WHI In The News

If you think you've been seeing and hearing a lot about the Women's Health Initiative lately, you're right!

Even with the end of recruitment in sight for many clinics, there's a need to get the word out about the study. Over 80,000 women like you had joined WHI by January 1997, about half of the 165,000 women who will be enrolled by 1998! We've been working hard to make sure anyone who wants to join or know more about WHI will learn it through community presentations, mailings, and radio, television, magazine, and newspaper stories or ads.

To help spread the word to women, many magazines have written stories about WHI, including Woman's Day, Ms., McCall's, Family Circle, New Woman, Consumer's Digest, American Health, Black Elegance, American Health for Women, Walking, Living Fit, and Essence. Newspapers like The New York Times and USA Today, along with many local community newspapers, have also featured stories about WHI.

Print, radio, and TV public service announcements have also been created for WHI. The ads feature women of different backgrounds and ages. One of the four versions of the ads is featured at left. These ads are placed free of charge in magazines, newspapers, and on TV by the publications or stations. By early 1997, the print ads appeared in 39 publications, potentially reaching over 4.1 million...

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WHI In The News
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readers. The television ads had been shown on over 80 stations.

Actress Angela Lansbury, who starred in the long-running television series, “Murder, She Wrote,” willingly helped WHI, as well. Ms. Lansbury was eager to help promote this study since it involves and may benefit women of her generation. She recorded a public service announcement about WHI for radio, and also appears in public service announcements for magazines and newspapers.

Many of you have been key players in getting women to join. By helping your local recruitment coordinator at a publicity event, or by telling a friend or family member about how much you enjoy WHI, you speak louder than a magazine article or famous person ever could. Thank you!

You should feel proud when you hear or read about WHI. The study is successful because of women like you! Hopefully, many women will be as motivated as you are, and will join the cast of thousands participating in WHI. That’s the story behind the news, and we appreciate your part!

A Word From the National Institutes of Health (NIH)

We want to thank you once again for joining the Women’s Health Initiative! We have been so impressed with the dedication and commitment of WHI participants who clearly believe that getting answers about heart disease, breast and colon cancer, and osteoporosis is well worth the effort.

By early 1998, over 160,000 women are expected to be enrolled in the study. In order to reach that goal, our dedicated recruitment staff will be working very hard to get the word out to the women in your community. Please continue to do all you can to let your friends know about the study. As we move through this last year, parts of the WHI will begin to fill up with recruits and the chance for others to join will be lost. We welcome and appreciate your help in spreading the word about WHI!

Of course, staying active in WHI is as important as joining in the first place. Each of you is making such an important contribution to this study. No matter what part of the study you’re in, you are valuable to us. By studying all of the women who join and remain in the study, scientists will be able to look at the health of the whole group and make accurate observations. These observations will provide the answers for future generations.

Some participants may think they aren’t really helping the study. If you haven’t been asked to take study pills, make changes to your diet, or make frequent visits to your study center, it’s easy to think, “What good am I doing? Why do they need me?” The fact is, we value every woman in WHI, so we hope you’ll stay with us for the entire length of the study.

Thank you again for your dedication to this important effort!

Loretta P. Finnegan, M.D.
Director, Women’s Health Initiative
National Institutes of Health
Felicia Morales and WHI researchers had the same questions a few years ago:

Why have so many research studies only included men? How can we better understand women's health issues? The search for answers prompted researchers to create the Women's Health Initiative, and Felicia jumped at the chance to join.

"I'm a strong believer in personal responsibility," this native Texan explains. "In order to make life choices, we need to be well informed and keep up with the latest research. I read a lot of health publications, and I kept running into references for studies that only included men. So when I read that San Antonio was one of the many sites for WHI, I felt fortunate that I could participate in such an important, historic study."

Felicia was thrilled to join the Observational Study at the San Antonio Clinic and felt she had to tell more women about WHI. Being a lifelong volunteer and political activist has given her many ways to spread the word. "I'm very happy to do it if it's going to help other women, especially Hispanic women," she says.

Felicia has recruited some of her friends to join the study. She also helps the local WHI recruitment coordinator, Rose Valdez-Jackson, at community events, talks with local reporters, and has posed for ad campaign pictures with her son, Texas Attorney General Dan Morales.

Dan's interest in public office motivated Felicia and Henry, her husband of 41 years, to become more politically involved. They helped with their son's election campaigns during his three terms in the state legislature, and in his campaign for attorney general six years ago. The couple is active in a local Democratic organization which endorses candidates. They help educate the community about candidates and issues by making phone calls and mailing information. Felicia admits that it's hard work, but she believes such efforts are critical: "We try to do our part to get people to understand that their votes count, and that they need to be informed and vote accordingly," she explains.

Felicia's two other sons, Michael and Ron, are musicians. Michael owns a recording studio in San Antonio, and both sons compose, arrange, and perform. Felicia lends a hand with their efforts by translating lyrics from English to Spanish. Michael and Ron may have inherited their musical skills from their mother; Felicia's been playing the organ and piano at church for over 50 years.

Having taught elementary school for 25 years, Felicia has a heart for children. She volunteers each week for the child support division of the Attorney General's office. Felicia dreams of creating classes on parenting for children from elementary through high school. She wants them to learn what it takes to be a good parent and what people need to become happy and successful. Felicia says, "People need to be ready to be parents because it's a huge responsibility...and you can't just dump a child. It's a lifelong commitment."

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Community Leader Lends Hand to WHI

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Despite her many talents and areas of community involvement, Felicia remains firm in her commitment to WHI. As she says to her friends, “We better get in there and help out with this study if we want our daughters and granddaughters to be helped by this. This is a marvelous opportunity!”

For Felicia, the ingredients for happiness are very clear: education, good friends, good health, and above all, being grateful for these things. “When you’re grateful,” notes Felicia, “it just gives you a zest for living.”

Clowning Around in D.C.

Sometimes people comment that our nation’s capital is full of clowns. That might offend some, but Ellen Van Edwards would probably ask, “When did you see my act?” After all, Ellen’s been clowning around in Washington, D.C., for over 15 years in her role as “Hajji,” a warm-hearted jester who’ll do anything for a smile.

Ellen certainly smiles as she talks about her involvement in WHI’s Hormone and Dietary programs. “This is going to help women and answer questions, and that keeps me motivated,” she says. “I know that I’m contributing and this is really a worthwhile cause.”

While Ellen’s first love is clowning, she enjoys her “day job,” too, as an event management specialist for the U.S. Department of Commerce. In 1996, she celebrated her 40th year of service with this department and was honored at a special ceremony. She began working for the government during the civil rights movement in the late 1950s and was the first African-American to serve in various roles for the department.

The 59-year-old plans to retire in the near future while she still has enough energy to pursue clowning full-time. She currently performs at birthday parties, store openings, block parties, and hospital and charity events. “It started out as a hobby, which eventually turned to profit,” she explains. “Even when I’m volunteering, I get just as much out of it as the people I’m performing for.”

As “Hajji,” Ellen has had some memorable moments. In the late 1980s, she was a clown “extra” in the movie, “Her Alibi,” starring Tom Selleck. Though she wasn’t slated to have a speaking part, her performance impressed the director and she ended up with a line—of just two words! “If you see this movie,” she jokes, “don’t blink or you’ll miss me!” As a member of the Kapitol Klowns organization, she was also proud to be one of the chosen few performing at the inaugural parties kicking off President Clinton’s terms.

Ellen stumbled into clowning shortly before she was widowed 22 years ago. She was attending night classes at American University at the time, and as her husband’s health deteriorated, his doctor suggested that she might want to take some “lighter” classes during this rough period. “I read that a local junior college was offering a clowning course, and I said, ‘Nothing could be lighter than clowning!’” She later took a course in magic and thus is a self-described “educated” clown.

Raising her two daughters alone after her husband’s death wasn’t easy. “But you don’t sit

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Environmentalist Plants Seeds for the Future

Remember the old line, "There's no place like home"? It rings true for WHI participant Emily Harris. An avid gardener and conservationist, she's returned to her family farm near Madison, Wisconsin. Emily and her family began living at the homestead in 1932, when she was a young girl. She later left the farm when she married and had her own family.

When Emily was widowed five years ago after 49 years of marriage, she was ready to make some lifestyle changes to cope with her loss. She moved back to the family farm, where she now lives with her brother, and they remodeled the old farmhouse. "It was a challenging change," she notes. Together, they garden, raise crops, and rent out the remainder of their 100 acres. They recently sold an additional 100 acres to the Federal Fish & Wildlife Service to preserve the land as a natural area. "I feel very blessed," she says. "I really do. I am so fortunate to have my life on the farm, which is just wonderful for a nature lover."

This energetic 74-year-old taught in Madison area schools for 31 years. For the last half of her career, she ran a program for teenage mothers who wanted to finish high school. She designed the program after completing graduate school. "I wanted to set some new goals, and there was a real need for a special program," she explains. "It was a good opportunity to do something creative." Emily takes pride in the feedback she's gotten from the young women who graduated: "Some told us, 'I never would have made it if it hadn't been for the program.'"

Her love of teaching, travel, and the environment have kept her busy since retirement. She's trekked to Belize and Costa Rica through an educational program, "Save The Rainforest." She took classes in those countries to better understand their conservation efforts, and now educates others in the U.S. Emily is also a naturalist for the Madison schools, leading children on nature walks. A local botanical garden benefits from her work, too, as Emily is a certified "Master Gardener" after taking many horticulture classes.

Emily is a woman of many interests, so when she isn't nurturing orchids or children, she might be playing the piano or writing her award-winning family stories. Since only four members of her generation of the family remain, she wants to tap memories and commit the stories to paper before they're forgotten. She also enjoys traveling, having bicycled with her granddaughters in Europe and having taught in China and Poland.

One of Emily's biggest passions is dance: aerobic, ballroom, and tap. In fact, she's been taking aerobic dance classes three times a week for the past 16 years. She began this exercise as part of a study to test if exercise would help prevent calcium loss. Though the study ended, the participants themselves now pay the instructor to continue the classes. Along the way, many of her classmates have become friends. It was through this class that Emily first heard of WHI.

"It sounded interesting to me," she recalls. Since joining the Dietary program at the Madison Clinical Center last year, she has enjoyed her involvement. "I think the study is very well run," she says. "I'm impressed with the dedication of so many people who are really interested in improving their health now and in the future." How does she fit her appointments into her busy schedule? "I just put them on my calendar and I've told everybody that I can schedule nothing else then," she says firmly.

Participation in WHI seems like a logical legacy for a woman so focused on history and education. Emily's children, grandchildren, and great-grandchildren are sure to agree.
Incontinence: Relieving a Common Problem

More than 13 million Americans have a problem they don’t want to talk about. The problem is urinary incontinence, or loss of bladder control. How much do you know about it? Take this quiz and find out.

**TRUE OR FALSE:**
1. Incontinence is a disease.
2. You inevitably lose some bladder control as you age.
3. If you do suffer incontinence, nothing can be done about it.
4. Men experience incontinence more often than women.
5. You can manage or hide leaking urine (e.g., by using adult diapers), but you can’t end it.

False! All of the statements above are myths about bladder control.

**What is incontinence?**
Incontinence, which can range from a little leakage to total loss of control, is a symptom, not a disease. Many things can cause incontinence, including birth defects, pelvic surgery, certain medications, diabetes, tumors, injuries to the pelvic region or spinal cord, neurological diseases, infections, physiological changes associated with aging, and pregnancy or childbirth.

Incontinence is a problem of the urinary system (see picture at left). Normally, the bladder stores urine (pee) until it is a good time to urinate, but when any part of the system doesn’t work properly, incontinence can occur.

There are three main types of incontinence:
1. **Stress incontinence** occurs when pelvic muscles have been damaged or stretched, causing the bladder to leak during exercise, coughing, sneezing, laughing, or any lifting which puts pressure on the bladder. This is the most common type of incontinence in women.
2. **Urge incontinence**, the urgent need to urinate before there's time to get to a toilet, occurs when the nerve signals from the bladder to the brain are damaged, causing sudden bladder activity that cannot be consciously stopped.
3. **Overflow incontinence** is leaking that happens when the amount of urine produced goes “over” the bladder’s capacity.

**Who’s affected?** Of the 13 million Americans who are incontinent, 85% of them are women. It’s estimated that 15% of women over age 65 have difficulty controlling their bladders to the extent that they leak urine at least once a week. About 30% of women over 65 have the urge to urinate more frequently than is normal. More than 50% of elderly persons living at home or in long-term care facilities are incontinent. Though body changes that make leakage more of a problem may occur as we age, incontinence is not a routine part of aging.

Only one in 12 sufferers of incontinence seeks medical help, even though treatment can end or improve the problem 90% of the time. Surveys indicate women wait an average of three years before discussing incontinence with their doctors. Incontinence can cause emotional and physical discomfort. Many sufferers withdraw from others due to embarrassment and lose self-esteem. Loss of control often leads to feelings of helplessness, fear, shame, and guilt. It is senseless for people to suffer in silence when the problem can be helped most of the time. It’s also important to see a doctor quickly because, in rare cases,
10 WARNING SIGNS OF BLADDER PROBLEMS

See your doctor if you experience any of the following:

• Leakage of urine which prevents activities
• Leakage of urine which causes embarrassment
• Leakage of urine which began or continued after an operation
• Inability to urinate
• Urinating more frequently than usual without a proven bladder infection
• Needing to rush to the bathroom and/or losing urine if you do not arrive in time
• Pain related to filling the bladder and/or while urinating (without a bladder infection)
• Frequent bladder infections
• Weakness of urinary stream and/or a feeling that the bladder hasn’t emptied completely
• Abnormal urination or changes in urination related to a nervous system problem (stroke, spinal cord injury, multiple sclerosis, etc.)

incontinence may be a symptom of a more serious disease like a spinal cord tumor or bladder cancer.

What can be done? The first step to getting help is seeing a doctor. Before you go, make a list of your medications and keep a four-day record of the amount and type of foods and drinks you consume, and the number of times and approximate amounts you urinate. Sharing this information with a doctor will give him/her clues about your problem. A medical history, a complete physical examination, and tests may be required.

Because incontinence is only a symptom, the method of treatment depends on the source of the problem. Sometimes simple changes like switching what you eat or drink, stopping certain medications, or wearing a tampon during exercise can end incontinence. More often, treatment involves some combination of medicine, biofeedback, exercises, collection devices, or absorbent products.

Performing Kegel exercises is a good preventive step for all women. When women give birth and as they age, their pelvic floor muscles may relax and not work as well. This sometimes allows incontinence to occur. Kegel exercises were developed more than 50 years ago and are still the standard workout for maintaining the pubovisceral muscle. This muscle is a thick, U-shaped band that is attached to the outside walls of the vagina and passes behind the rectum.

To find your pubovisceral muscle, squeeze the muscles in your bottom as if you were trying to prevent passing gas. This also tens the pubovisceral muscle. The feeling of the muscles pulling upward is what you want to achieve during these exercises. Another way to identify this muscle is to stop the flow of urine while you’re using the bathroom. But don’t try that method more than twice a month, or you might send confusing signals to your bladder or cause a bladder infection.

Once you’ve found the muscle, squeeze and relax it quickly for 10 seconds, then rest 10 seconds. Next, squeeze and hold for 10 seconds (or as long as you are able to), then rest 10 seconds. Try to do 10 sets of this exercise each day, adding more as you grow stronger. When doing Kegels, avoid squeezing your stomach muscles—a common mistake. Doing this increases intra-abdominal pressure and makes it impossible to work the pubovisceral muscle.

The most important thing to remember about incontinence is that it is highly treatable and often curable. Embarrassment should never keep sufferers from getting the help they need.

For more information about urinary incontinence and physician referrals, contact the Simon Foundation, P.O. Box 815, Wilmette, IL 60091, 1-800-235IMON, or National Association for Continence, P.O. Box 8310, Spartanburg, SC 29305, 1-800-BLADDER.
“Why Do I Still Need Pap Smears?”

Many women think cervical cancer is only a disease of the young. Or that you can’t get the disease unless you’re sexually active. These ideas are wrong. And you might just end up dead wrong if, as you get older, you stop getting Pap smears, which screen for cervical cancer. Twenty-five percent of new cervical cancer cases and 41% of deaths occur in women age 65 or older.

Since the Pap smear (also called Pap test) became a routine part of a woman’s gynecological exam in the 1950s, the death rate from cervical cancer has declined by over 70%. But that success rate comes from women who have the test done. According to the American Cancer Society (ACS), half of the women diagnosed with cervical cancer in recent years had never had a Pap test before and another 10% had not had a smear taken in the previous five years.

The test is simple, quick, and inexpensive. Holding the walls of the vagina open with a speculum, a practitioner uses small collecting tools to gently scrape cells from the cervix (the opening to the uterus). These are then put on a glass slide and sent to a lab for analysis. Besides detecting cervical cancer, a Pap test sometimes shows signs of an irritation or infection. Pap smears can also check for signs of human papilloma virus (HPV), an infection that may lead to cervical cancer. For clear results,

don’t have intercourse, douche, or use vaginal creams for 24 hours before the test.

The fact that Pap tests save lives is clear, but how often you need to be tested is less clear. Both the ACS and the American College of Obstetricians and Gynecologists (ACOG) recommend yearly Pap tests for all women starting at age 18 or when sexual activity begins. After three normal tests, both groups say practitioners may increase the time between smears for low risk women. If you have any risk factors for cervical cancer, including early sexual activity, multiple sex partners, cigarette smoking, or a history of sexually transmitted diseases or abnormal Pap smears, both groups agree you should be tested more frequently than every three years. ACOG thinks all women should be tested for a lifetime. ACS recommends screening women less frequently or not at all once they turn 65, if they’ve always had normal Pap tests.

To help clear up the confusion about screening, the National Institutes of Health (which also sponsors WHI) held a Consensus Development Conference on Cervical Cancer in 1996. This panel strongly urged practitioners to continue Pap tests throughout life. As one panel member stated, “The fact that one in four new cases of cervical cancer develops in older women speaks to the need for screening beyond the age 65, perhaps every three years at most.”

It’s very important for you to talk to your own doctor about how often you should get Pap tests. Even if you and your health care provider decide less frequent Pap smears are fine for you, you still need a pelvic and rectal exam every year to check for ovarian, uterine, and colon cancer and other abnormalities. A yearly clinical breast exam is important, too. Women who have had hysterectomies should talk to their practitioners about having Pap smears.
Who You Know Could Help WHI

Here's a simple way you can help the Women's Health Initiative with the important job of recruitment. If your high school or college has a regular publication with class updates, you can send them a short note letting them know about your involvement in WHI. You could encourage other alumnae to learn more about joining by calling 1-800-54-WOMEN. It's a great way to stay in touch with your school while helping the WHI.

To make it even easier, we've included a sample letter. All you need to do is copy the letter onto your own personal stationery and mail it. By joining WHI, you've shown your commitment to shaping the future of women's health. Don't be bashful about letting people know about your great work! Who knows? You might even meet up with some old friends at your WHI clinic!

SAMPLE LETTER

Dear ________:

I am busy making a difference in the future of women's health by participating in one of the largest studies ever conducted on women's health, the Women's Health Initiative (WHI). Thanks to my participation and that of thousands of other women, our daughters, granddaughters and future generations of women will have the information they need to make better decisions about their health. I encourage all [school] female alumni, ages 60-79, to call 1-800-54-WOMEN to find out more about joining this very important study.

Sincerely,

Name
Class of 'XX

CLOWNING AROUND IN D.C.

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back and wallow in what's going on,” says Ellen. “You just do what you have to do.” Following in her mother's footsteps, her younger daughter, Robin, is also a professional clown (“Babba”). Robin sometimes assists Ellen with her performances.

Ellen admits her children were reluctant at first about her involvement with WHI. “They said, ‘Mom, why are you doing this? You don’t even know what [study pills] you’re taking.’ But now they know it’s what I’m doing and that’s it. They will see that it was really worthwhile when the final results [of the study] are known,” she explains.

This merrymaker keeps a hectic pace, but her motto is: “If you really want something done, give it to a busy person.” “I’m the type of person who likes to get involved,” she says. “I’m in WHI for the long haul.”
FOR YOUR HEALTH

What you eat before you fly on an airplane can help prevent airsickness, according to a recent study. Eating lightly and including high-carbohydrate foods like bread and cereal may help. But having high-sodium foods (like chips or lunch meat) or high-protein foods (such as meat or cheese) increases your risk of airsickness.

When you first feel a headache coming on, apply an ice pack to the spot where the pain is centered, such as your head or neck. Studies have found that this offers at least some relief for most headache sufferers.

Fevers in people over age 65 shouldn't be ignored. A recent study found that 76% of people in the age group with a temperature over 100°F were seriously ill, often with pneumonia or a bloodstream or urinary tract infection. And a temperature of 103°F or more, even if it was the only symptom, always indicated a serious illness.

Used dishcloths and kitchen sponges may contain bacteria that can make people ill. Wash your dish towels frequently and replace or wash sponges often. Both can be easily washed in the dishwasher or washing machine. Using a paper towel to wipe up raw meat juices will also help prevent the spread of bacteria.

Always ask your doctor or pharmacist whether medicine (prescription or over-the-counter) should be taken with food or on an empty stomach. Following these guidelines can improve the drug's absorption.

According to the U.S. Consumer Product Safety Commission, over one-third of all potentially harmful or fatal poisonings occur in the homes of children's grandparents. Take steps when children are in your home to keep medicines (including those in your purse) and household cleaners out of reach.

Have heartburn? Try chewing sugarless gum. A recent study found that chewing gum relieved heartburn in about seven out of 10 people. Heartburn is caused by irritating gastric juices backing up into the esophagus. Chewing the gum increases saliva, which washes the juices away.

Throw away the cotton that comes inside medicine and vitamin bottles. Cotton attracts moisture and dust, which can hurt the pills. The cotton is only put in the bottles to protect the pills during shipping.

Petroleum jelly, rather than an antibiotic ointment, is a safer and less expensive way to care for a small, clean cut. According to recent research, the rate of infection was equally low for both treatments and the healing time was similar. The difference? An antibiotic ointment (such as one containing bacitracin) is more likely to cause an allergic reaction.
On Target Gift Giving

Your mother is in a nursing home and has a birthday coming up—does she really need another bud vase? Though your best friend loves chocolate, she's been dieting and you don't want to undermine her efforts with a tempting gift. You'd like to surprise your grandson or niece with a neat present, but you're not sure what kids like these days.

The greatest gifts are useful and supportive, but aren't necessarily expensive. Here are some ideas to get you started:

For someone in a long-term care facility:
- A magazine or newspaper subscription
- A session with a hair stylist or manicurist
- Recordings of books or favorite music and a cassette player with headphones
- Easy-to-wear clothing like a jogging suit or housecoat
- A video of a favorite film
- A family album, complete with names and dates
- A generous supply of stationery, greeting cards, and postage stamps

To support an active, healthy lifestyle:
- A fanny pack, complete with a water bottle and a guide to local nature trails or other walking routes
- Gift certificate for a professional massage or facial
- Accessories to help with fitness interests (bowling, golfing, cycling, etc.)
- Gift certificate for a class in photography, yoga, woodworking, or aerobics

- First-aid kit for car or home
- Membership to a museum, pool, or zoo
- Board games that sharpen creativity or mental skills, like Scrabble or Pictionary
- A basket of seeds or young plants, along with an offer to help plant or weed the garden or window box

To keep kids curious, safe, and fit:
- A bicycle light or bell
- An insect "growing" or observation kit (butterflies or ants)
- Sidewalk chalk and hopscotch lessons
- Child-sized gardening tools
- Passes to the local pool or skating rink
- Juggling balls and instructional book or video
- Fun sunglasses and a wide-brimmed hat
- A butterfly net

One final note on presents: Often, time is the most precious gift of all. Though not easily wrapped, a fun afternoon spent with a friend, child, or loved one creates lasting memories.
CWCC Update

As you know, the Chicago Westside Clinical Center (CWCC) is a partnership of Rush-Presbyterian-St. Luke’s Medical Center and Cook County Hospital. Although we got off to a slow start, the last six months of 1996 exceeded all expectations. During this period, more than 300 ladies joined the Clinical Trial portion of the study and 198 were enrolled into the Observational Study. By the end of the year, well over 1,000 women had joined the Women’s Health Initiative.

We’re as Close as the Phone!!!

We’re here to serve you. If you have any questions, concerns or problems, please call us immediately. We have a special phone line that is available to you 24 hours a day, seven days a week. We want to hear from you. Call us anytime at 1-800-519-0000.

Holiday Tea a Huge Success

More than 70 of you attended the CWCC Holiday Tea on December 10. Dr. Henry Black, Principal Investigator, welcomed everyone and talked about the importance of the Women’s Health Initiative and how the results will benefit women for generations to come. Dr. Ellen Mason, Co-Principal Investigator, thanked everyone and reminded them that their role as volunteers was a key to the success of the project. The event was so successful that Dr. Black announced that it would become an annual event.

Rush-Presbyterian St. Luke’s Medical Center
Department of Preventive Medicine
1725 W Harrison St STE #155
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Address Correction Requested