mental health challenges among veterans, especially in rural areas, requires a comprehensive approach. It involves improving access to mental health services, raising awareness about available resources, reducing stigma and providing targeted support to address the unique needs of veterans in rural communities. ///





# New Blood Flow Breakthrough Helps Men Enjoy Strong, Long-Lasting Intimacy – At Any Age

*Men across America are raving about a newly enhanced performance supplement that helps achieve healthy blood flow on demand*

After age 40, it's common knowledge that performance begins to decline in many men. However, a new, performance empowering pill is showing that any relatively healthy man can now enjoy long-lasting, and frequent intimacy – at any age.

This doctor-designed formula, created by leading anti-aging expert Dr. Al Sears, has already helped men overcome low and sinking libido -- and has recently undergone a potency-enhancing update -- with remarkable new results.

When the first pill -- **Primal Max Black** -- was first released, it quickly became a top-selling men's performance helper, promoting intimacy across America.

It worked by supporting healthy testosterone levels. However, Dr. Sears soon realized that this isn't the only challenge men face with performance. That's when he turned his attention to blood flow.

And this became **Primal Max Red**.

## **THIS PROVEN SOLUTION IS MORE MECHANICAL THAN HORMONAL**

Truth is, once blood flow slows down for men, no matter how exciting it is, it won't be enough without the necessary amount...

So enjoying intimacy without healthy blood flow becomes difficult for most men.

Luckily, a Nobel prize-winning scientist discovered the simple answer to help support performance strength and confidence -- by boosting vital blood flow --

and enhancing this essential performance function.

Using this landmark Nobel Prize as its basis, **Primal Max Red** enhanced healthy blood flow for untold millions of men around the world with the use of strong nitric oxide boosters.

While **Primal Max Black** helped maintain optimal testosterone, **Primal Max Red** tackles a lesser-known challenge.

Director, Al Sears MD, who has authored over 500 scientific papers and has appeared on more than 50 media outlets including ABC News, CNN, ESPN, Discovery, Lifetime, and many more say, *"Less than optimal blood flow can be part of a huge problem that affects a lot of men. And it needed to be addressed once and for all, so men would not dwell on it. Then, once we optimized it and had a great deal of success, we set out to see if we could do even better."*

The former formula had excellent results. However, new research showed that for even faster, anytime, anywhere results, increasing the dose of a key compound was needed.

So, one of the three nitric oxide boosters in the new **Primal Max Red**, L-Citrulline, was clinically boosted to 9000 mg, and the results were astounding. Which is no surprise considering that 5000 mg is considered a "normal amount" -- giving the new version nearly doubled the blood flow boosting power.

Men who had previously been unsure about their power and stamina were overjoyed to be back to their



**A new discovery that increases nitric oxide availability was recently proven to boost blood flow 275% - resulting in improved performance.**

old selves and to get and maintain a healthy bloodflow when they needed it.

## **BETTER BLOOD FLOW, STRONGER RESULTS**

The best way to promote healthy blood flow throughout the body is with the use of **Primal Max Red**. By using it, when exciting signals leave the brain, blood flows much faster like it used to.

This critical action is how men across the country are enjoying full and satisfying performance at any age. No need to bother with testosterone-boosting shots, blue pills, or shady capsules that have no effect.

**Primal Max Red** can effectively promote healthy blood flow that most men can use for maximum intimacy. This is leading to more greater capacity and satisfaction, coupled with long-lasting performance.

"There was a time when men had little control when it came to boosting their blood flow," Dr. Sears said. "But science has come a long way in recent years. And now, with the creation of nitric oxide-boosting **Primal Max Red**,

men can perform better than ever, and enjoy intimacy at any age."

Now for men across America, it's much easier to stay at their performance peak as they get older.

## **HOW TO GET PRIMAL MAX RED (AND FREE PRIMAL MAX BLACK):**

To secure free bottles of **Primal Max Black** and get the hot, new **Primal Max Red** formula, buyers should contact the Sears Health Hotline at **1-800-909-1799** TODAY. "It's not available in retail stores yet," says Dr. Sears. "The Hotline allows us to ship directly to the customer." Dr. Sears feels so strongly about **Primal Max**, all orders are backed by a 100% money-back guarantee. "Just send me back the bottle and any unused product within 90 days from purchase date, and I'll send you all your money back."

Call NOW at **1-800-909-1799** to secure your supply of **Primal Max Red** and free bottles of **Primal Max Black**. Use Promo Code **PFPMAX524** when you call. Lines are frequently busy, but all calls will be answered!

# ANOTHER STATE OF MIND

The farmer cap may fit all genders, but not everything is created equal when it comes to emotional health.

“We often keep things inclusive when talking about ‘farmer stress,’ but there are experiences common to women in agriculture,” says Adrienne DeSutter, a rural health consultant who farms with her husband’s family near Woodhull, Illinois.

It’s hard to put the diversity of jobs farm women manage into one bucket or scenario. “Regardless of the roles she plays, female farmers still

face so many of the same stressors as male counterparts, such as financial concerns, work/home imbalance, lack of structure and routine, and the overarching personality trait that tells her, ‘Pull up your bootstraps and get the job done no matter the circumstance,’” DeSutter says.

Additionally, women often shoulder the role of caretaker and, with that, the needs of

those around them. And, she says it is not unusual to hear farm women express feelings of being isolated in their experiences. “The sense of relief they seem to feel when talking through their challenges with others who relate or ‘get it’ is almost visibly noticeable. Simply feeling validated and connected is a huge part of coping with stress for men and women alike,” DeSutter explains.

## STUDYING STRESS

The 2022 Census of Agriculture found 1.2 million female producers account for 36% of all producers. Fifty-eight percent of all farms had at least one female decision-maker.

Yet, there is a big gap in knowledge about the stresses specific to female farmers. That fact prompted the University of Iowa researchers Carly Nichols, assistant professor of geographical and sustainability sciences, and Jonathan Davis, assistant professor of occupational and environmental health, to create a survey tool to quantify the issues.



*Gender differences exist in farmer emotional health.*

From 2020 to 2021, the researchers surveyed 592 Iowa women who were identified as farm operators by mail. Nichols personally interviewed some 70 female farmers.

“What stood out was the huge diversity of working arrangements for women farmers. And, we were looking only at Iowans who might answer differently than other regions with different commodities,” Nichols says.

“In general, time pressures were the common theme. Answers highlighted the triple workload of home, farm and, often, off-farm employment, and the stress that comes with expectations for juggling that,” she continues. Health insurance concerns were universal. Younger female farmers indicated more stress related to finances.

## TIPS TO SEEKING SUPPORT

Recommendations to “seek professional help” are often a generic prescription for those in distress, but DeSutter says the term needs a refresh. “Therapy and counseling are life-changing for so many people, and you don’t have to be in crisis mode to seek it,” she says. Professionals can help with a wide range of personal life goals and “make us better humans.”

DeSutter thinks the term “self-help” needs a makeover, too. “I like to think of it in a less fluffy way—not like manicures or taking vacations but rather integrating self-management and maintenance practices to keep ourselves functioning and performing at our best levels.

“We need to know our triggers, instead of waiting for chaos and seeing what cools us down,” DeSutter adds. “Pay attention to what brings you peace—what levels you out and fuels you. Implement those self-management tools as you would machinery maintenance. If you don’t keep yourself in check before the heavy lifting rolls around, you’re bound to break down, too.” ///



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STEPHEN FOLKER, GRAFFE PHOTOGRAPHY



Adrienne DeSutter



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## NOTICE OF A CLASS ACTION LAWSUIT

**If you purchased Super S Super Trac 303 Tractor Hydraulic Fluid, Super S 303 Tractor Hydraulic Fluid, CAM2 Promax 303 Tractor Hydraulic Oil, and/or CAM2 303 Tractor Hydraulic Oil between December 1, 2013, and December 31, 2021, you may be a member of a class action that has been certified by a Federal Judge**

A Federal District Court has recently certified claims in seven states to proceed as class actions on behalf of all purchasers of Super S Super Trac 303 Tractor Hydraulic Fluid, Super S 303 Tractor Hydraulic Fluid, CAM2 Promax 303 Tractor Hydraulic Oil, and CAM2 303 Tractor Hydraulic Oil, in Arkansas, California, Kansas, Kentucky, Minnesota, New York, and Wisconsin who meet the class definition and who purchased in the time period of December 1, 2013, through December 31, 2021. The Court also certified claims in Missouri to proceed as a class action on behalf of all purchasers of CAM2 Promax 303 Tractor Hydraulic Oil who meet the class definition and who purchased in the time period of November 5, 2014, through December 31, 2018. The lawsuits are part of a Multi-District Litigation that is pending in the United States District Court for the Western District of Missouri and that is captioned: *In Re: Smitty's/CAM2 303 Tractor Hydraulic Fluid Marketing, Sales Practices, and Product Liability Litigation*, MDL No. 2936, Case No. 4:20-MD-02936-SRB (U.S. Dist. Court, W.D. Mo.).

The Class Plaintiffs in each of the states have sued Smitty's Supply, Inc., and CAM2 International, LLC, ("Manufacturer Defendants"), alleging under various state laws that (1) the Manufacturer Defendants were negligent in regard to the manufacture and sale of the products; (2) the Manufacturer Defendants breached express and/or implied warranties with regard to the products; (3) the Manufacturer Defendants were unjustly enriched; and (4) that the Manufacturer Defendants violated certain state consumer protection, deceptive practices, and product liability statutes. Specific claims vary from state to state. The Manufacturer Defendants have denied the allegations and all claims of wrongdoing. A jury has not yet decided which side will prevail. Trial of the Missouri Class is set for August 26, 2024 in Kansas City, Missouri. Trial dates have not yet been set for the other state classes.

A Long Form Notice for each of the with states certified, as well as more information on the lawsuit, can be found at [www.cam2supers303tractorhydraulicfluidclassaction.com](http://www.cam2supers303tractorhydraulicfluidclassaction.com). Class Members do not need to do anything to remain in the class. Anyone wanting to exclude oneself must take action and send in an exclusion request by July 1, 2024. For an exclusion form and details on how to exclude yourself, see [www.cam2supers303tractorhydraulicfluidclassaction.com](http://www.cam2supers303tractorhydraulicfluidclassaction.com) or the Long Form Notice for your state. You can also request a Long Form Notice for any of these eight states be mailed to you by calling (866) 742-4955.



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# Healing & Hope



*“Once you choose hope, anything’s possible.”*  
 —Christopher Reeve

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Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence.

**HELEN KELLER**

Now faith is the substance of things hoped for, the evidence of things not seen.

**HEBREWS 11:1 (KJV)**

If there’s life, there is hope.

**STEPHEN HAWKING**

... Don’t ever underestimate the importance you can have because history has shown us that courage can be contagious and hope can take on a life of its own.

**MICHELLE OBAMA**

Healing is a matter of time, but it is sometimes also a matter of opportunity.

**HIPPOCRATES**

The best way out is always through.

**ROBERT FROST**

If you lose hope, somehow you lose the vitality that keeps moving, you lose that courage to be, that quality that helps you go on in spite of it all. And so today I still have a dream.

**MARTIN LUTHER KING JR.**

She stood in the storm and when the wind did not blow her away, she adjusted her sails.

**ELIZABETH EDWARDS**

Heal me, O Lord, and I shall be healed; save me, and I shall be saved: for thou art my praise.

**JEREMIAH 17:14 (KJV)**

When you’re at the end of your rope, tie a knot and hold on.

**THEODORE ROOSEVELT**

Healing yourself is connected with healing others.

**YOKO ONO**

The soul is healed by being with children.

**FYODOR DOSTOYEVSKY**

I am not what happened to me. I am what I choose to become.

**CARL JUNG**

Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning.

**ALBERT EINSTEIN**

No matter what happens, or how bad it seems today, life does go on, and it will be better tomorrow.

**MAYA ANGELOU**

All kids need is a little help, a little hope and somebody who believes in them.

**MAGIC JOHNSON**

The way you help heal the world is you start with your own family.

**MOTHER TERESA**



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