Doctors perform first U.S. penis transplant

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Medical College finds silver cloud in Cancer research

Special from the National Cancer Institute

Silver lining found in Medical College's cancer research project

(Editor's Note: this is the first of a three part series on cancer and its impact on Black Americans.)

By Mikel Holt

Despite its distressing implications, Medical College of Wisconsin (MCW) researcher Kristen Beyer found a silver lining in her recent research project that confirmed long held assumptions about the huge cancer disparity shouldered by African Americans living in southeastern Wisconsin.

Beyer's groundbreaking research revealed a glaring disparity of Black cancer victims as compared to Whites in southeastern Wisconsin.

The silver lining?

Her research puts to rest statistical disparity 'assumptions' and replaces them with up to date data that hopefully will prompt a consensus effort by local health care organizations to address the problem.

"The report clearly shows we need to put more resources into early detection and treatment," Beyer asserted during a recent presentation on her research findings.

"It has long been assumed that various types of cancer have a much harsher impact on the minority community than the general populations," Beyer said.

"Now we have factual information that will hopefully fuel a (greater) response to this problem."

The MCW has been a leader in research and application of cancer treatment. The MCW and Froedert have also created a Cancer Advisory Board (CAB) to facilitate endeavors to educate the minority population on cancer.

The CAB also advocates on behalf of that population to various local health entities within the MCW health network.

Minorities, including this reporter, are significantly represented on the CAB. Noted community activist and humanitarian Geneva Johnson is co-chair.

The CAB is currently engaged in a project funded by the Greater Milwaukee Foundation to address cancer awareness and health perceptions in the minority communities.

According to MCW research, "Cancer is currently the leading cause of death in Wisconsin, and approximately 30,000 Wisconsin residents are diagnosed with cancer each year.

More than 11,000 die from cancer, with "African Americans suffering the greater cancer incidence and mortality disparity burdens."

Although African American women are less likely to be diagnosed with breast cancer than White women in Wisconsin, they are more likely to succumb to the disease. Black woman also have significantly higher age-adjusted incidence and mortality rates per 100,000 from colorectal cancer and lung cancer than do Whites, the research revealed.

A similar disparity pattern is observed for Black males with prostate cancer.

Beyer's research project studied the impact of various forms of cancer in southeastern Wisconsin by zip codes. It was based on estimated incident rates of various types of cancer.

The results were expected---save for a surprising high percentage of White women who were diagnosed with early stage breast cancer in the suburbs of Mequon and Brookfield.

The rate was also higher in Washington and Waukesha counties, areas that are predominantly White and middle class.

It was apparently the only form of cancer where the White rate was higher the Black rate.

But the mortality rate was significantly higher in the Black communities of Milwaukee and Racine.

Those glaring contradictions posit that White middle class suburban women benefitted from early detection and treatment, while Black and Hispanic women either didn't receive mammograms or probably didn't undertake long-term treatment. Whether financial restrictions, accessibility to health care or ignorance are the culprits will be explored in future research.

Incidents of colorectal cancer are more consistent, although equally disturbing for Black Americans.

The incident and late stage survival rates are higher in the central city, although there was a surprisingly high occurrence in Racine and Kenosha, which are more racially diverse areas.

The same is true for lung cancer, where new and late stage continuance were far more prevalent in the urban areas of Milwaukee and Racine.

For prostate cancer, occurrence and late stage followed a similar pattern.

Consistent with national statistics, African Americans by large have the highest occurrence of prostate cancer as reflected in the MCW research project, with a somewhat smaller incidence rate as you travel north into Ozaukee County.

The south and western communities had lower rates. Late stage prostate cancer followed a similar pattern, but had higher occurrence in Mequon and Washington counties.

The study was "indirectly age standardized and smoothed using adaptive spatial filtering. A grid of points was used to estimate incident rates continuously across the (southeastern Wisconsin) map, based on the 30 closest diagnosed cases."

Beyer believes the mortality rates for African Americans can be greatly reduced through early diagnosis and specialized ongoing treatment.

"We have the technology but (sadly) not everybody is taking advantage of it," she explained.

"Mammography, for example, would provide early detection of breast cancer," but must be coupled with on-going follow up treatment she said.

The problem is not having enough screening mechanisms or facilities. And (note the city of Milwaukee health department ad in this edition) free mammograms can be obtained through a variety of agencies.

The problem, with the breast cancer mortality rate is obviously linked to follow up care.

The research "clearly shows we need to put more resources" in the central city, she advocated. "It's a sad story—one we shouldn't have to address—that too many Black and Hispanic people die or have higher rates.

Beyer said it was heartbreaking to realize that so many Black lives are unnecessarily shortened when technology and accessibility to health care could save them.

There is much debate about why African Americans have higher rates of cancer, and not being a physician, Beyer said she is not qualified to answer that question.

She noted that cancer rates between Whites and African Americans were similar through the 1980s, and that some health experts believe environmental conditions may contribute to the disparity rates.

Cultural factors also come into play. For example, smoking is one of the leading causes of lung cancer, a disease that is disproportionately affecting African Americans, who also excessively smoke. Poor diets and poverty also impact the statistics.

But with modern technology, there is a good possibility most cancers can be arrested if not cured. The key is early detection and treatment, Beyer said.

Colon cancer is among the worse forms of cancer, but is easily detectable with a colonoscopy. Unfortunately, that procedure is very expensive for those without insurance. And far too many people don't enlist to have the procedure done for a variety of reasons.

"In general, we're talking about an access issue. The question is why are we seeing that as a problem in 2016. This is a great injustice, to have the technology, but it often isn't targeted to those most in need."

Which is why Beyer is happy her research project puts to rest the assumptions.

"This is a clear mandate for the health care community to (collaboratively) do something."

And soon.

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Wisconsin Well Woman Program offering breast and cervical cancer screening services

Are you in need of a free mammogram or Pap test? Have not had a mammogram in the past year? Have not had a Pap test in the last three years? Have a breast issue you are concerned about? Call to see if you are eligible for a program that will provide these services for free and no cost to you.

Transportation may be provided if you qualify for the Well Woman program and you are scheduled for an appointment at the City of Milwaukee Well Woman clinic.

The Wisconsin Well Woman Program provides specified breast and cervical cancer screening services to low-income, uninsured or underinsured women. Women in need of a breast diagnostic mammogram, ultrasound or biopsy may also qualify for services.

The program also pays for cervical diagnostic/treatment services to include colposcopy or other treatment options for cervical cancer or pre-cervical cancer. If a woman is a past breast cancer survivor or cervical cancer survivor, she may also qualify for Well Woman Medicaid based on the Well Woman Program Medicaid guidelines.

The eligibility requirements for the Wisconsin Well Woman Program are:

1. Women between the ages of 45 – 64 for breast screening services,
2. Women between the ages of 35 – 44 for Pap smear tests and breast issues such as pain, lump, or other breast issues covered under the Well Woman Program guidelines,
3. No health insurance or insurance does not cover breast and cervical cancer screening services or unable to pay high deductibles or co-payments,
4. Income within the program limits.

Eligibility is based on Wisconsin Well Woman Program guidelines set by the State of Wisconsin Department of Health Services. The City of Milwaukee Health Department Well Women Program, 414-286-2133, is the local coordinating agency. If you live in Milwaukee County but are not a City of Milwaukee resident, please contact Rosalyn Smith at 262-636-9292.

Facts about African American women and Breast Cancer

Article courtesy of Sisters Network Inc.

Breast cancer is the most commonly diagnosed cancer among African American women. An estimated 27,060 new cases of breast cancer are expected to occur among African American women in 2013.

Among younger women (under age 45), however, the mortality rate of breast cancer is higher in African Americans than in whites. The median age of diagnosis is 57 years for African American women, compared to 62 years for white women.

Breast cancer incidence rates increased rapidly among African American women during the 1980s, largely due to increased detection as the use of mammography screening increased, then rates increased more gradually during the 1990s 6.

In the most recent time period (2000-2009), breast cancer incidence rates increased slightly among African American women (0.7% per year) and decreased among white women (1.0% per year).

The decrease in white women during this time period in part reflects the sharp decline between 2002 and 2003 that was related to a drop in use of menopausal hormones. 27 A similar drop in incidence was not observed in African American women among whom menopausal hormone use is historically lower.

Breast cancers diagnosed in African American women are more likely to have factors associated with poor prognosis, such as higher grade, advanced stage, and negative hormone (estrogen [ER] and progesterone [PR]) receptor status, than those diagnosed in white women. 30 – 32 Furthermore, premenopausal African American women in particular appear to have a higher risk for triple-negative (ER negative, PR negative, and human epidermal growth factor receptor [HER] 2 negative) and basal-like breast cancers, which are distinct but overlapping aggressive subtypes of breast cancer that are associated with shorter survival.

30,33 Studies have shown that certain reproductive patterns that are more common among African American women (including giving birth to more than one child, younger age at menarche, early age at first pregnancy), may be associated with increased risk of aggressive subtypes of breast cancer. 34 - 37

A woman's best overall preventive health strategy is to reduce her known risk factors as much as possible by avoiding weight gain and obesity (for postmenopausal breast cancer), engaging in regular physical activity, and minimizing alcohol intake.

Women should consider the increased risk of breast cancer associated with combined estrogen and progestin menopausal hormone therapy when evaluating treatment options for menopausal symptoms. More information about breast cancer is available in the American Cancer Society publication Breast Cancer Facts & Figures, available online at www.cancer.org.

Survival

The 5-year relative survival rate for breast cancer diagnosed in 2002 - 2008 among African American women was 78%, compared to 90% among whites. This difference can be attributed to both later stage at detection and poorer stage-specific survival among African American women.

Only about half (51%) of breast cancers diagnosed among African American women are diagnosed at a local stage, compared to 61% among white women.

Within each stage, 5-year survival is also lower among African American women than whites overall (60% versus 69%).

Studies have documented unequal receipt of prompt, high-quality treatment for African American women compared to white women.6, 44 - 46 There is also evidence that aggressive tumor characteristics are more common in African American than white women.

30, 33 Other studies suggest factors associated with socioeconomic status may influence the biologic behavior of breast cancer.47, 48 Poverty likely influences disease pathology and genetic markers of disease through lifelong dietary and environmental exposures, physical activity, and reproductive behaviors.

Deaths

Breast cancer is the second most common cause of cancer death among African American women, surpassed only by lung cancer.

An estimated 27,060 new cases of breast cancer and 6,040 deaths from breast cancer are expected to occur among African American women in 2013. Breast cancer death rates among African American women increased from 1975- 1992 and declined thereafter as a result of improvements in both early detection and treatment.

38 Breast cancer death rates have declined more slowly in African American women (1.4% per year from 2000 – 2009) compared to white women (2.1% per year). During 2005 – 2009, the average annual breast cancer incidence rate in African American women was 118.1 cases per 100,000 women, 4% lower than in white women (123.2).

However, the breast cancer death rate in African American women was 31.6% compared to 22.4% in White women the higher breast cancer mortality rate among African American women compared to white women occurs despite a lower incidence rate.

Factors that contribute to the higher death rates among African American women include differences in access to and utilization of early detection and treatment and differences in tumor characteristics; however it is believed that much of this disparity remains unexplained.

**ACS African American 2013-2014 Cancer Facts*

Breast Cancer Screening, Diagnosis and Treatment

WOMEN

1. Before testing (screening)

- Know if you should be tested and why.
- Know the right age to start getting tested.
- Make an appointment with your doctor, or find one, to talk about the test.
- Talk with your doctor or nurse about any concerns.
- Have close friends and family support you in getting tested.
- Schedule your mammogram appointment, taking work, home, language, and getting there into account.

2. Getting a mammogram test

- Keep your appointment.
- If the doctor does not call you back in a week, call the office to ask for the results.

3. If the 1st test suggests cancer

- The results may be normal, not normal, or somewhere in-between. Try not to panic or worry.
- Ask what the mammogram results mean.
- If the results are not normal, a breast ultrasound or biopsy may be recommended. Talk with your doctor and nurses about the results and the next steps.
- Make and keep follow-up appointments.
- Ask your close friends and family for support.

4. If the doctor tells you it's cancer

- Ask all the questions you want. The doctor, nurse, and staff are there to help you understand and make good decisions about next steps.
- Expect to be referred to a cancer specialist who will discuss the best treatment options and take over your care for a while.
- Ask your close friends and family for support.

DOCTORS AND NURSES

1. Before testing (screening)

- Have a good clinic record system that reminds you which patients are due for testing.
- Talk with each patient about her risk of breast cancer, the benefits and risks of testing, and the right age to start testing.
- Answer questions from your patient about her concerns—costs, cultural barriers, fears, etc.
- Identify where she can get the test done.
- Have the office staff remind your patient of her upcoming appointment.

2. Getting a mammogram test

- Help your patient understand what she needs to do during the test.
- Answer her questions before and during the test.
- Get results quickly and promptly call your patient.

3. If the 1st test suggests cancer

- If possible, assign a patient navigator to your patient.
- Talk with your patient about the next set of tests.
- Answer questions about your patients' concerns.
- Refer her promptly for the next test or to the next doctor.
- Remind your patient of her upcoming appointments.
- Schedule a follow-up appointment, regardless of the results of the next test.

4. As soon as you know it's cancer

- Know the next step(s) and why they are needed.
- Refer your patient promptly to a cancer specialist.
- Keep track of her progress so she continues to see the cancer specialist(s) and gets all necessary therapy.
- Work with a patient navigator, if possible.

Special from the National Cancer Institute

Complex and interrelated factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups.

The most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES).

SES is most often based on a person's income, education level, occupation, and other factors, such as social status in the community and where he or she lives.

Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual's or a group's access to education, certain occupations, health insurance, and living conditions, including conditions where exposure to environmental toxins is most common. Each of these factors contribute to the risk of developing and surviving cancer.
SES, in particular, appears to play a major role in influencing the prevalence of behavioral risk factors for cancer (for example, tobacco smoking, physical inactivity, obesity and excessive alcohol intake, and health status), as well as in following cancer screening recommendations.

Research also shows that individuals from medically underserved populations are more likely to be diagnosed with late-stage diseases that might have been treated more effectively or cured if diagnosed earlier. Financial, physical, and cultural beliefs are also barriers that prevent individuals or groups from obtaining effective health care.

How does NCI gather data on cancer incidence and death for various population groups in the United States?

The Surveillance, Epidemiology, and End Results (SEER) Program is NCI's authoritative source for information about cancer incidence and survival. SEER collects cancer incidence and survival data from cancer registries that cover approximately 26 percent of the U.S. population.

Over several decades, SEER has worked diligently to better represent racial, ethnic, and socioeconomic diversity and currently covers 23 percent of African Americans/Blacks, 40 percent of Hispanic/Latinos, 42 percent of American Indians and Alaska Natives, 53 percent of Asian Americans, and 70 percent of Hawaiian/Pacific Islanders living in the United States.

In addition, SEER statistics reflect the U.S. population in regard to poverty and education, with both urban and rural groups represented.

These statistics are most often reported as the numbers of new cases of invasive cancer and cancer deaths per year per 100,000 persons in the U.S. population.

When the statistics focus on cancer incidence and death in a single gender, for example, on female breast cancer or male prostate cancer the numbers are per 100,000 persons of that gender. In addition, the SEER statistics are age-adjusted to the 2000 U.S. standard population.

Age-adjustment is done because different population groups may not be comparable with respect to age. Age-adjustment allows cancer incidence and death statistics (expressed below as cancer incidence and death "rates) for these population groups to be compared.

What are the overall cancer incidence and death rates for different populations living in the United States?

Although cancer deaths have declined for both Whites and African Americans living in the United States, African Americans continue to suffer the greatest burden for each of the most common types of cancer. For all cancers combined, the death rate is 25 per cent higher for African American than for Whites. Incidence and death rates for all cancers among U.S. racial/ethnic groups are shown in Table 1.

Table 1. Overall Cancer Incidence and Death Rates
Statistics are for 2000-2004, age-adjusted to the 2000 U.S. standard million population, and represent the number of new cases of invasive cancer (1) and deaths (2) per year per 100,000 men and women.

	Breast	
Racial/Ethnic Group	**Incidence**	**Death**
All	127.8	25.5
African American	118.3	**33.8**
Asian/Pacific Islander	89.0	12.6
Hispanic/Latino	89.3	16.1
American Indian/Alaska Native	69.8	16.1
White	**132.5**	25.0

How do breast cancer incidence and death rates differ for women from different racial or ethnic groups?

In the United States, White women have the highest incidence rate for breast cancer, although African American women are most likely to die from the disease. Breast cancer incidence and death rates are lower for women from other racial and ethnic groups than for White and African American women. Incidence and death rates for female breast cancer are shown in Table 2.

Table 2. Female Breast Cancer Incidence and Death Rates
Statistics are for 2000-2004, age-adjusted to the 2000 U.S. standard million population, and represent the number of new cases of invasive cancer (1) and deaths (2) per year per 100,000 women.

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healthbriefs

Tips to keep your sex drive alive during menopause

The presence of menopause doesn't have to signal the absence of sexual intimacy.

That's the message Dr. Nadu Tuakli, MD, MPH hopes to impart during the "Sex, Sanity and Sleep" seminar at WomenFest 2016, a women's wellness event taking place in Howard County.

"The message that one generally gets as you get older as a woman is that sex automatically stops," Dr. Tuakli said. "TV is flooded with ads for men's health, but no one is talking about women's lives. Women can also be sexual beings."

As estrogen levels wane during the onset of menopause, many women experience hormonal changes that can cause hot flashes, vaginal dryness, sleep troubles, and mood changes, according to the Mayo Clinic.

These changes often lead to a drop in a woman's libido Dr. Tuakli said, turning sex into a chore. Add in possible side effects from prescribed medications, and a woman's desire for sex can flat out disappear.

"Women often ask me if they're going crazy, but they're not. They're really dealing with a hormonal imbalance, anxiety and sometimes depression," she said.

Dr. Tuakli, director of the Anti-Aging & Longevity Institute in Maryland and assistant clinical professor at Georgetown

Medical School, works to break down widespread misconceptions about menopause including that only weak women experience it, that it's embarrassing, and that menopause will go away if you ignore it.

Dr. Tuakli says menopause is a natural stage of life and recommends a holistic approach to wellness, which includes these helpful tips:

Sleep

According to Dr. Tuakli, the American Sleep Research Institute found that only 40 percent of Americans get the recommended quality of sleep each night. Getting enough rest prolongs your life and can help remedy the symptoms of menopause.

Redefine intimacy

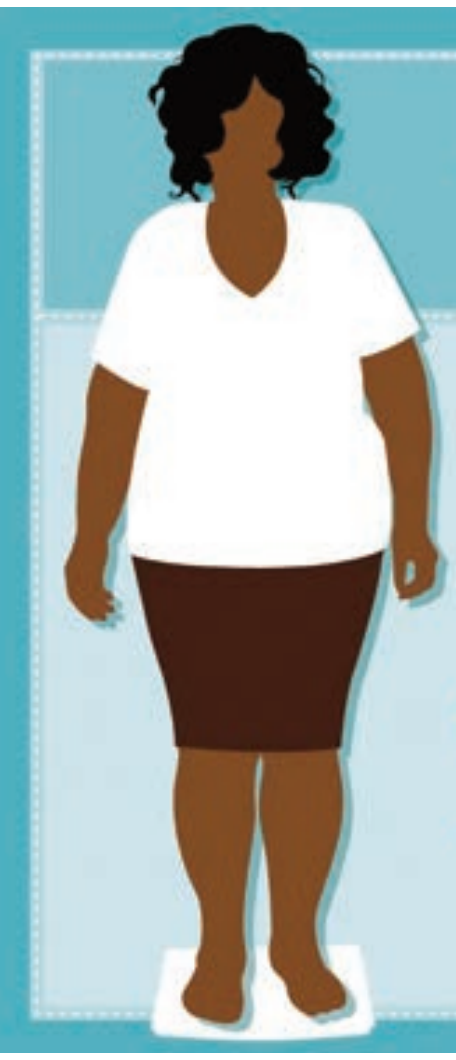
"We tend to think of sex as a destination to a climax instead of as a journey," Dr. Tuakli said. Women should instead redefine the meaning of sex during menopause and shift focus toward increasing intimacy with their partners.

Check your meds & Invest in herbs

Some doctors put women on antidepressants during menopause, but there are more natural approaches to health. "There are millions of women who are on antidepressants and sleep medications that cause negative side effects," Dr. Tuakli said. Herbal supplements such as maca and Menopause Support supplements can help balance hormones.

"Menopause is just one more phase that women need to embrace as they move forward with their lives," Dr. Tuakli said.

--*ABC2*
Andrea Boston



"It's never to early or too late to work towards being the healthiest you!"

Foot Health: A few tips on when you need to make a trip to the podiatrist

Most people visit their dentist twice a year to ensure that there is nothing wrong with their teeth. Most people also visit the eye doctor at least once a year for an eye exam – again just to ensure that things are going well.

Most people also visit their primary care doctor for a yearly physical to ensure that everything is as it should be. Unfortunately the part of the body that most people neglect, their feet, is the part that takes a major beating every day.

By Dr Matthew Ellsworth
Special to KyForward

Your body should be separated into quadrants and you should have each quadrant checked yearly, which means your feet should be checked by a foot doctor

Your feet take a pounding every day and pain in your feet can often cause ankle pain knee pain, and back pain.

A podiatrist deals with foot and ankle ailments from corns and calluses to bunions, heel or arch pain, injuries (foot and ankle), diabetic foot conditions, hammer toes, warts/skin problems ingrown nails, sports medicine and foot arthritis. A Podiatrist can also evaluate and educate on proper and supportive shoe gear.

People with chronic medical conditions such as such diabetes with neuropathy, peripheral vascular disease, or history of foot ulcer often need to see their Podiatrist more frequently, such as every 3 or 6 months.

Don't wait for something to happen before seeing a Podiatrist. Remember that pain is often a late indication that something may be wrong. As a wound care specialist, most of the amputations that I perform can easily be avoided by early detection and treatment.

Many changes occur in people's feet that are warning signs of medical conditions. Podiatrists can also often detect serious health problems that may otherwise go unnoticed, because a number of diseases manifest first through symptoms of the lower extremities (i.e. diabetes, arthritis, neurological disorders, heart disease, kidney disease and liver disease).

Regular foot care can make sure your feet stay healthy. With proper detection, intervention, and care, most foot and ankle problems can be lessened or prevented.

ARE YOUR FEET FIT?

- Do you have pain in your feet?
- Are you on your feet all day?
- Do you have skin or nail problems (ingrown or discolored toenails), corns, skin rashes, areas of hard skin on your feet)?
- Do you have any sores on your feet that are not healing?
- Do you have foot odor?

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national news

GOOD NEWS: HIV/AIDS cure finally FOUND, Doctors confirm

Doctors in Barcelona, Spain believe they have found the cure to HIV – the AIDS-causing virus that affects the lives of more than 34 million people worldwide, according to WHO.

By using blood transplants from the umbilical cords of individuals with a genetic resistance to HIV, Spanish medical professionals believe they can treat the virus, having proven the procedure successful with one patient.

A 37-year-old man from Barcelona, who had been infected with the HIV virus in 2009, was cured of the condition after receiving a transplant of blood.

While unfortunately the man later died from cancer just three years later, having developed lymphoma the Spanish medical team is still hugely encouraged by what it considers to be a breakthrough in the fight against HIV and related conditions, according to the Spanish news source El Mundo.

Doctors in Barcelona initially attempted the technique using the precedent of Timothy Brown, an HIV patient who developed leukemia before receiving experimental treatment in Berlin, the Spanish news site The Local reported.

A 37-year-old man from Barcelona, who had been contaminated with the HIV virus in 2009, was cured of the situation after receiving a transplant of blood.

Brown was given bone marrow from a donor who carried the resistance mutation from HIV. After the cancer treatment, the HIV virus had also disappeared.

According to The Local, the CCR5 Delta 35 mutation affects a protein in white blood cells and provides an estimated one percent of the human population with high resistance to infection from HIV.

Spanish doctors attempted to treat the lymphoma of the so-called "Barcelona patient" with chemotherapy and an auto-transplant of the cells, but were unable to find him a suitable bone marrow.

"We suggested a transplant of blood from an umbilical cord but from someone who had the mutation because we knew from 'the Berlin patient' that as well as [ending] the cancer, we could also eradicate HIV," Rafael Duarte, the director of the Haematopoietic Transplant Programme at the Catalan Oncology Institute in Barcelona, told The Local.

Prior to the transplant, a patient's blood cells are destroyed with chemotherapy before they are replaced with new cells, incorporating the mutation which means the HIV virus can no longer attach itself to them. For the Barcelona patient, stem cells from another donor were used in order to accelerate the regeneration process.

Eleven days after the transplant, the patient in Barcelona experienced recovery. Three months later, it was found that he was clear of the HIV virus.

Despite the unfortunate death of the patient from cancer, the procedure has led to the development of an ambitious project that is backed by Spain's National Transplant Organization.

March 2016 will mark the world's first clinical trials of umbilical cord transplants for HIV patients with blood cancers.

Javier Martinez, a virologist from the research foundation Irsicaixa, stressed that the process is primarily designed to assist HIV patients suffering from cancer, but "this therapy does allow us to speculate about a cure for HIV," he added.

U.S.-funded abstinence programs not working in Africa

President George W Bush and first lady Laura Bush talk to students in Kigali about abstinence

(Reuters Health) - The U.S. funds abstinence and faithfulness education in sub-Saharan Africa to prevent HIV transmission, but a new study suggests the investment doesn't lead to less risky sexual behaviors in that area.

When researchers looked at the number of sexual partners in the past year, age at first sexual intercourse and teenage pregnancy, there were no differences between countries that did or did not receive the funding.

"Changing HIV risk behaviors is hard to do, and the limited resources available for HIV prevention should be used carefully and directed towards programs that are likely to be effective," said senior author Dr. Eran Bendavid, of the Stanford University School of Medicine in California.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) defines the components of its "ABC approach" as abstinence, be faithful and correct and consistent condom use.

Generally, the results of abstinence and faithfulness education programs are mixed, the researchers write in Health Affairs. Also, the effectiveness of these campaigns in sub-Saharan Africa remain unknown. In that part of the world, there were nearly 26 million people living with HIV in 2014, according to the World Health Organization. The region accounts for about 70 percent of new HIV infections around the globe.

Yet, PEPFAR invested more than $1.4 billion

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State Department Of Health Services Will Begin Monitoring For Zika-Carrying Mosquitos In June

Officials with the Wisconsin Department of Health Services is preparing to deal with the Zika virus that causes severe birth defects and sometimes paralysis in acults.

One of the kinds of mosquitoes that carries the Zika virus has reached several states bordering Wisconsin and people returning from warmer climates could bring the virus in, but so far, that hasn't happened.

By Shamane Mills

State health officials are getting ready to do mosquito surveillance this summer in 10 Wisconsin counties which border parts of Illinois, Minnesota and Iowa. Those states have the Zika-carrying mosquito called Asian tiger or Aedes albopictus.

Diep Hoang Johnson, an epidemiologist with the Department of Health Services, said they're keeping an eye on things as a precaution.

"This is a very concerning infection for us just because it can be transmitted person-to-person from just one bite of a mosquito," she said.

Johnson said state health officials have fielded more than 2,000 calls since February from those wanting information on Zika. They've included doctors, lab workers and residents.

"You know with people traveling, coming back (from infected areas,) we don't know when that first local transmission will happen so we are being very vigilante," she said. Johnson said 400 tests have been done on those suspected of having Zika. Most were pregnant women who had traveled to an affected area. The U.S. Centers for Disease Control and Prevention recommends couples should wait eight weeks before trying to conceive if they've traveled to an affected area.

10 Counties Near Illinois, Iowa, Minnesota Will Be Focus

--wpr.org

men's health

Handling a Hernia: Tips and Treatment

You've probably heard the phrase when someone is carrying heavy packages: "You're going to give yourself a hernia!" But what exactly is this mysterious condition?

A hernia is when a part of an organ or fatty tissue pushes through a weak spot in the muscle wall surrounding it. Some hernias are barely noticeable, while others can cause severe pain and need to be treated right away. Here are three common hernia types adults might experience.

Hiatal hernia: A hiatal hernia occurs when a part of your stomach pushes through the hole in your diaphragm that's usually just meant for the esophagus (the food tube) to pass through. This causes the stomach to get pinched, backing up stomach acid and causing heartburn and acid reflux. It can be caused by putting extra stress and strain onto the muscle from a chronic cough, pregnancy, excessive vomiting, or obesity; smoking also increases your risk. In most cases, symptoms can be managed with medications such as antacids and H-2 blockers to reduce acid production. Depending on which part and how much of the stomach is pushing through the hole, however, symptoms can become more severe, including trouble swallowing, abdominal pain and bleeding, and anemia. In rare cases, surgery may be needed to repair the hernia.

Inguinal hernia: This type of hernia happens when a part of your intestine pushes through your lower abdominal wall, causing a lump in the groin or scrotum (the lump, which may be painful and have a burning sensation, can usually be pushed back into the belly using gentle massage and pressure). Like a hiatal hernia, your risk increases if you smoke or are overweight, lifting heavy objects, coughing, and straining from constipation can also increase risk. Some inguinal hernias result from a hole in the abdominal wall that did not properly close before birth, know as an indirect inguinal hernia. A direct inguinal hernia, which is more common in adult men, is caused by weakening of the muscle over time. Unlike a hiatal hernia, however, most inguinal hernias require surgery.

Umbilical hernia: This type of hernia happens when intestines push through a weak spot in the belly, causing a bump near the navel. They appear frequently in babies, and often close up on their own within the first few years with no treatment. In adults, umbilical hernias can crop up when pressure on the belly from pregnancy (especially multiples), obesity, or strain from lifting weakens the tissue. A simple surgery is often recommended to correct the problem in adults, especially if it becomes painful or there is a chance of the blood supply to the intestine or fat bring blocked.

--http://iahealth.org

Foot Health: A few tips on when you need to make a trip to the podiatrist

(continued from page 2)

- Do you have foot odor?
- Do you have a foot injury?
- Do you have health problems such as diabetes or arthritis?
- Do you trip or fall often?
- Do you have problems finding shoes that fit comfortably?
- Do you have bumps or bumps, hard areas or misshapen toes?
- Do you regularly wear heels that are two inches or higher?

If you answered yes to one or more of these questions you may need to see a Podiatrist.

Dr. Matthew Lissonne, AACFAOM, is an associate at Levittown Podiatry

Stroke hospitalizations rising for young adults and African-Americans

New study reveals that while fewer Americans overall are being hospitalized for stroke caused by blocked arteries, among young adults and African-Americans, that is not the case. The researchers say there is a need to ensure education and targeting of risk factors for stroke reaches all groups.

by Catharine Paddock PhD

A paper on the observational study, by the University of Southern California-Los Angeles, is published in the Journal of the American Heart Association.

For their study, the team analyzed data from the Nationwide Inpatient Sample - a national database that collects information on around 8 million hospitalizations a year in the United States.

Stroke is a disease that affects the arteries carrying oxygen and nutrients to and inside the brain. It occurs when one of these blood vessels is either blocked by a clot (ischemic stroke) or bursts (hemorrhagic stroke). The vast majority of strokes are ischemic.

The sooner a person having a stroke is treated, the better their chances of surviving with minimum long-term effects.

Lack of oxygen to the brain can result in long-term disability of the parts of the body controlled by the affected part of the brain.

Stroke admissions falling overall, rising for some groups

The researchers found that across the U.S., the number of adults admitted to hospital for acute ischemic strokes - the type caused by artery blockages - fell by 18.4 percent over the period 2000-2010.

Within the overall trend, however, the analysis reveals some stark contrasts among different age groups and between African-Americans and other racial groups.

For example, hospital admissions for acute ischemic strokes fell for older people, by 28 percent for those aged 65-84, and by 22.1 percent in those aged 85 and over.

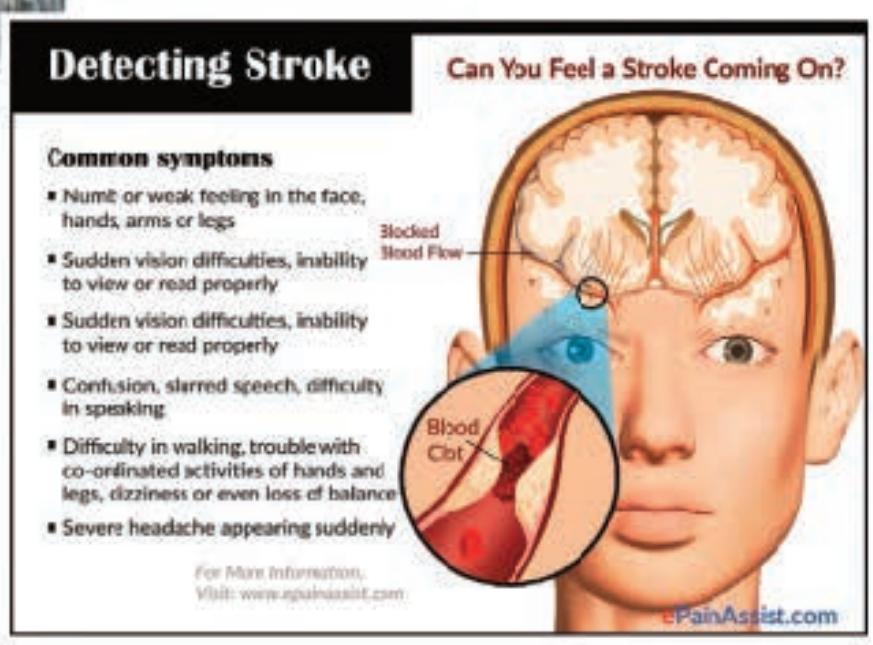
However, for young adults aged 25-44, they rose by 43.8 percent, and for those aged 45-64, they rose by 4.7 percent.

Age-adjusted hospitalizations for acute ischemic stroke during the same 2000-2010 period also fell for white people (down 12.4 percent) and Hispanics (down 21.7 percent), but they went up by 13.7 percent in African-Americans.

The findings also show that, in line with previous studies, stroke hospitalizations were lower for women than men, and rates fell more steeply for women (down 22.1 percent) than men (down 17.8 percent) over the decade.

First author Dr. Lucas Ramirez, a neurology resident, notes that while their study was not designed to investigate the reasons for the reduction in older Americans, he and his colleagues suggest efforts to prevent the risks for these types of stroke - such as reducing high blood pressure and controlling blood sugar - could be a factor.

medicalnewstoday



women & children

Women's Health Week:

Those Spots Aren't **Freckles**, But Rather, **Dermatosis Papulosa Nigra**

It wasn't until I chatted with a doctor about hyperpigmentation and skin issues that I realized the spots I thought were cute freckles on my fiancé and father-in-law's faces are not freckles whatsoever.

You've probably seen them on

By Victoria Uwumarogie
madamenoire

a family member, or maybe you have them, but flesh moles are quite common. According to Amy McMichael, MD professor and chair of the Department of Dermatology at Wake Forest Baptist Medical Center, they are the "layperson's term for skin tags or seborrheic keratoses. These lesions occur in people of all ethnicities, but usually only in adults over the age of 30."

They are the small marks that pop up due to pigment-producing cells in the skin, and according to John Hopkins Medicine, they can be flat or raised, smooth or rough, and hairy or hairless. Seborrheic keratoses may also be round or oval. Flesh moles can range in color from flesh-colored to brown or black—and sometimes yellowish. And according to doctors, they're harmless, benign spots.

But when they are dark and occur on a man or woman of African descent, it goes from being called a simple flesh mole to being called dermatosis papulosa nigra. (Yes, "nigra" as in dark colored...or black.) According to the American Osteopathic College of Dermatology, "These first appear during teen years, slowly becoming more pronounced as one ages. This is fairly common in blacks, present in about one third of adults. Occasionally this may also appear on white and oriental skin."

You might see them on your upper cheeks, but they're also prevalent on the neck, chest and back. As previously mentioned, these lesions are most often benign. However, they can become irritated, and such discomfort is often the reason behind people's decision to have them removed. But if you find that these flesh moles have grown larger with time, McMichael says that you shouldn't freak out. It's common.

"They do not become cancerous and are merely a cosmetic issue, though some lesions can become irritated and require removal for this reason. These lesions can and do grow naturally with advancing age."

And while many people proudly let their moles stand out, including dignitaries and stars like Condoleezza Rice and Morgan Freeman, some people opt to have them removed for cosmetic reasons.

"One can have them removed cosmetically by your dermatologist," McMichael said, "but be ready to pay out of pocket for this as this procedure is not typically covered by insurance. Usually, the dermatologist will numb the lesions and remove them with an electric needle or small scissors."

Other removal options also include cryosurgery. But whatever treatment you go for, according to experts, you should be aware that the darker your skin, the more likely you are to end up with pigmented scars. Therefore, the removal of these moles should be preceded by testing a few of them at a time, and should be done carefully in the hopes of preventing scarring from happening.

Life expectancy for white females in U.S. suffers rare decline

Life expectancy at birth for white, non-Hispanic females in the United States declined slightly from 2013 to 2014, a change that could be a statistical blip but still represents a rare drop for a major demographic group, according to new data from the Centers for Disease Control and Prevention.

This unusual down-tick in life expectancy -- from 81.2 to 81.1 years -- is consistent with other research showing that drug overdoses, suicides and diseases related to smoking and heavy drinking are killing unprecedented numbers of white Americans, particularly women in mid-life.

"Taken by itself, it could just be a random fluctuation from one year to the next," said Elizabeth Arias, a demographer with the CDC's National Center for Health Statistics. But the data, which was released Wednesday, also showed that Americans collectively have lost momentum when it comes to greater longevity. Life expectancy at birth has remained virtually stagnant for the nation since 2010.

Arias said another study by her agency, to be published soon, will document the sharp increase in suicides, alcoholism-related diseases and overdoses.

"Despite the positive influences of declines in heart disease and cancer and

(continued on page 12)

Is this really about women's health?

The ACLU's latest tiff with Catholic hospitals

The American Civil Liberties Union's claims that Catholic hospitals are denying emergency care to pregnant women in the U.S. is not about healthcare – it's about forcing religious groups to perform abortions, critics say.

A recent ACLU report finds that one out of every six beds in the country's acute care hospitals is in a hospital with Catholic affiliations and that Catholic hospitals make up 25 percent, or 548, of the country's hospitals. The report claims that because these hospitals follow Church teaching in regards to reproductive care, they put women at risk.

By Mary Rezac

angelusnews

All Catholic hospitals operate under the U.S. Bishops' Ethical and Religious Directives for Catholic Health Care Services, which ban abortion, sterilization, and emergency contraception or tubal ligations.

Marie Hilliard, the director of public policy for the National Catholic Bioethics Center, told the Guardian that if the directives are properly followed, a woman's life should

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Turmeric:

Is This Ancient Spice a Brain Health Miracle?

If you are concerned about maintaining the health of your brain as you age, you are certainly not alone.

By Joshua Corn
Editor-n-Now

Let's face it, as we get older most of us struggle with some forgetfulness and just aren't as mentally sharp as we usec to be.

It certainly can be frustrating when you have those moments where you think of something and then a second later simply forget â€" like why you walked into a specific room, the name of somebody you just met or whether you've taken all of your medications.

Your doctor may try to convince you that such lapses are an inevitable part of aging and there is precious little you can do about it.

But nothing could be further from the truth.

I'm Joshua Corn, Editor-in-Chief of Live in the Now, one of the fastest growing natural health publications in the nation. My passion for natural health drives me to seek the truth about the causes of health problems and to educate people on alternative solutions that are both safe and effective.

Please keep reading, because I'll tell you about an amazingly effective way to naturally and safely support the health of your brain with the spice that cutting-edge doctors are calling a "brain health miracle" that supports cognitive function, mental clarity and even working memory.

Nature's Brain-Nourishing Miracle

There are a number of natural ways to nourish your brain, but one special nutrient in particular has shown extremely exciting promise when it comes to supporting a healthy brain.

Emerging and truly impressive scientific research suggests that curcumin, a unique antioxidant compound found in the root of the turmeric plant, the bright yellow spice that is commonly used to season curry dishes, may be one of the most powerful, natural brain-supporting substances ever discovered![1]

As a health-conscious person, you've probably heard all about the dangers of free-radicals and how they can significantly impart your health.

It is widely known that free radicals cause damage at the cellular level and some experts believe that the higher the level of free radicals in your body, the greater the consequences to your health.

Simply put, free radicals are a negative factor that accelerate the aging process. They disrupt the body's healthy inflammatory response and put your body under constant attack from the inside out — causing significant health consequences.

Keeping these free radicals at bay is a full-time job. They're in the air we breathe and the water we drink. They're in the food we eat. And stress, toxins, lack of exercise and even some pharmaceutical drugs increase our levels of these free radicals, thus causing more damaging oxidative stress.

So it's pretty easy to see why it is so vitally important to do everything you can to combat free radicals and oxidative stress throughout your body.

That's why I was excited to read that recent breakthrough research is showing that curcumin has powerful free radical-fighting abilities, especially where the brain is concerned.

A remarkable clinical study showed that curcumin has the incredibly rare ability to cross the blood-brain barrier and penetrate the brain where it can energize your brain with powerful antioxidants.[2] Once inside of the brain, curcumin goes to work combating the free radicals that can damage healthy cells and helping to reduce the oxidative stress that can lead to premature aging.

And beyond the impact on brain health, some cutting-edge experts now believe that the use of powerful antioxidants like curcumin can actually reduce the likelihood of premature aging.[3] Combine this with the fact that curcumin supports your cardiovascular health and this spice may just be one of the most powerful anti-aging substances of our time.

-Natural Health Newsletter

Could CVS Health investment in Curbside eventually mean an end to pharmacy lines?

CVS Health

If there is one pain point that all retail pharmacies share, it is the inevitable long waits for picking up prescription drugs. Although the move by CVS Health to make a strategic investment in Curbside won't affect prescription drug wait times anytime soon, its backing of the app developer to speed up the pace of shopping signals that this could fit into its longterm plans.

In a statement, CVS Health executive vice president Helena Foulkes said: "This partnership with Curbside allows CVS Health to offer new and more convenient ways for our customers to shop with us ultimately making it easier for them to enjoy a healthy lifestyle in a way that works best for them."

Together, CVS Health and Curbside will launch CVS Express — basically the CVS Pharmacy app that adds Curbside's technology. Customers can use the app to buy items from their local CVS Pharmacy. When customers drive to the store, the items are delivered to them when they pull up outside. The transaction takes about one hour. CVS Express is available in San Francisco, Charlotte, North Carolina, and Atlanta.

The new app is the product of a three-month collaboration in CVS's digital innovation lab in Boston. The company has been pushing into digital health in a big way. CVS led MyHealthTeams' Series B round. The company built a social network of chronic condition-specific communities to help people share the day-to-day experience of living with these diseases. CVS Health has also initiated collaborations with telemedicine companies such as American Well, Doctor on Demand and Teladoc.

--By Stephanie Baum
medcitynews

U.S.-funded abstinence programs not working in Africa

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in abstinence and faithfulness programs between 2004 and 2013.

For the new study, the researchers looked at whether abstinence and faithfulness program funding was tied to changes in high-risk sexual behaviors among 477,694 people under age 30 in 22 sub-Saharan African countries between 1998 and 2013 - including 14 countries that received PEPFAR funding.

The funding did not seem to affect the number of sexual partners in the past year, age at first sexual intercourse or rates of teenage pregnancy.

U.S. studies too have found no or minimal effects of abstinence education on high-risk sexual behaviors and HIV incidence, the researchers say.

In a statement emailed to Reuters Health, a PEPFAR spokesperson said the initiative's approach and investments have continuously evolved based on scientific evidence.

"Current prevention science demonstrates that a combination package of evidence-based behavioral, biomedical, and structural prevention interventions, tailored to the populations and geographic areas with the greatest burden, is most effective in addressing the epidemic," said the spokesperson.

Bendavid said in an email that solid evidence supports adult male circumcision, antiretroviral therapy, prevention of mother-to-child transmission and pre-exposure prophylaxis for HIV prevention.

"These are all evidence-based alternative preventive methods," he said.

The researchers say investing in evidence-backed programs could lead to improvements across the population.

Is this really about women's health?
The ACLU's latest tiff with Catholic hospitals

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not be at risk.

"If the directives are properly applied, there should be no compromise of the wellbeing of human beings," Hilliard said.

The ACLU has long opposed Catholic hospitals operating according to Catholic teaching. The ACLU and the group the MergerWatch Project co-authored a 2013 report that claimed the growth of Catholic hospitals was a "miscarriage of medicine." In 2015, the ACLU sued Trinity Health Corporations, one of the largest Catholic health care operations in America, located in the Detroit area, for their refusal to perform abortions and tubal ligations. The lawsuit was dismissed.

Dr. Thomas Hilgers is the founder and director of the Pope Paul VI Institute for the Study of Human Reproduction and a clinical professor in the Department of Obstetrics and Gynecology at Creighton University School of Medicine. He said that the latest report from the ACLU is another attempt by the group to impose their views on Catholic hospitals, especially in regards to abortion.

"They're constantly imposing their value system on the rest of us, and to me that's just unconscionable," he told CNA/EWTN News.

"What they're trying to do in a lot of ways is get rid of the Catholic Church, the Catholic Church has been their target for a long time, even though the Catholic Church has been a leader in healthcare over the years. There's lots of Catholic hospitals around taking care of people who can't pay their bills and really providing good medical care, but that doesn't make any difference to (the ACLU)."

The pro-abortion mentality has also skewed the way reproductive medicine and obstetrics have developed, Dr. Hilgers added. Once abortion and contraception became legal, many doctors started using them as solutions to treat symptoms, rather than looking into the the underlying problems women were experiencing, and diagnosing and treating those diseases.

Study explores discrimination, stress and coping methods of African American men

by Neil Schoenherr
medicalxpress

The shooting of unarmed Michael Brown in August 2014 by white police officer Darren Wilson has served as a touchpoint for a passionate discussion about race relations and police tactics in America. But how has it impacted residents of the region outside of spotlight of national and international media?

A new study by Darrell Hudson, assistant professor at the Brown School at Washington University in St. Louis, delves into the discrimination felt by African American men in St. Louis, the stress it causes them and the coping methods they use to alleviate that stress.

"I think it's clear from this study that we need to develop and implement support groups for these men to help relieve some of the stress and anxiety they are dealing with," Hudson said.

The paper, "Racism?!?. . . Just Look at Our Neighborhoods": Views on Racial Discrimination and Coping Among African American Men in Saint Louis," was published this month in the Journal of Men's Studies

Hudson conducted a focus group study of African American men in St. Louis to discuss issues they faced on a daily basis. The focus groups took place in the days preceding and following Brown's death.

Though numerous stress-related patterns and issues were talked about, racial discrimination and structural racism emerged as pervasive themes among the group.

"I think the events in Ferguson really underscored a need to better understand the challenges and stressors facing African American men," Hudson said.

"The effects of that stress—particularly race-related stress—are posing serious threats to the mental and physical health of African American men," Hudson said. "The findings from this study revealed a unique snapshot of what is occurring in the Ferguson region regarding perceptions of discrimination, unequal access to resources and opportunities, along with poor community–police relationships, all of which have coalesced and ignited unrest in the St. Louis region and across the country."

Explore further: Racial discrimination lessens benefits of higher socio-economic status (w/ Video)

D. L. Hudson et al. "Racism?!?. . . Just Look at Our Neighborhoods": Views on Racial Discrimination and Coping Among African American Men in Saint Louis, The Journal of Men's Studies (2016). DOI: 10.1177/1060826516641103

Brain scans link physical changes to cognitive risks of widely used class of drugs

Older adults might want to avoid a using class of drugs commonly used in over-the-counter products such as nighttime cold medicines due to their links to cognitive impairment, a research team led by scientists at Indiana University School of Medicine has recommended.

Using brain imaging techniques, the researchers found lower metabolism and reduced brain sizes among study participants taking the drugs known to have an anticholinergic effect, meaning they block acetylcholine, a nervous system neurotransmitter.

Previous research found a link between between the anticholinergic drugs and cognitive impairment and increased risk of dementia. The new paper published in the journal JAMA Neurology, is believed to be the first to study the potential underlying biology of those clinical links using neuroimaging measurements of brain metabolism and atrophy.

"These findings provide us with a much better understanding of how this class of drugs may act upon the brain in ways that might raise the risk of cognitive impairment and dementia," said Shannon Risacher, Ph.D., assistant professor of radiology and imaging sciences, first author of the paper, "Association Between Anticholinergic Medication Use and Cognition, Brain Metabolism, and Brain Atrophy in Cognitively Normal Older Adults."

"Given all the research evidence, physicians might want to consider alternatives to anticholinergic medications if available when working with their older patients," Dr. Risacher said.

Drugs with anticholinergic effects are sold over the counter and by prescription as sleep aids and for many chronic diseases including hypertension, cardiovascular disease, and chronic obstructive pulmonary disease.

A list of anticholinergic drugs and their potential impact is at http://www.agingbraincare.org/uploads/procucts/ACB_scale_-_egal_size.pdf.

Scientists have linked anticholinergic drugs cognitive problems among older adults for at least 10 years. A 2013 study by scientists at the IU Center for Aging Research and the Regenstrief Institute found that drugs with a strong anticholinergic effect cause cognitive problems when taken continuously for as few as 60 days. Drugs with a weaker effect could cause impairment within 90 days.

The current research project involved 451 participants, 60 of whom were taking at least one medication with medium or high anticholinergic activity. The participants were drawn from a national Alzheimer's research project the Alzheimer's Disease Neuroimaging Initiative—and the Indiana Memory and Aging Study.

To identify possible physical and physiological changes that could be associated with the reported effects, researchers assessed the results of memory and other cognitive tests, positron emission tests (PET) measuring brain metabolism, and magnetic resonance imaging (MRI) scans for brain structure.

The cognitive tests revealed that patients taking anticholinergic drugs performed worse than older adults not taking the drugs on short-term memory and some tests of executive function, which cover a range of activities such as verbal reasoning, planning, and problem solving.

Anticholinergic drug users also showed lower levels of glucose metabolism—a biomarker for brain activity—in both the overall brain and in the hippocampus, a region of the brain associated with memory and which has been identified as affected early by Alzheimer's disease.

The researchers also found significant links between brain structure revealed by the MRI scans and anticholinergic drug use, with the participants using anticholinergic drugs having reduced brain volume and larger ventricles, the cavities inside the brain.

"These findings might give us clues to the biological basis for the cognitive problems associated with anticholinergic drugs, but additional studies are needed if we are to truly understand the mechanisms involved," Dr. Risacher said.

Whole genome sequencing advances pancreatic tumor classification

Researchers from the Human Genome Sequencing Center at Baylor College of Medicine have collaborated with researchers in the United Kingdom and Australia in a breakthrough reclassification of pancreatic cancer, offering new opportunities to treat the often-fatal disease. Their report was published online in Nature this week.

Through the study, whole genome sequencing was performed on more than 450 patients with pancreatic cancer. Several new genes involved in the disease were identified. Most importantly, the study found four key subtypes of the cancer, with each possessing their own distinct clinical characteristics and differential survival outcomes.

"This is a real advance in pancreatic tumor classification," said Dr. Richard Gibbs, the founding director of the Human Genome Sequencing Center at Baylor.

The subtypes include squamous, pancreatic progenitor, immunogenic and aberrantly differentiated endocrine exocrine, or ADEX. This identification reclassifies the disease and, particularly in respect to the immunological subtype, offers potential immunotherapeutic cancer treatments.

"This is an important step in a long journey," said Dr. David Wheeler, the Human Genome Sequencing Center's director of cancer genomics.

The current study follows other recent key publications of the DNA changes in pancreatic and related cancers from Baylor College of Medicine.

wisconsin news

Bacteria in Wisconsin's drinking water is public health concern

Drinking water issues have made headlines recently. Contaminants like lead, copper and nitrate have been found in the water in Wisconsin and across the country.

Bridgit Bowden
Wisconsin Public Radio

But according to the most recent drinking water report from the state Department of Natural Resources, the most frequent contaminant found in Wisconsin's public water systems is bacteria. The DNR found 420 water systems that exceeded the standard for coliform bacteria. About 92,000 people get water from these systems. Coliform can be an indicator of disease-causing viruses, bacteria and parasites.

Researcher and microbiologist Mark Borchardt discovered viruses in Wisconsin groundwater in a series of studies while working for Marshfield Clinic.

"These would be bugs that cause acute gastrointestinal illness, diarrhea, vomiting, those sort of classic symptoms, but then they can lead to more severe severe illness," he said.

Coliform bacteria could be present in as many as 169,000 of Wisconsin's private wells, according to a 2013 study by researchers with the state Department of Health Services.

The state DNR recommends testing wells each year. Currently, only about 16 percent of private well owners do, according to the state health department.

So, how are these pathogens getting into the water? Borchardt put it bluntly. "The source is fecal material," he said.

Fecal material can come from worn-down septic systems. It can come from municipal water that wasn't disinfected. According to the state Department of Natural Resources, there are nearly 65,000 people who use municipal water that is not disinfected. A February WPR story identified utilities in Cumberland, Washburn, Tomahawk, Ladysmith, Barron, Baldwin and Kewaskum as ones that did not disinfect water.

Fecal matter can also come from manure, spread irresponsibly on frozen fields. According to Wisconsin Geological and Natural History Survey director Ken Bradbury, large animal farms called controlled animal feeding operations, or CAFOs, are producing a lot of manure.

"Particularly up in northeast Wisconsin where we have shallow, fractured rock, you can get some very rapid flow from the surface into the aquifer, and that can cause problems," he said.

Doctors perform first U.S. penis transplant

Doctors at Massachusetts General Hospital performed the first U.S. penis transplant, they said Monday, calling it a "landmark procedure."

Thomas Manning, 64, is recovering well after the 15-hour procedure performed earlier this month, according to the hospital. Manning, of Halifax, Massachusetts, had his penis amputated after he was diagnosed with penile cancer in 2012.

The procedure, described by the doctors as a "surgical milestone," is called a genitourinary vascularized composite allograft, or GUVCA.

It involves "surgically grafting the complex microscopic vascular and neural structures of a donor organ onto the comparable structures of the recipient."

Put another way, "surgeons connected the intricate vascular and nerve structures of a donor penis with those of the 64-year-old transplant recipient," the hospital said. The surgeons said their goals were to reconstruct the genitalia giving it a natural appearance and to re-establish urinary and possibly sexual function.

Although Manning is still healing from the surgery, his doctors said there are no signs of bleeding, rejection or infection and are cautiously optimistic that he will regain function.

"Today I begin a new chapter filled with personal hope and hope for others who have suffered genital injuries, particularly for our service members who put their lives on the line and suffer serious damage as a result," Manning said in a statement provided by the hospital. He also expressed gratitude to his family and his medical team, as well as to the family of the donor.

"We are hopeful that these reconstructive techniques will allow us to alleviate the suffering and despair of those who have experienced devastating

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The Mark Levin Show

Wausau Native Oversees Successful Milwaukee Health Initiative

MILWAUKEE, Wis. (WSAU) -- A Milwaukee-based health program utilizes the resources of several partners to increase health coverage, cut down on emergency room visits and even won recognition from President Obama.

It's the Milwaukee Health Care Partnership, which is a 10-year-old public-private consortium including four federally qualified health centers, five southeast Wisconsin health systems, the Medical College of Wisconsin, and representatives from city, county, state government health agencies.

Executive Director Joy Tapper is a Wausau native who oversees the six-county southeastern Wisconsin program. She says the partners were always interested in improving health care for under-served low-income families and they came up with the concept. Tapper helped them form the infrastructure to make it work.

Tapper says they've had a couple of key accomplishments, including a nationally-recognized Emergency to Home initiative. People that use Emergency Room services because they generally don't go to the doctor until they absolutely have to are now getting more continuous health management. "Individuals who use the emergency department and may not be connected to primary care to address their chronic conditions, we connect them, so right in the emergency departments in Milwaukee, we have a scheduling tool that helps them schedule a primary care appointment for their discharge, and then these primary care providers reach out and work to engage these individuals."

Tapper says this program alone makes about 6,000 referrals a year and gets ongoing chronic conditions monitored by continuing primary care providers instead of the ER. She says many people learn both how to better manage their health and how to avoid an emergency room trip. "It's a one-stop shop, but particularly for folks who have ongoing conditions like diabetes, asthma, congestive heart failure. An ongoing relationship with a primary care provider is the best way to manage their health and manage medications, and improve outcomes, so part of our whole ED-to-Home medical initiative is also about coaching and enhancing patient's health literacy."

The program's enrollment task force helped identify people that can benefit from their efforts. This effort expanded after Obamacare began. Their success in signing up more people for the Affordable Care Act, or Obamacare, was recognized by the President in March.

Tapper says their organization doesn't focus on the politics of the Affordable Care Act, but instead, focuses on getting the people who need health coverage enrolled. She says one of the positives of the ACA is the ability to cover a broader range of medical conditions, like mental health treatment and help for people with pre-existing conditions.

The Milwaukee Health Care Partnership serves an area where about 30% of the population is under the poverty level and on Medicaid. Another 10% of the population is uninsured. Their working to improve the overall health of their community, which includes better screening and care for kids and an improvement in infant mortality.

Tapper says they're working with other groups in the Fox Valley, Dane County, and central Wisconsin to replicate that success by sharing their information and experiences.

Global health through the lens of a social scientist at UW

Community outreach, engagement is foundation of strong health sector

When the deadly Ebola epidemic broke out in West Africa in 2014, the World Health Organization declared a global health emergency. Groups of global health experts marched to the frontline, a University of Wisconsin scientist was one of them.

Courtesy of Sarah Paige

Sarah Paige, assistant scientist at UW's Global Health Institute and advocate for global health, responded to United States Agency for International Development's call for help. She spearheaced an effort to create a research proposal, which later became the Ebola Survivor Corps, a community outreach program to address the outbreak.

Ebola Survivor Corps

The project was crowdfunded through Indiegogo. Together with scientists from Seattle, Madison and New Orleans, Paige raised $15,000 on the site as well as other diversified sources of fundraising. That's when the situation got real for her, Paige said.

"This sort of really large initiative puts the pressure on us to make something real," Paige said. "Because we have so much money that we raised, we need to do something real with it."

After building a solid financial foundation, Paige's team recruited five Ebola survivors from Sierra Leone to work in a large but under-populated local district. The survivors worked on community health outreach and mobilization by hosting community meetings, visiting local schools and educating district leaders on the importance of community health practices, Paige said.

During a measles outbreak in January and February, the survivors worked with the health sector to mobilize people towards a vaccination campaign and teach them health knowledge, from hand washing to the difference between measles and rubella, Paige said.

"They're doing really active community health education on very basic public health practices," Paige said. "Because they're project managers in the health sector, they're also able to be responding to outbreaks."

Survivors with the experience of being sick and recovering have a more unique and relatable approach to providing health education and inspire other people to be healthy, Paige said.

The project went full force in January, but Paige said she is not currently looking to expand to other districts because she wants to refine the work first and make it a really comprehensive approach. She wants to make sure the survivors corp she is working with right now have the literacy to effectively report the situations of the communities.

"We're working on the tweaking as we go," Paige said. "How can we leverage the experience of survivors to make sure this doesn't happen again, to elevate survivors and their stories, to address some of the stigma and social trauma around the types of illness and then also to be a partner and to work with the survivors and providing community outreach."

Global health through the lens of social scientist

The Ebola Survivor Corps is only one of Paige's many endeavors to improve the state of global health. Since her undergraduate years she said she wanted to embark on a career where she can care for people and humanity.

After a year working in a hospital, Paige said she realized being a doctor is the last thing she wanted to do, so she spent time switching jobs, trying to see what the world is really like. She found her passion for global health during her travels.

"I really appreciate being in another part of the world, and I wanted to tie that interest with global health," Paige said.

After getting her master's of public health degree from John Hopkins University and doctoral degree in health geography at University of Washington, Paige came to University of Wisconsin to work with the Global Health Institute and pursue a post-doctoral degree, studying the interaction between humans and animals in terms of disease transmission.

Besides Ebola Survivor Corps, Paige also works on multiple other projects, including UW's Kibale EcoHealth Project, a long-term investigation that taps into the health and ecology in Kibale National Park, Uganda. She studies the communities that live on the periphery of the park, focusing on the health of people and livestock there.

Paige said her focus is on working with communities that are on the frontlines of potential spillover activities, communities that are most vulnerable and most likely to be the places for disease pop up.

Paige said media often portrays these communities in a negative light, and other NGOs give condescending messages to communities with the problem, which made her feel it was time for her to act.

"I'm a social scientist with expertise in community engagement, community understanding, and I felt I have something to offer," Paige said. "If we want to really prioritize health system around the world, community outreach and engagement within those health systems is a must, that's the foundation to a strong health sector."

--badgerherald

Doctors perform first U.S. penis transplant

(continued from page 12)

genitourinary injuries and are often so despondent they consider taking their own lives," said Dr. Curtis L. Cetrulo, a plastic and reconstructive surgeon.

He led the transplant team with urologist and transplant surgeon Dr. Dicken S.C. Ko. They worked with doctors in infectious disease, psychiatry and social work and with the New England Organ Bank to identify a suitable donor.

Previously, doctors at Johns Hopkins said they hoped to be the first team in the United States to accomplish this procedure in a clinical trial for veterans launched last year. Brigham and Women's Hospital in Boston is also approved to perform the procedure.

In December 2014, doctors at Tygerberg Hospital in Cape Town, South Africa performed the first penis transplant in a nine-hour operation.

The patient was a 21-year-old man whose penis was amputated after severe complications from a circumcision during a coming-of-age ceremony.

Doctors waited three months to declare the surgery a success once his urinary and reproductive functions were restored. In June the man had successfully impregnated his girlfriend.

The statement from Massachusetts said it "holds promise for patients with devastating genitourinary injuries and disease."

There is currently one patient on the waiting list for a penile transplant in the United States, Anne Paschake, public relations manger for the United Network for Organ Sharing, told CNN.

Special from the National Cancer Institute

(continued from page 5)

What factors might contribute to the higher breast cancer death rate observed in African American women?

Lack of medical coverage, barriers to early detection and screening, and unequal access to improvements in cancer treatment may contribute to observed differences in survival between African America and White women.

In addition, recent NCI-supported research indicates that aggressive breast tumors are more common in younger African American and Hispanic/Latino women living in low SES areas. This more aggressive form of breast cancer is less responsive to standard cancer treatments and is associated with poorer survival (3).

How do cervical cancer incidence and death rates differ for women from different racial or ethnic groups?

Compared to White women in the general population, African American women are more likely to be diagnosed with cervical cancer. Hispanic/Latino women, however, have the highest cervical cancer incidence rate. Interestingly, White women living in Appalachia suffer a disproportionately higher risk for developing cervical cancer than other White women. The highest death rate from cervical cancer is among African American/Black women. Incidence and death rates for cervical cancer are shown in Table 3.

Table 3. Cervical Cancer Incidence and Death Rates

Racial/Ethnic Group	Cervix	
	Incidence	Death
All	8.7	2.6
African American/Black	11.4	**4.9**
Asian/Pacific Islander	8.0	2.4
Hispanic/Latino	**13.8**	3.3
American Indian/Alaska Native	6.6	4.0
White	8.5	2.3

Statistics are for 2000-2004, age-adjusted to the 2000 U.S. standard million population, and represent the number of new cases of invasive cancer (1) and deaths (2) per year per 100,000 women

What factors might contribute to the greater burden of cervical cancer among Hispanic/Latino and African American/Black women?

The disproportionate burden of cervical cancer in Hispanic/Latino and African American/Black women is primarily due to a lack of screening.

In an effort to understand this disparity in cervical cancer screening, NCI conducted a study of regions within the United States where cervical cancer incidence rates are high. They found that cervical cancer rates reflected a larger problem of unequal access to health care.

Persistent infection with certain strains of the human papillomavirus (HPV) is the major cause of most cases of cervical cancer.

An HPV vaccine is now available that targets two strains of the virus that are associated with development of cervical cancer and account for approximately 70 percent of all cases of cervical cancer worldwide.

This vaccine prevents infection by two HPV strains and has the potential to reduce cervical cancer-related health disparities both in the United States and around the world.

How do prostate cancer incidence and death rates differ for men from different racial or ethnic groups?

African American/Black men have the highest incidence rate for prostate cancer in the United States and are more than twice as likely as White men to die of the disease. The lowest death rates for prostate cancer are found in Asian/Pacific Islander men. Incidence and death rates for prostate cancer are shown in Table 4.

Table 4. Prostate Cancer Incidence and Death Rates

Racial/Ethnic Group	Prostate	
	Incidence	Death
All	168.0	27.9
African American/Black	**255.5**	**62.3**
Asian/Pacific Islander	96.5	11.3
Hispanic/Latino	140.8	21.2
American Indian/Alaska Native	68.2	21.5
White	161.4	25.6

Statistics are for 2000-2004, age-adjusted to the 2000 U.S. standard million population, and represent the number of new cases of invasive cancer (1) and deaths (2) per year per 100,000 men.

What factors might contribute to the disproportionate burden of prostate cancer among African American/Black men?

The higher incidence of prostate cancer in African American/Black men compared with men from other racial/ethnic groups prompted the hypothesis that genetic factors might account, in part, for the observed differences.
Different combinations of these variants have been found in men from different racial/ethnic backgrounds, and each combination is associated with higher or lower risk for prostate cancer. Nearly all of the variants associated with an increased risk of developing prostate cancer were found most often in African American/Black men, and certain combinations of these variants were associated with a five-fold increased risk of prostate cancer in men of this racial/ethnic group (4).

In addition, research has shown that low SES, lack of health insurance coverage, unequal access to health care services, and absence of ties to a primary care physician are barriers to screening for prostate cancer and the timely diagnosis of this disease, making Black men less likely to receive regular physical examinations and screening for prostate cancer (5).

Do incidence and death rates differ for colorectal or lung cancer among various racial and ethnic groups?

African American men and women have the highest incidence and death rates for both colorectal and lung cancers, while Hispanic/Latinos have the lowest rates. Colorectal and lung cancer incidence and death rates are shown in Table 5.

Table 5. Colorectal and Lung Cancer Incidence and Death Rates

Racial/Ethnic Group	Colorectal		Lung and Bronchus	
	Incidence	Death	Incidence	Dea
All	51.6	19.4	64.5	54.7
African American	**62.1**	**26.7**	**76.6**	**62.**
Asian/Pacific Islander	41.6	12.3	39.4	26.9
Hispanic/Latino	39.3	13.6	33.3	23.(
American Indian/Alaska Native	40.8	17.0	44.0	39.9
White	51.2	18.9	65.7	55.(

“All the comforts of home...”

Milwaukee County Department of Family Care in-home care strives to make its clients feel comfortable in familier surroundings...their homes

MCDFC
Family Care
Serving Southeast Wisconsin

The comforts of home.

It brings to mind family memories, safety and security. We are all more content in our own surroundings. Most elders want to stay in their own

Younger adults with physical, developmental or intellectual disabilities also want to remain in their community and be as independent as possible in an environment that brings them comfort, but sometimes people need help. This is the mission of the Milwaukee County Department of Family Care.

These caring professionals will work with you to provide a range of long-term supports and services that are designed to meet your needs and ensure that you are safe and supported in the community.

When you enroll in Family Care, you'll work with a case manager and a nurse to build a team of individuals to develop a plan that's right for you.

You can have anyone that you choose to be a part of your team.

Together, you and your team will determine what supports already exist and what are your goals.

You, along with your team, make the choices that are right for you. Maybe you have a family member who you prefer to handle your personal care.

Maybe you already have a trusted companion who takes you to your medical appointments.

With Family Care, you have a say in how and when you receive services and supports. Ultimately, a personalized plan will be developed to meet your desired outcomes.

Proudly serving over 8,400 people in eight Wisconsin counties, the Milwaukee County Department of Family Care works with people who desire to make their own choices about the services and supports they need to achieve their outcomes.

This program looks for creative and cost effective solutions that focus on the whole person and keeps people as independent as possible.

To participate in the Family Care program an individual must be at least 18 years old, have long-term care needs and qualify for Medicaid/Title 19.

Enrollment in Family Care with the Milwaukee County Department of Family Care begins with a phone call to your local Resource Center. In Milwaukee County, there are two Resource Centers.

For information regarding an adult (18 – 59 years old) with disabilities, please call:

The Disability Resource Center
414-289-6660 Phone
414-289-8559 TTY

For information or to enroll adults 60 years old and over, please call:

The Aging Resource Center
414-289-6874 Phone
414-289-8591 TTY

Call today to get the assistance and peace of mind that you need.

The Milwaukee County Department of Family Care serves eight Wisconsin Counties – Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington and Waukesha.

If you or one of your loved one's need assistance in one of these counties, visit http://www.familycaremilwaukeecounty.com/Enrolling%20in%20Family%20Care.aspx for a complete list of the resource centers listed above.

MEDICAL COLLEGE OF WISCONSIN CANCER CENTER

The MCW Cancer Center is the major sponsor of this issue on cancer disparities and risk factors. We are working with the community to understand the needs, assets and gaps in cancer prevention, education, treatment and care.

For more information visit our website:

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http://www.mcw.edu/cancercenter.htm