

OPINION/EDITORIAL

The (not so) Plain and Simple Correspondent — July 4th Challenge: We Need Immigrants

Katie Green, Columnist

The Glorious Fourth is a time for sober reflection. My immigrant forebears came to this country to escape starvation, some to avoid religious persecution, all with improvement to their situation in mind. Chances are yours did, too. I am grateful that mine took the initiative, boarded ships, and braved the unknown hardships to sail here. Ultimately their coming was bad news for the native peoples, and this country is still dealing with the consequences of the policies of extinction visited upon them. Some of my ancestors were part of the problem, some were on the side of the beleaguered and tried to mitigate the suffering. But even as the First Nation tribes have refused to disappear, so migrants of all kinds have likewise persisted around the edges, hoping to move to the center and be found deserving of a piece of the pie.

Consider the slaves who were imported from Africa against their wishes. Their descendants are here to stay and have slowly, slowly risen, even to the highest offices in the land, although your average African Americans are not accepted fully, in fact are labeled with insulting



Katie Green

stereotypes about their intelligence and habits. Their indisputable contributions by way of labor, their poignant, lively, exuberant music, food, clothing, literature, and language have been gifts that all but the most obtuse and resentful avow. Interestingly, the two current African American Supreme Court Justices have recently conducted open

warfare against each other's opinions regarding an affirmative action case and a free speech/religious freedom case about whether or not a wedding website designer could legally refuse to work with same-sex couples. The acrimonious exchanges between the Justices only proves that there is no unanimity shared by this or any cultural or racial group. We are individuals, not a homogeneous blob. The race card, the gender card, the grudge card— why not assiduously try to rise above categories to extend the compassionate human card? The Constitution needs to be more responsive in favor of protecting those most requiring a helping hand among us.

On my daily walks, now that air quality has improved enough to resume those, I observe how many non-native immigrant plants line the prairie path. I enjoy them all, even the aggressive ones that are in danger of taking over, and would miss them if they were uprooted in the interests of floral purity. I also train my binoculars on the activities in a red tailed hawk nest, admiring the instinctive dedication to a new generation that keeps the hawk couple hustling food for their offspring, repairing the nest day after day during heat, storms, blankets of smoke. So it is with the desperate people crowding our southern borders. What they endure to reach what they hope will become a haven for them and their families, many with small children in tow, is unimaginable. Learning some of the stories that propelled them to flee, I know that in their shoes I would do the same. Why is the gate not opening? Our country needs workers. Most immigrants would make good citizens if given a chance and are notoriously hard workers. The state of Minnesota has passed legislation this year that smooths the way toward employment and participation of immigrants in civic life regardless of legal status. Would that Wisconsin found a thoughtful way to do the same.

In the lead-up to WWII, thousands of European Jews, including Anne Frank's family, were turned away from our shores by the successful lobbying efforts of vocal anti-semites. The ovens of the Nazi death camps awaited the Jews at their forced return. Our own inhumanity

was on display then and continues to be flaunted daily toward all manner of groups, making it discouraging to listen to the news. A friend told me that the Jewish mayor of her town, the first of that faith to hold the office, has received death threats simply because he's a Jew. Anti-semites have attended city council meetings to taunt him and disrupt the proceedings.

And then there are other presumptuous citizens who want to ban books many of us want to read, to fire teachers who feel a moral imperative to reveal the full history of this republic, including the violent, reprehensible things that have happened over the centuries. Again, death threats have been sent to school board members who support the truth-telling instructors. Need I say it, such behavior seriously undermines a democratic society. Whatever happened to freedom of inquiry? How did we arrive at this pass?

In previous columns I've mentioned that my son's church has sponsored eight Afghan families who won the lottery to come to the US after collaborating with the American military in Afghanistan before our troops pulled out. Those families are doing well enough that in the fall the church will sponsor another family, counting on the assistance of the assimilating families already here to show them the ropes. Thousands of Afghans who applied for asylum are still sitting in refugee camps in Iran and Pakistan or are lying low in Afghanistan itself, hoping to escape eventually. President Biden increased the numbers allowed to immigrate, boosting the trickle set during the Trump era, but the administration is now relying increasingly on churches and other private sponsors as funds set aside for resettlement have been depleted. A few nicks in the bloated military budget or a fairer taxation system could easily refill the pot. It's lamentable that the Stingy Party has a stranglehold on all the expenditures that would make us civilized by any definition of the word.

The stance of many Americans — of our nation as an impregnable castle surrounded by a moat filled with crocodiles, drawbridge up -- has damaged the economy and deprived us of the many gifts immigrants could supply if only we

extended an extravagant welcome. The folk song "Lady of the Harbor" sums up my troubled thoughts about the outcomes if current attitudes and practices don't change soon.

The Lady of the Harbor
(Joe Jenks version)

*From far away and distant lands
The tempest-tossed with hopeful ears &
calloused hands
Reach toward the light, the torch held
high,
And cast their gaze upon the lady of the
harbor*

*And she welcomes them with open
arms,
She says "Let my children in",
Oh you lady of the harbor.*

*And so it was with my own kin,
They sailed from Sweden, from France
& Ireland.
Their earthly cares packed in their bags
They cast their gaze upon the lady of
the harbor.*

*Now we're locking down the borders,
we're filling up the jails
And we say they don't belong.
How conveniently do we forget
That we've all come to sing the same
sweet song.*

*But will the dream survive the strain
Will huddled masses have a chance to
learn its refrain?
Or will we fall into our fears and turn
our backs
against the lady of the harbor?*

*Shine on, Shine on
Oh you lady of the harbor.*

(There is also an excellent version by David Crosby)

Katie, who until recently lived in Plain, has been writing for fun and profit since childhood. Self-described as opinionated, she writes in the interests of a more loving, better-functioning world for all. She may be reached at katiuegreen@icloud.com.

ON THE COVER

"Spring Green Preserve State Natural Area"
(2023) Photo by Don Greenwood



Spring Green Preserve State Natural Area. This property, sometimes known as The Wisconsin Desert, is home to numerous rare and endangered species in a variety of biomes. The preserve is owned and maintained by the Wisconsin Chapter of The Nature Conservancy. Main access is available on Angelo Lane via Jones Road, Spring Green.

From the photographer:

"Taken on a hazy morning in early July. Prickly Pear cacti and Lead Plant were in full bloom, and the landscape and sky were reminiscent of the art of Vincent Van Gogh."
—Don Greenwood

Submit your artwork or photography for cover consideration:
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Editor's Column — My experience: Weight loss medications can be life changing (for more than just shedding pounds)

Drugs like Ozempic can be a game-changer for weight loss — it's time we get serious about understanding how. Society must pivot to make these drugs available, accessible and destigmatized.

Nicole Aimone, Editor-in-Chief

I think at this point, we've all heard of, seen articles or discussed the new "fad" of using the diabetes drug, Ozempic, for weight loss. I've heard the opinions that deride this as the "easy path" to a chronic problem that some would suggest we all just diet a little more and fit another walk into the day to fix. However, the reality isn't always so simple and, as someone who has spent the last six months using this drug for weight loss, I want to share my experience, and why the general "we" of society should not write the drug off as a fad or as an easy way out.

I've been taking Wegovy (Ozempic's twin sister and literally the same drug, but approved for use in weight loss) since January of this year, and the process has shocked me in ways I didn't expect. It has changed my outlook on a lifelong problem I've had with weight loss and freed me of

things I didn't know restrained me.

Wegovy is the brand name of the measured weekly injectable of the drug semaglutide — again, the same drug as Ozempic. I'm told that semaglutide works by mimicking the action of gut hormone GLP-1, which is released after you eat, and slows down the time it takes your body to empty the stomach. The result of keeping this hormone activated is people feeling less hungry, feeling full for longer and eating less — which ultimately results in weight loss.

I first heard of Wegovy at a friend's birthday barbeque in August of 2022. A mutual friend casually mentioned a medication she was taking kept her appetite at bay and she had rapidly lost 40 pounds. That sparked my attention and we dove into an excited conversation all about the drug. At the time, it truly sounded like this miracle, a magic bullet for me to lose the weight I had been grappling with for a lifetime.

What my friend shared with me that weekend stuck with me but I brushed it off, assuming my primary care provider would never prescribe it to me and just tell me to try diet and exercise. (Don't even get me started on doctors ignoring



Photo by Nicole Aimone

Pictured is the author's first dose of Wegovy after injection, on January 7.

weight loss struggles in obese patients, that's a conversation for a different day.)

It wasn't until December, after months of trying to count calories and burn off more than I take in, with very minimal results, that I made an appointment to

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discuss Wegovy as an option with my doctor. I went in with little hope that she would prescribe it to me. At that appointment, I got slapped in the face with two diagnoses, which motivated me even more to try something different.

I was diagnosed as pre-diabetic and with Polycystic Ovarian Syndrome (PCOS). I shouldn't have been surprised by either of these, but what did surprise me was learning just how much PCOS can prohibit a person from losing weight. That is one of the main side effects — the body of someone with PCOS has hormones that are highly dysregulated, and can make our bodies process food differently and make our bodies hold fat in a death grip, seemingly refusing to shed pounds no matter how much you restrict or sweat.

I'll never forget how my doctor reacted when I mentioned Wegovy, there was a bit of a chuckle and she responded with something like "I have no problem giving you the prescription, if you can find it." She went on to share that celebrities like Elon Musk and Kim Kardashian were rumored to have used this drug to lose weight quickly, so it was flying off pharmacy shelves and the manufacturer was struggling to keep up, they were preparing providers for a shortage. It was then that I realized the can of worms I'd opened had been a bit more than I bargained for.

Alas, prescription in hand, I went to my usual Walgreens pharmacy, and the pharmacist essentially laughed me out the door. She said their supplier would never be able to get it. Disappointed but determined, I went to a small town, local pharmacy, the pharmacist told me they would not attempt to get such an expensive drug, even after I told them my insurance would cover it and I had a manufacturer's coupon.

Finally, I found my winner. The pharmacist at Costco checked their suppliers list and told me the status of Wegovy was available and they would fill my prescription. About a week after that, I was autoinject-jabbed with the first dose and started, unknowingly, down one of the hardest paths I'd ever walked, with no obvious light at the end of the tunnel.

The side effects of Wegovy were a rude awakening for me, this was no magic bullet or easy way out. Extreme nausea, dizziness, constant stomach pain, belching, puking, constant fatigue, food aversions, the list goes on. I was barely living and I certainly wasn't eating — I

was on a steady diet of saltine crackers and diet ginger ale. The metformin prescribed along with the Wegovy to help the pre-diabetes diagnosis likely didn't help. There was a point that I was convinced drugs like these only worked by making you so sick you just have to lose weight. That went on for about three months. I wanted to give up so many times but I simply couldn't argue with the results I'd seen.

By March, I'd lost nearly 30 pounds.

In April, the light at the end of the tunnel finally showed—it blinded me like the transition from nighttime to daytime in a movie at the theater—I woke up one morning feeling perfectly normal, and I never felt the nasty side effects again. It was like a switch flipped in my body and suddenly it accepted the medicine.

When I say Wegovy has changed my life, I don't mean the nasty side effects and adjustment period. Sure, the drug has made physical changes to my body by shedding pounds but the most impactful change I've noticed are the mental changes—I no longer view food in the same ways, cravings and a lack of will power to ignore them are no more, my challenges with food addiction were changed, even my habit of mindless scrolling social media had changed.

I've never been the type of person who understood that friend who just forgot to eat, I simply could not comprehend that. I was the person who was always craving something specific, had a taste for something sweet or salty, I was the person deciding what to eat for dinner while stuffing my face with lunch. My mind was constantly bouncing food talk around, there were times it was an absolute obsession. It had been like that my entire life.

Nearly a month after the side effects stopped, I noticed the complete absence of that. I wasn't thinking about my next meal, I found myself forgetting to eat lunch, I didn't get an immediate craving if I saw an ad for pizza on TV, I didn't need a sweet treat before bed. My partner couldn't even sway me to get a scoop of ice cream (my literal favorite food) with them. It was like my food addiction disappeared in the blink of an eye.

I remember the day this realization hit me—it brought me to actual tears. That part of my mind was silent for the first time in 25 years. The food chatter in my brain ceased. As someone who learned from a young age to find emotional comfort in food, and leaned into that for a very long time, I never thought that would be possible. I had just accepted this cycle of diet, exercise and cheat

meals. Food was there for me when I was sad, when I was stressed, when I socialized, when I celebrated. Having those thoughts, those dependencies wholly absent, broke me free from chains I didn't even realize were around my wrists, holding me down in unexpected aspects of my life. With the absence of this addiction, it suddenly felt easier to be active, to make healthier choices, to say no to a second serving or dessert, to put down the mindless scrolling I was using as a distraction from food, to find social activities that don't revolve around food—to unconditionally enjoy my life.

I don't want to discount the idea that, perhaps, the 30 pound weight loss could be a huge player in these feelings, but there are actual clinical studies looking into what I've experienced—the changes in addiction behaviors for a person taking GLP-1 medications like semaglutide. Studies in rats have shown that drugs that work like Ozempic and Wegovy could be useful in treating addiction by lessening the brain's reward pathway, making addictive substances like food, drugs, alcohol, cigarettes, TikTok and even gambling less appealing, and can even limit cravings for addictive substances that activate the reward pathway. Much like the Skinner and Milner experiments of old, we're surrounded by small dopamine hits like rats with a lever, in the form of—yes—TikToks and other addictions. The studies seem to suggest that drugs like semaglutide do indeed change our relationship with dopamine and cause us to seek and build toward long term, fulfilling rewards rather than immediate satisfaction.

Now that I think about it, my doomscrolling on TikTok has almost ceased to exist.

While these studies have shown a huge reduction in alcohol consumption and shown less drug seeking tendencies in rats that have taken GLP-1 drugs, the use of these drugs for that purpose is still anecdotal. After my experience with this effect, I cannot implore medical professionals and scientists enough to continue these studies. If we can find that these types of medication can in fact provide relief for those struggling with all different forms of addiction—it could be a revolution.

This drug could be more than just a weight loss tool, and it's important we view it as that. This isn't an easy way out, it's a treatment. An actual treatment for people with an actual medical condition—obesity. A treatment that doesn't place the entire onus of a person's health and wellbeing on their ability to feel good

enough in the first place to workout hard enough, or restrict enough calories or to make the absolute healthiest choice 100% of the time, to end the cycle of a person thinking their health only matters if they lose the weight, or their value as a person is less because they are obese. This drug has the potential to end that stigma, not only within an obese person, or with their friends and family but with medical providers. I believe we need to shout stories like mine from the rooftop, we need society and medical providers to understand the effects of this drug can be so much more than rapid weight loss. It's important that we don't gatekeep this tool.

I want to make it very clear that I am one of the lucky ones. My insurance (foreshadowing: at the time) covered much of the very expensive cost of this medication, I was eligible for a \$200 coupon from the manufacturer, it took me less than two weeks to receive my first dose, my primary care provider was supportive of prescribing this medication in the first place, and my body adjusted, my friends and family were supportive, my employer was understanding when I needed time off to get through the side effects. I am one of the lucky ones.

As of this writing, I've lost 60 pounds and I'm likely no longer pre-diabetic according to my doctor. I still have nearly 100 pounds to lose before I am at a healthy weight for my age and height.



Photo by David Vox Mullen

Pictured is the author at a wedding on June 17, after over 50 pounds of weight loss.

Now let the other shoe drop — that progress and any potential future progress has come to a screeching halt as

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Editor's Column — My experience: Weight loss medications can be life changing

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I haven't been able to fill my prescription since May, with my last dose on June 6. I'll have been off the drug for over a month as of printing, and with weekly calls to my pharmacy, there is no end date in sight—they have no idea when the medication will be available. After a phone call to the pharmacy while I wrote this, it's now an unspecified date sometime in July...maybe.

It's not consistent, but I can feel that food chatter encroaching again, and after knowing what it's like to live without it—it's almost crippling to hear those thoughts again. I'm working hard to restrict my caloric intake and mimic how I'm forced to eat when taking the medication, and to stay active in an effort to keep weight from holding on or worse...coming back.

But I'm feeling hopeless right now. I'm anxious about ensuring I don't backslide. I'm terrified to live with those food obsessed thoughts running through my mind again.

We as a society need to work harder to understand obesity on a different level—obesity isn't always because a person is making unhealthy choices, or doesn't want to change. There are medical conditions that make weight loss and maintenance hard, there are people who struggle with food addiction. When we start allowing for those scenarios, and seeing how a drug like Wegovy can help change that, we can start to understand why this drug needs to be accessible, affordable and destigmatized.

I haven't been able to get my prescription for nearly a month, and even when I can get it again, I'm unsure if my new insurance — Quartz — will cover it. As someone who turned 26 last month, my birthday present this year was a loss of my longtime insurance coverage (I could write a whole other 2000 words on the healthcare/insurance problem in this country). In choosing my new insurance plan, I was



Photo by Nicole Aimone

Pictured is the last dose of Wegovy the author was able to take, on June 6. Note the 0.5 mg dosage is not even up to the highest tier 2.4mg dose that can eventually be stepped up to. The author fears drug shortages and refusal by insurance to cover the drug will limit her weight loss journey when it has only just started.

careful to research if my new plan would cover this medication.

The short answer is: no.

The long answer is that I will need prior authorization from my doctor, asking the insurance company to cover this drug (which is not an uncommon situation for many people). My doctor has assured me she will give authorization, but has told me not to get my hopes up. She told me she's never had a prescription, regardless of prior authorization, for Wegovy approved and covered by this specific insurance company, even after months of appeals. To me, that is utterly unacceptable. I cannot even fathom how an insurance company can deny a drug that has such potential to better the standard of living

and health for so many.

I'm not in the medical insurance industry, but I imagine they should be in the business of covering the costs of preventative medicine. Covering the costs of a weight loss drug like Wegovy that is a tool in the tool box for tackling obesity would help prevent costly chronic medical conditions and emergencies that obesity inevitably leads to. Ultimately saving insurance companies money. But what do I know, I went to journalism school, not "administrative costs account for one-quarter to one-third of health-care spending in the United States" school.

At my pharmacy the retail price for Wegovy is \$1,200. My previous insurance covered nearly \$600 of that,

and the manufacturer's coupon covers another \$200. I still pay roughly \$400 out of pocket, monthly—when I can get it. I am lucky enough to be in a position to (barely) afford that, but not everyone who could benefit from this drug is. This, like a lack of insurance coverage, is also utterly unacceptable to me. For newly released drugs like these, the hope of a generic or cheaper option in the near future is abysmal. The FDA allows patent protection (not allowing for generic versions of this drug to be made or sold) for 20 years following the patent's file date. For some uses of Wegovy, that will be Dec. 5, 2031. There are other drugs in testing and development, with a couple nearly hitting shelves or recently hitting shelves, but they will all face the same issues of availability, price and stigma.

The ability for these drugs to help so many is incredible, but the lack of availability and accessibility are going to cripple those effects, and rob so many of the chance to live a better life. Sadly, the obstacles I've faced on this journey are not at all uncommon, in fact they are fairly minimal compared to others working to receive this treatment (or even those who struggle with access to higher stakes treatments, like insulin or cancer drugs), but it does narrate a systemic problem.

I don't have all the answers, I just have me experience and my story and I will share that in every way I can, and hope that it can help push for change—change in society, change in medical treatment, a change in accessibility and affordability of these drugs, a change for the people who struggle in similar ways to me. I will push for hope.

The co-owner and editor-in-chief of Valley Sentinel, Nicole's day job includes working as media relations and as a public information officer for a top Wisconsin hospital. She may be reached at editor@valleysentinelnews.com.

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