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COVER PHOTO: Whitney Smith and Kassy Stephens of the CHWC Materials Management Department prepare to deliver supplies to units throughout the hospital.

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# PATHOLOGIST

brings broad experience to CHWC



Board-certified pathologist Dr. Natalia Markelova began working at Community Hospitals and Wellness Centers (CHWC) in November of 2021 and brought with her a wealth of knowledge, experience and specialties.



**Dr. Natalia Markelova**

## A FOCUSED CAREER

Dr. Markelova was born and raised in St. Petersburg, Russia, and at age 16, she went to medical school at The First Medical Institute of I.P. Pavlov. Entering medical school at such a young age is somewhat common in Russia, Dr. Markelova explains. "We don't have the same number of years of education as here, and we don't have college. If people know what they want to do, from school they go into higher education system institutions that give you professional enhancement."

After earning her medical degree, Dr. Markelova practiced in St. Petersburg as a trauma and orthopedics surgeon from 1987–1994, then in early 1995, moved to the United States with her husband. "Exploring possibilities, I chose to go into pathology because I was interested to look at the processes in the tissue to see what is going on there. Physiologic pathology and anatomic pathology were always of top interest for me during medical school," Dr. Markelova explains. (See box below for descriptions of pathology subspecialties mentioned in this article.)

After narrowing her focus to pathology, Dr. Markelova began residency training in the Twin Cities in Minnesota, then completed fellowships in surgical pathology at the University of Vermont and in cytopathology at Hartford Hospital in Connecticut. She then spent four years as an assistant professor at the Medical College of Wisconsin in Milwaukee, focusing on general surgical pathology and cytopathology with head and neck subspecialty. Most recently, Dr. Markelova began working with Associated Pathologists, Inc. in 2010, becoming a partner in 2011 and serving numerous hospitals and medical centers throughout northwest Ohio before bringing her experience and expertise to CHWC full-time in late 2021.

## A PATIENT-CENTERED APPROACH TO PATHOLOGY

Although much of a pathologist's day is spent observing specimens and looking through a microscope, Dr. Markelova approaches her career with a focus on teamwork, communication and patient care above all else.

"One of my main philosophies is that we need to treat each patient in the collegial way. The better the communication is between physicians, nurses and administration, the better we treat each patient," Dr. Markelova says. "I really appreciate Bryan Hospital, CHWC, because this is a good team of people and we treat patients together. I think that rural area hospitals need to thrive; they are serving people who are living nearby. It's a very significant load for families and for patients to need to drive hours to big institutions, especially if they need really harsh treatments. So I am a fanatic of smaller hospitals."



## PATHOLOGY SUBSPECIALTIES, EXPLAINED

### PHYSIOLOGIC PATHOLOGY:

The study of the disordered physiological processes that cause, result from or are otherwise associated with a disease or injury.

### ANATOMIC PATHOLOGY:

The study of the effects of disease on the human body via microscopic examination of tissues, cells and other specimens.

### SURGICAL PATHOLOGY:

The study of tissue samples that are removed from patients during surgery to help diagnose a disease and determine a treatment plan.

### CYTOPATHOLOGY:

The study of cells from bodily tissues or fluids to diagnose diseases.

# HEALTHCARE DURING A PANDEMIC:

## CHWC staff share their experiences treating COVID patients

In the winter issue of *Wellness Matters*, nurses and respiratory therapists from Community Hospitals and Wellness Centers (CHWC) shared their experiences working in the COVID unit at Bryan Hospital. In this issue, staff from other departments shared their thoughts on caring for COVID-19 patients over the past two years. CHWC would like to express humble gratitude to all healthcare workers for their exceptional work and dedication throughout the pandemic.

### Chelsi Mearse, RN

Chelsi Mearse is a registered nurse in the Emergency Department at CHWC. She has been a nurse for 3½ years and has worked at CHWC since 2017.

#### ? HOW HAS YOUR JOB CHANGED OVER THE PAST TWO YEARS?

**Chelsi:** It's much busier, a little chaotic, much more stressful. I try not to take it home, but that's hard because we have had some big stretches of time where we had really sick patients. Now we're seeing better numbers and people aren't quite as sick, but when we had to board people because we couldn't admit them, that was tough.



#### ? WHAT DOES THAT MEAN, TO BOARD PEOPLE?

**Chelsi:** Holding them in the ER until we can get them a room either here or at another hospital. We had people overnight for four or five days because hospitals were overwhelmed with patients and didn't have room. It changes your view, I guess, because we've always worked to get patients admitted or to treat them and send them home, but for a while we were almost working like ICU or med surg nurses for a few days at a time. It's definitely a learning curve.

#### ? WHAT HAVE BEEN SOME OF THE MORE STRESSFUL ELEMENTS OF YOUR JOB DURING THE PANDEMIC?

**Chelsi:** We have these really sick people and it's days on end where we're hoping they stay alive and then a few days later you see their obituary. For a while, it felt like so many patients we took care of ended up passing away. It's rough. Seeing the nurses working in the COVID unit, it's such a cold, cold feeling. They're so down. It's frustrating and sad, more than anything else.

#### ? IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE?

**Chelsi:** Stay safe, but live your life. And don't take for granted your nurses and doctors and healthcare workers. Sometimes people treat us like we're not doing what we're supposed to be doing, but we're trying, the hospitals are trying, there's only so much we can do. Show us some patience. We're doing everything we possibly can.

### MARTHA JONES, OTA and JEANNIE BATT, PTA

Martha Jones and Jeannie Batt work closely together; Martha is a certified occupational therapy assistant, and has worked at CHWC for 19 years, and Jeannie is a physical therapist assistant who has worked at CHWC for just over 10 years.

#### ? HOW HAS YOUR JOB CHANGED SINCE THE PANDEMIC STARTED?

**Martha:** Before COVID, we would get orders on patients and they would be ready to start therapy right away. Most stays lasted a few days before they were discharged to a rehab setting or home. Since COVID, we have to check on COVID patients daily to see how their oxygen levels are doing before we can work with them. Sometimes it is all they can do to breathe, so adding an activity or moving them would not be beneficial. Other times, simply sitting at the edge of the bed causes their oxygen levels to drop to an unsafe level and we have to stop therapy. Some patients need assistance with moving their arms during simple exercises because they are too weak to move them on their own.

#### ? I'M SURE YOU'RE GETTING TO KNOW THESE PATIENTS, TOO, SINCE THEY HAVE SUCH A LONG STAY. DO YOU SEE HOPE IN THEIR PROGRESS?

**Jeannie:** We do get to know them over the course of weeks or even into the month-plus timeframe. After the PT and OT evaluate the patients, Martha and I go in and do their daily treatments and yes, we do get to know them. Sometimes that's a good thing because they're comfortable with us, they trust us, they know we aren't going to make them do anything they can't handle. There are other times when unfortunately they pass away, and although we're not there when that happens, it still hits us hard.



#### ? WHAT'S IT LIKE WORKING IN THE COVID UNIT?

**Martha:** The COVID unit can be very dark and depressing for the patients. Jeannie will open the blinds to let natural light into the room and we turn on the lights, we try to lighten the mood and make it as fun as possible since most patients do not feel like getting up or moving. We learn about each patient so we have something to talk about during therapy; this improves the patient's mood and overall outlook.

**Jeannie:** Sometimes the patients are on high flow oxygen which we had never seen before. We even had our first patient we worked with who was on a ventilator, and that was pretty scary; we had to have multiple people in the room with us to make sure they had all the lines secured.

#### ? WHAT CAN YOU DO FOR A PATIENT ON A VENTILATOR?

**Jeannie:** Well, that patient couldn't do much. After being in bed for a while and being really weak, the patient progressed much quicker than I expected after they were off the vent, so that was a huge victory for everyone. We got the patient to sit up on the edge of the bed and got their muscles working, very basic stuff.

#### ? IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE?

**Jeannie:** I guess for me, it's frustration that people think COVID is minor, but it's not. Yeah, people may have been hospitalized and they survived it, but will their lives ever be the same? There are a lot of people who probably never will be the same, a lot of them won't get back to normal. You're also risking giving it to someone else who wouldn't be able to fight it off as well as you. Wouldn't it be better to prevent it?

...continued on pages 6 and 7



# MATERIALS MANAGEMENT

## delivers the goods

**F** From medical equipment to disinfectant to tissues, hospitals go through *a lot* of materials. It's easy to take for granted where the supplies come from and how they arrive on-site so that they're accessible whenever needed. This is where materials management comes in.

### A DAY IN THE LIFE

"I like to refer to us as the general store at the hospital," says Whitney Smith, a lead technician in the Materials Management Department at Community Hospitals and Wellness Centers (CHWC). Indeed, that description is fitting when you set foot in the department where you will find pallets being unloaded, floor-to-ceiling products ready for delivery and row upon row of supplies and equipment methodically categorized so it's easy to locate.

A typical day for CHWC materials management staff consists of doing routine inventory, distributing materials, restocking supplies, receiving orders, and, once a year, the department completes a broader physical inventory.

Kassy Stephens, a materials management technician, enjoys her role as the courier for Montpelier Hospital. "I like having my routine of coming and going. It makes the day go fast, and I'm part of both the Bryan team and the Montpelier team so I get to interact with a lot of different people. Everyone at CHWC is great to work with; I look forward to coming to work every day," she says.

Smith adds that a job in materials management means seeing a wide range of healthcare scenarios. "I had the experience to inventory the COVID unit so that patients and staff had the supplies they needed. First of all, I don't know how the nurses work for 12-plus hours with N-95 masks on; I was only in there for a few hours and my face hurt and it was really uncomfortable. It was really sad to see the patients struggling. But then you go up to OB and see a newborn baby and that's just amazing. In this job, you get to see all sides of it—the really bad but also the really good."

### RECENT CHALLENGES

It's no surprise that the pandemic changed operations within the Materials Management Department significantly, particularly related to supply issues. "It can be a big problem because you think you have what you need but it doesn't always work out like you expect, so you have to find substitutes, or there are shipping or supply restrictions," Smith says. "This has become a normal challenge since COVID, something we have to deal with on a day-to-day basis. Who would have guessed toothpaste or mouthwash would ever be on allocation?"



Smith also points to personal protective equipment (PPE) as being particularly challenging to keep stocked since the pandemic began. "Before COVID, we could get, say, 20 cases of our normal isolation gowns but now we may only be allocated 10 because we're sharing the higher demand with other distributors and hospitals. Masks, gloves, so many things we need but are all harder to get. It's like going to the store when COVID first hit and you couldn't find hand sanitizer or thermometers; it's just like that here. So we need to find good substitutions for the supplies we're used to," she explains.

Another recent challenge in the CHWC Materials Management Department has been finding adequate staffing. Being short-staffed has resulted in longer hours for employees to ensure the various departments and units are stocked.



*Lead Technician Whitney Smith (left) and Materials Management Technician Kassy Stephens (right)*



"We try to evenly divide the work, and right now everyone has a lot more on their plate," Stephens notes. "We're all coming in early to tackle everything as a team and make sure it all gets done. It's really go, go, go, making sure everyone has what they need."

### THE CORE OF THE HOSPITAL

Working through a staff shortage and supply issues are challenges that CHWC materials management staff overcome every day, with the drive to deliver the equipment needed to make the hospital function.

"We are like the core of the hospital," Smith says. "All of the departments start with us because if they don't have their supplies, they can't take care of patients. From doctors to therapists to even our kitchen staff, it's a ripple effect for everyone."

“IT’S REALLY GO, GO, GO, MAKING SURE EVERYONE HAS WHAT THEY NEED.”

—KASSY STEPHENS, MATERIALS MANAGEMENT TECHNICIAN



### JOIN OUR MATERIALS MANAGEMENT TEAM!

At CHWC, we pride ourselves on the diverse characteristics of our employees and how they combine, allowing us to provide comprehensive care to our valued community. Each member of the CHWC family works off of a unified set of values, yet each one brings their own strengths to the table as well. In addition to competitive wages, we also offer an excellent benefits package that includes health insurance, dental and vision as well as voluntary life insurance, basic life insurance, and voluntary short term disability, critical illness, accident, hospital and cancer policies. We also offer an extensive employee wellness program and sizable discounts on health services that our employees have done at our facilities. We take care of our own, because they take care of everyone else!

Visit [chwchospital.org/careers](http://chwchospital.org/careers) to view open positions and to apply.



## Dr. Jeff Bender, MD

Dr. Bender is an emergency room physician who has been practicing medicine for 25 years, and has been providing care at CHWC for seven years through Schumacher Clinical Partners.



### ? HOW HAS PATIENT CARE CHANGED DUE TO COVID-19?

**Dr. Bender:** Our job was always about saving lives and making people better, but then all the sudden we were in an environment where our lives might be in danger — especially early in the pandemic when we didn't know if COVID was going to be fatal to everybody who was exposed and got it. So there was a lot of anxiety since none of us had lived through a pandemic before. Also, the acuity of patients was off the charts. So, we went from having an occasional really sick patient during your shift to having half the ER with people on ventilators, life support, needing to be transferred. The entire healthcare system — especially tertiary care (larger hospitals) — was overwhelmed, so we were taking care of patients sometimes for days on end because we couldn't get them transferred anywhere and we couldn't admit them here.

### ? YOU MENTIONED ANXIETY FROM THE PANDEMIC. HOW DO YOU AND YOUR COLLEAGUES MANAGE THAT ANXIETY?

**Dr. Bender:** In the 22 years I've been practicing ER, the past two years have hands down been the most stressful. I've seen that in the staff, my colleagues, other ER doctors. You have to step back and say, 'Why did I go into healthcare? Did I go into it because it was going to be easy, did I go into it because I didn't want to be challenged every day?' No, definitely not. But you get to a point where it's like, 'Okay, this is about as much as I can handle physically, mentally and emotionally.' The hospital has done a nice job providing resources for everyone. The ER company I work for has been very supportive as well. Hopefully we're on the tail end of this; we've started to see the numbers really dropping as we've gotten through the cold winter months.

### ? NOW AS WE BEGIN TO ENJOY SPRING AND SEE A DECREASE IN POSITIVE TESTS AND HOSPITALIZATIONS, SHOULD THE MESSAGE BE THAT WE'RE IN THE CLEAR?

**Dr. Bender:** I think the message should be that there's a light at the end of the tunnel. I hope. That might be the best way to put it. I can't say we're at the end of the tunnel but I think we can see that if the trends continue and there isn't another variant that crops up, I think we can feel comfortable with some semblance of normalcy. I don't know if we'll ever go back to completely normal because so much has changed with COVID.

## ENT Clinic now offers COSMETIC BOTOX AND FILLERS

**D** Dr. Michael Nosanov and Jennifer Rittenhouse, CNP, have added cosmetic Botox and fillers to their services offered at the ENT, Sinus & Allergy Clinic at Community Hospitals and Wellness Centers (CHWC), fulfilling a frequently sought-after service to the community.

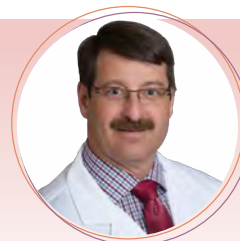
### REFRESH AND REJUVENATE

Cosmetic Botox and fillers have become more and more commonly requested in recent years — a fitting service line for Dr. Nosanov and Rittenhouse to begin offering, considering the providers have over 30 years' experience with Botox, fillers and cosmetic surgery.

Botox and fillers help improve crows feet and smile or frown lines, soften forehead lines, lift brows, boost volume in cheeks, revive volume and shape to lips and more.

These new offerings are elective and are charged out-of-pocket. Botox is for cosmetic use only at the ENT, Sinus & Allergy Clinic, however, it is commonly used for medical purposes such as treating migraines at the CHWC Pain Management Clinic.

In addition to providing Botox and fillers, Rittenhouse and Dr. Nosanov provide a number of ear/nose/throat, sinus and allergy services to patients of all ages, treating conditions such as: ear infections, balance disorders, hearing loss, sinus infections, allergies, snoring and sleep apnea, facial plastic and reconstructive surgery, maxillofacial trauma and head and neck cancer.



MICHAEL NOSANOV, MD



JENNIFER RITTENHOUSE, CNP

### WELCOMING DR. ALDERFER

CHWC is excited to welcome Dr. Jeremy Alderfer to the ENT, Sinus & Allergy Clinic team this spring. Dr. Alderfer is a board-certified otolaryngologist and has been practicing medicine for 11 years. He earned his medical degree from University of North Carolina School of Medicine and completed his otolaryngology residency at University of Illinois at Chicago. Watch for more information about Dr. Alderfer in the near future!



### ABOUT THE CHWC ENT, SINUS & ALLERGY CLINIC

The CHWC ENT, Sinus & Allergy Clinic is open Monday-Friday from 8 a.m.-4 p.m. and offers services at both Bryan Hospital and Archbold Medical Center. Appointments can be made by calling **419-633-7389** and you can learn more by visiting [chwchospital.org/ENT](http://chwchospital.org/ENT).

## Lynn Gors, RT

Lynn Gors has been a respiratory therapist for 40 years, and has worked at CHWC for 15 of those years. She and her fellow respiratory therapists have spent significant time treating COVID patients over the course of the pandemic.



### ? HOW HAS TREATING COVID PATIENTS BEEN DIFFERENT THAN TREATING OTHER PATIENTS?

**Lynn:** There's nothing like this I've ever seen, no disease that does this to lungs like I've ever seen before. [Patients] have been so much sicker and we've put so many more on vents and we can't transfer them. So from our side, we're trying so hard to keep them alive, but we're also trying to minimize the damage done to the lung with the vent and the oxygen because oxygen has a lot of toxic side effects—too much of it creates a lot of problems for the lung itself, and then you take the COVID on top of it, so it's a double-edged sword. It's a really emotional time, we've seen a lot of death. A lot of death. And that's heartbreaking.

### ? WHAT I'M HEARING FROM YOU IS, KIND OF, DESPAIR. DO YOU THINK SOMETIMES, 'I DON'T THINK I CAN DO THIS ANYMORE'?

**Lynn:** Oh yes... You see somebody give you a glimmer of hope and then you come in and they're on a vent and it's just crushing. It is despair.

### ? WHAT ELSE DO YOU WANT TO SHARE?

**Lynn:** This has definitely been the most difficult two years of my entire life. In the beginning, we drew strength from each other, we were teams, and we're still teams and we still support each other but it's definitely very taxing, very wearing on us. Just to keep the strength to come in and see those patients, see them struggle and really know there's not pretty much a damn thing you can do about it.

## Dr. Steven Bumb, MD

Dr. Bumb has been practicing medicine for 30 years, specializing in internal medicine, pediatrics and diabetology. He has worked as a hospitalist at CHWC for nine years.



### ? HOW HAS PATIENT CARE CHANGED SINCE THE PANDEMIC BEGAN?

**Dr. Bumb:** Our average inpatient census has probably doubled; for a while we were up around 18–20 patients a day and we'd have seven simultaneous ventilator patients, and the acuity of our patients—that's a measure of how sick everyone is—probably doubled as well.

### ? HAS THE STRESS ALSO DOUBLED?

**Dr. Bumb:** We're used to stressful and busy times, episodically, but it feels like it's been six out of seven days of the week for the past two years. I think what drives the stress for all of us is bad outcomes. We were accustomed to seeing patients, figuring out what was wrong, giving them medicine and getting them better. You enjoy your job a lot more when everybody you take care of gets better and goes home. When COVID came along, hospitalizations were really high and mortality was really high. People just weren't getting better. That takes its toll on everyone because you feel like you're doing your best, you're working as hard as you can, you're putting in extra effort and time, and people still die. I've done more death certificates in the last two years than I had done in the 28 preceding years total. It's very depressing.

### ? IT MUST BE DIFFICULT FOR PATIENTS' FAMILIES TO NOT BE ABLE TO SEE WHAT'S HAPPENING FIRSTHAND.

**Dr. Bumb:** It is, and it's a problem for us, too. We enjoy having families here, we think it helps patients get better. It's far easier for us to explain someone's healthcare in person than it is to call and do it over the phone. So that's hard on families for sure, and it's no joy for us either.

### ? YOU'VE SAID IN THE PAST THAT PART OF THE FRUSTRATION WITH TREATING COVID IS THAT THERE IS NO REAL CURE OR RELIABLE TREATMENT FOR IT.

**Dr. Bumb:** COVID is difficult to treat. It's equally difficult if you're in Bryan, Ohio or if you're at the Cleveland Clinic or Mayo Clinic. The treatment is the same at all those places. It's frustrating, and I hope people will take that into consideration when they're skipping the vaccine. We would appreciate if people would understand that we're doing the best we can with a disease that has no medicines for it and no cure and that is very fatal.

### ? THERE HAS BEEN CHATTER ON SOCIAL MEDIA ABOUT SUPPOSED TREATMENTS FOR COVID, PEOPLE BLAMING DOCTORS FOR NOT TRYING EVERY TREATMENT AVAILABLE. WHAT DO YOU, AN ACTUAL DOCTOR, SAY TO THAT?

**Dr. Bumb:** We will try any medicine that has shown in legitimate studies to be of benefit. My oath is first do no harm, *primum non nocere*, which is to say that I won't use any medication that will harm you more than it helps you. If it's a medicine that's originally designed for toenail mites in giraffes, it's probably not going to help a virus from human-to-human spread. We want you to have every medicine that will be of benefit, but we sure don't want to harm you with medicine. And most of those medicines that are described on Facebook are not only of no benefit, but are of severe harm and you're very lucky if you don't get killed by taking one of those rather than preventing COVID. So we recommend against them.

### ? IN THE PAST, YOU HAVE TALKED ABOUT HOW DIFFERENT THE PROGRESSION OF ILLNESS IS WITH COVID, COMPARED TO OTHER DISEASES YOU'VE TREATED. CAN YOU SPEAK TO THAT?

**Dr. Bumb:** This is the longest infectious illness of my career; there are almost no illnesses that last three-plus weeks, and people aren't accustomed to that. People expect to get better after a few days, but this lasts a long time and it just gets worse and worse and worse. People say, 'What are you going to try next, doc?' and I'm like, 'I've got nothing left.' I think that's why people get desperate and want to do desperate things that are off label, are of no help, are probably harmful and, you know, if you don't have anything good, why not do something bad? My problem is first do no harm, *primum non nocere*. I don't want to do any harm with it.

### ? IT'S PROMISING TO SEE A DECREASE IN POSITIVE TESTS, HOSPITALIZATIONS AND DEATHS LATELY. ARE WE IN THE CLEAR?

**Dr. Bumb:** We're not in the clear, but it sure is looking brighter. I think we're going to see a decline in numbers as we roll into the summer, partially because half the population is vaccinated and partially because people spread out in the warmer months, less one-to-one intimate contact and less chance of spreading. I fear we'll see a spike with the first cold snap next year, when kids go back to school and around holiday time because that's been the trend the last two years. I also fear that the COVID virus will be endemic—that means it'll be a part of our disease repertoire like colds and influenza and things we see all the time, but it will be in clusters. There will be little outbreaks at different times in different communities. So to the question of, 'Should I let down my guard?' Absolutely not. I think the debate over masking and six-foot distance will be lost by politicians, but those things do work to cut down on spread. I encourage everybody to maintain vigilance. There still will be COVID, and it still will be lethal. It may change from year to year, may become less lethal, may become more lethal. It has been a tough stretch for us, but the past couple months have been a little better. I think we're all in better spirits as of late. If it maintains like this, we can handle it. I sure don't want to go through it again.





Dr. Khalid Minhas, Interventional Cardiologist at CHWC, crosses the finish line at the 2021 Run for Your Heart event.



433 W. High St.  
Bryan, OH 43506-1690

## RUN FOR YOUR HEART returns for 7<sup>th</sup> year

**T**his June, Run for Your Heart is returning to Community Hospitals and Wellness Centers (CHWC) for the seventh year. Participants can walk or run, can choose between a 5K (3.1 miles) or 10K (6.2 miles) and may opt to participate in-person or virtually. This event is sponsored by the CHWC Cardiology Clinic, with a goal of encouraging members of the community to get active and pursue healthy lifestyle choices.

### IN-PERSON EVENT

**Date:** Saturday, June 25, 2022

**Time:** 8-8:30 a.m. Check-in

8:45 a.m. Brief presentation on cardiovascular health

9:00 a.m. Race begins

**Location:** Bryan Hospital (west parking lot)

### VIRTUAL EVENT

**Dates:** June 18–July 2

Participants can complete their walk/run on their own time on the route of their choice.



  
**FOR MORE  
INFORMATION**

VISIT  
[chwchospital.org/  
runforyourheart](https://chwchospital.org/runforyourheart)