The Mighty Fourth District Chronicle

Ohio and
West Virginia
Spring 2010

Support and Elect the "Best Person" for the position
Chris Cooper Esq. for Grand Counselor of
The Omega Psi Phi Fraternity

Please Support Your Local Haiti Relief Effort

74th International Conclave Raleigh, NC
July 22 – 30, 2010

4th District Officers for 2009-10
www.omega4thdistrict.org
Updated 04/10/2010

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Committees of the 4th District

COMMUNITY AND CIVIC AFFAIRS

ACHIEVEMENT WEEK – FRED AIKENS
SOCIAL ACTION – OMAR TURAY
NAACP – JEREMIAH HUNTER
TALENT HUNT – MARK SHAW
SCHOLARSHIP COMMISSION
DISTRICT SCHOLARSHIP – CRIS KENNERLY
COLLEGE ENDOWMENT FUND – DARYL CAMERON

DISTRICT HISTORY AND ARCHIVES

4TH DISTRICT HISTORY AND ARCHIVES – JAMES NELLEMS
AFRO-AMERICAN LIFE –LAWRENCE TOLSON

MEMBERSHIP COMMITTEE

RECLAMATION – LEE FIELDS
RETENTION – BILL COMEAUX
UNDERGRADUATE DEVELOPMENT – LAMAR COLES
POST INTAKE – ADREW WALTERS
OMEGA HEALTH – DOCTOR MICHAEL DULAN MD.
SPIRITUAL HEALTH – DAVID RELIFORD

ADMINISTRATIVE REPORTS

INFORMATION AND TECHNOLOGY – ANTHONY SCRUSE
TIME AND PLACE – FRED RAY

WAYS AND MEANS COMMITTEE

WAYS AND MEANS – JESSIE JUNIUS
BUDGET AND FINANCE – BOBBY MCDOWELL
ECONOMIC DEVELOPMENT –
AUDIT – TOMAR DAVENPORT

RULES COMMITTEE

CONSTITUTION AND BYLAWS – BRYAQN DIRKE
RECOMMENDATIONS – WALTER MADISON
4TH DISTRICT PROCEDURES MANUAL – CHRISTOPHER COOPER
CREDENTIALS – WILLIE TERRELL
CODE OF CONDUCT – DEWEY ORTIZ

SPECIAL REPORTS

POLITICAL ACTION – ALAN BANNISTER
CREDIT UNION – WENDELL BOYCE
LIFE MEMBERSHIP – ANTHONY WOOD

All Submissions should be sent to the Fourth District Public Relations Director at 4thdistrictDPR@gmail.com

PROCEDURES FOR SUBMISSION OF ARTICLES TO The Chronicle and The Omega Oracle
REVISED April 1, 2010

FORMAT:

Ω Articles must be sent via email and must be typed, single spaced and ready for printing to clarioncall@oppf.org.
Ω Photographs should be submitted by email as well in jpg format only.
Ω Avoid using all-capital typing elements for copy preparation, headings, etc.
Ω Include the title of the article, name and city/state of chapter and name of the reporter on all articles.

CONTENTS

Ω Contents should be to the point and accurate.
Ω Do not list chapter officers (unless it is a new chapter) or committee members.
Ω The articles should be newsworthy and focus on Brothers who have served in the Military for this issue (December 2009) and should be of interest to people outside of your chapter.
Ω Articles on activities such as special conference programs, community service projects, fundraising campaigns, and scholarships are encouraged especially when it addresses some of your mandated programs and activities.
Ω Articles describing these activities are limited to 500 words or less.

PHOTOGRAPHS

Ω Photographs can enhance an article. Planning and advance thinking about the situation and subject will help your photographer to shoot an outstanding picture. Please follow these guidelines in submitting photographs.
Ω Do not permit individuals to be photographed who are inappropriately attired:
• Naked photos will not be shown.
• Fraternity attire with canine or lewd images
• Images with brothers attired in gold boots.
• Images with brothers "throwing the hooks."
• Images with brothers with their tongues exposed.
• Images that diminish the professionalism of Men of Omega.
Ω In general, there is a limit of two pictures per article. Therefore, the best picture for the event should be selected and included.
Ω Do not have pictures taken with subjects in front of a cluttered background. Move the subjects to a suitable background.
Ω No Polaroid prints
Ω When shooting a group picture with ladies seated, the photo should be taken waist up for those sitting on the first row.
Ω Avoid taking pictures of large groups: 10 or 12 people per picture are sufficient, with the exception of charterings.
Ω Do not identify each individual when the group exceeds five. Select the notable speaker(s) or person(s) and state appropriate names and titles.
Ω Each photograph must have an appropriate caption. Identify individuals from the left to right and tell what, when and where of the picture.

STYLE

Ω Start articles with a dateline, including name of city, and state

Ω Capitalize chapter when used in conjunction with the name of a chapter, e.g. Zeta Kappa Kappa Chapter. All other references to chapter should be lowercase.

Ω Within the rest of the article, use lowercase abbreviations in conjunction with the name of a city, town, village or military base. Also use lowercase abbreviations in conjunction with short-form listing of party affiliation, e.g. (O.S.C.)

Ω Avoid personal opinions and editorial statements

Ω When the word FRATERNITY is used to refer to Omega Psi Phi Fraternity, Inc., the letter "F" is to be capitalized.

Ω All articles should be in Word format, 12 font, with Times New Roman font. Pictures should be in. jpeg format and at least 300 dpi resolutions. Pictures should be sent separate from the article and not on the same page or placed within the article. This makes it easier to have clearer pictures. With articles, please place the name of the chapter the article is representing and the city and state. Further, please limit your articles to 300 words or less-the article should address, who, what, when, where, and brief details.

Ω All chapter articles must be submitted directly by the chapter to the District Public Relations Director before the deadline dates, to allow for editing by the District Public Relations Director before his submission to the National Editor. Chapter articles not sent through the District Public Relations Director will be returned with the exception of Grand Officers, Editorial Board Member and Supreme Council Members, who may submit articles directly to the National Editor.

Ω A maximum of 3 articles per chapter will be allowed per publication/edition.

Ω All articles must be reviewed for grammatical perfection, correct spelling, and proper syntax. They must be reviewed for acceptable composition and form. They must also be reviewed for relevance and journalistic style. These reviews will be made before submission of any document for publication.

Ω The Oracle Editorial Board reserves the right to reject any article or to make any editorial changes deemed appropriate.

Ω When submitting e-mail be sure to scan documents for viruses
before submission.

IMPORTANT!!!

Ω DEADLINE TIME FRAMES FOR SUBMISSION TO THE MANAGING EDITOR OF OMEGA'S CLARION CALL BY DISTRICT PUBLIC RELATIONS OFFICERS ARE AS FOLLOWS:

Ω Before February 15, 2010 for the April Edition (Spring Edition)

Ω Before May 15, 2010 for the July Edition (Summer Edition)

Ω Before September 15, 2010 for the October Edition (Fall Edition)

Ω Before November 15, 2010 for January (Winter Edition)

Ω Oracle Editorial Board of Omega Psi Phi Fraternity, Inc. reserves the right to edit articles appearing in the ORACLE.

Fraternal standard for judging Social Action activity by chapters.

Financial Education Program The implementation of this standard at the International level will allow our districts and chapters to understand, with clarity, how Omega recognizes and judges Social Action.

The criteria for the determination of International Social Action Award recipients are listed below:

1. 20 points for each mandated program completed by the Chapter.

2. 25 points for each of the Social Action Special Emphasis Programs completed by the Chapter:

   National Diabetes Program
   Voter Registration **Charles Drew Blood Drives**

3. 10 Points for each Social Action Activity other than mandated or special emphasis programs. An activity is considered a Social Action Activity when the Chapter participates with another organization or independently takes on a project that provides significant support to the community. A 10-point allocation should be given for each activity, even if the chapter has received points for previous contributions to the same organization. Some examples are, <u>but not limited to</u>, the following:

   Food and Clothing Drives **Boys and Girls Clubs**
   Thanksgiving Baskets to the Needy **Black on Black Crime Workshops**
   United Way **American Cancer Society**
   Sickle Cell Foundation **United Negro College Fund (UNCF)**
   Senior Citizen Projects **Habitat for Humanity Projects**
   Mentoring and Educational Projects **City and State Humanitarian Projects**
   Campus/ City/County Clean-Up Projects

4. 10 Points for each $500.00 donation to any Social Action Project by the Chapter or by another organization in the name of Omega. Points for scholarship donations will not be counted in the Social Action Report.

5. 50 points for each media documented community service award received for work involved in the community by the Chapter or a Brother in the Chapter.

All activities, projects, awards, and donations must be clearly listed on the Social Action Report Form. A report book is required with documentation of all activities including donations or example, dates must be listed and appropriate supporting documentation attached. Parties, dances or other social activities designed to raise funds and/or support community organizations may be considered as a Social Action activity; however, those events that only involve the Chapter Brothers and their families will not be considered as a Social Action Project or Activity.

Three award categories have been developed based on membership type and size: small graduate chapters (5 to 49 brothers), large graduate chapters (50 brothers or more) and an undergraduate chapter. Districts will submit the reports from each category to the International Chairman for consideration for the International Social Action Chapter(s) of the Year.

Internationally Mandated Programs

ACHIEVEMENT WEEK

Achievement Week is observed in November of each year and is designed to seek out and give due recognition to those individuals at the local and international levels who have made a noteworthy contribution toward improving the quality of life for Black Americans. A High School Essay Contest is to be held in conjunction with Achievement Week. This contest is open to all college-bound high school seniors. College scholarships are awarded to the winners, each of whom must submit an essay on a theme/topic chosen by the Fraternity. This contest is a phase of the International Achievement Week observance.

COLLEGE ENDOWMENT FUND

Each year the Fraternity gives at least $50,000.00 to Historically Black College Institutions (HBCUs) in furtherance of Omega's commitment to provide philanthropic support. Chapters are assessed donations based on chapter size.

HEALTH INITIATIVES

All levels of the Fraternity are expected to facilitate, participate and/or coordinate activities that will uplift their communities by promoting good health practices. It is anticipated that all local chapters will execute the health directives at the local level. Some of the programs under the umbrella of Health Initiatives are the Charles Drew Blood Drive (normally held in June), AIDS/HIV Awareness, and the American Diabetes Association Partnership.

MEMORIAL SERVICE

March 12th of each year has been established as Memorial Day. Chapters are expected to conduct an appropriate service to recall the memory of those members who have entered Omega Chapter.

NAACP

Districts and chapters of the Fraternity are required to maintain a Life Membership at Large in the NAACP. In the event that a chapter or district is not a life member of the NAACP, it must maintain membership to be in Good Standing with the Fraternity. Members of the Fraternity are encouraged to become members of the NAACP.

RECLAMATION AND RETENTION

A concerted effort at the international, district and local levels to retain active brothers and return inactive brothers to full participatory status so that they may enjoy the full benefits of Omega.

SCHOLARSHIP

The Scholarship Program is intended to promote academic excellence among the undergraduate members. Graduate chapters are expected to provide financial assistance to student members and non-members. A portion of the Fraternity's international budget is allocated to scholarships through the Charles R. Drew Scholarship Commission.

SOCIAL ACTION PROGRAMS

All levels of the Fraternity are expected to facilitate, participate and coordinate activities that will uplift their communities. An international committee will coordinate the multifaceted programs of the various chapters. Activities under the umbrella of social action include, but are not limited to: voter registration, education and "getting out the vote"; Assault on Illiteracy; Habitat for Humanity; volunteering time to charities mentoring; and participation in fundraisers for charities such as American Diabetes Association, United Way, Sickle Cell Anemia, etc.

TALENT HUNT PROGRAM

This program provides exposure, encouragement and financial assistance to talented young people participating in the Performing Arts. Winners of the competition are awarded recognition for their talents.

VOTER REGISTRATION, EDUCATION AND MOBILIZATION

All levels of the Fraternity are expected to facilitate, participate and/or coordinate activities that will uplift their communities through the power of the vote.

Col. Charles Young: More Than a 500 Mile Ride

Ebony Magazine 1974

By Brother David D. Vassar, Mu Chi, Chapter Basileus

Springfield, Oh - Brothers of the 4th District, We often pride ourselves in being able to say that the second honorary member of our Fraternity hails from our district. We even challenge the knowledge of other Brothers by asking questions concerning where he was born, buried and the name of the horse that he rode to Washington D.C.?

Brothers, it is very sad that we have trivialized the accomplishments of this outstanding son, man, husband, father and United States Army Officer. I think we may have forgotten what the status of blacks was during the times of his untouchable accomplishments. Slavery ended in the late 1800's, this was also the time frame that Charles Young was born (March 12, 1864.) Col. Charles Young was the epitome of our four Cardinal Principals Manhood, Scholarship, Perseverance, and Uplift. It was quite astute for the young founders to quickly identify the accomplishments of the Colonel and align a man of his stature, and abilities with our Fraternity. Col. Young stood up for Black People. My Omega Brother's, do we?

I feel that it is time to stop only talking about who he was and start trying to emulate how he was. For starters let us begin by looking at his long list of accomplishments. He graduated from WestPoint during a time were there had previously only been two other Black Officers. Henry O. Flipper and John Alexander both never made it a career. He was a Professor of Military Science and Tactics at Wilberforce University. He played the melodeon, piano, and flute just to name a few. He spoke English, French, Latin, Spanish and German. He wrote several different poems, a play titled "Toussaint L'Ouverture" and an Essay on the Military Morals of Race.

He persevered while at WestPoint. He endured racial slurs, and disrespect from white underclassmen. Today his actions would be considered timid but he used discretion so there would be no further cause for his ill treatment.

Brothers, let these examples of Col. Young's accomplishments be what we strive for, let the study of our history make us thankful from where we have come from. Col. Young is more than a person who rode a horse to Washington D.C., he was an elite individual whose actions rivaled his peers. He was the General Colin Powell of his day. He set the stage for all future Black Army Officers. Let us never forget the sacrifices he made. To further learn more about Col. Charles Young I recommend the following books.

1. Black Officer in a Buffalo Soldier Regiment: The Military Career of Charles Young
   By Brian G. Shellum
2. For Race and Country: The Life and career of Colonel Charles Young
   By David P. Kilroy
3. Black Cadet in a White Bastion: Charles Young at West Point
   By Brian G. Shellum

Why Brothers are Friends
Taken off Goldboot1911

This was one of my first assignments as a Neo in the Fraternity. My Dean called me one night late just days after we crossed to tell me Brother Woods needed a ride and to meet him at his house.

Brother Woods was one of the Oldest Brothers in the Chapter but he had been sick so we did not get a chance to meet him while we were on Line. When I drove up to Brother Woods' House at 2:30 a.m., as instructed the building was dark except for a single light in a ground floor window. The area Brother Woods lived in was once the nicest area in town but with the years, it too had changed to boarded up houses and vacant lots. Under these circumstances, I think some young Brothers might have just honk once or twice, wait a few minutes, and then drove off or not shown up at all. I had heard stories of such while I was on line. My Dean taught me never to leave the Brothers so I waited.

I had seen too many times in my Process when Older Brothers would depend on Lamps and Neo's as their only means of transportation. Unless a situation smelled of danger like a set up with some visiting drunk Brothers at the meet location. I always went to the door even then. The Old Brother might be a Brother who needs my assistance, so I reasoned with I again do not be CAT see what the Older Brother needs.

I walked to the door and gave it the Fraternity knocks Ques number of times. 'Just a minute', answered a frail, elderly voice. I could hear something being dragged across the floor. I thought this seems like a Horror movie in the making. After a long pause, the door opened. A short Brother in his 90's stood before me. He was wearing a Royal Purple sports blazer and an Old Gold Frat Hat with the year 1941 on it. Brother Woods looked like a Brother straight out of an Omega History Book.

By his side was a small nylon suitcase. The apartment looked as if no one had lived in it for years. All the furniture was covered with sheets. There were no clocks on the walls, any knickknacks or utensils on the counters. In the corner was a cardboard box filled with Fraternity photos from many years ago. 'Would you carry my bag and box out to the car?' Bro. Woods said. I took Brother Woods' stuff to the car, and then returned to assist the Brother.

Brother Woods took my arm and we walked slowly toward the curb. Brother Woods kept thanking me for my act of kindness. 'It's nothing'; I told him I was made Right. 'I just try to treat all Brother the same way I would want to be treated' one day. 'Oh, you are a Good Young Bruh, he replied when we got in the car, he gave me an address, and then asked, 'Could you drive through downtown please?' 'It's not the shortest way,' I answered quickly. 'Oh, I don't mind,' he said. 'I am in no hurry. I'm on my way to a hospice'. I turned and looked at Bro. Woods, his eyes were listening. 'I don't have any family left other then the Fraternity,' he continued. 'The doctor says I don't have very long.' I quietly reached over and thanked Brother Woods for riding with me I felt honored 'What route would you like me to take?' I asked. For the next three hours, we drove through the city. Brother Woods showed me the building where he had once worked as a Lawyer. We drove through the neighborhood

where he and his wife had lived when they were newlyweds. He had me pull up in front of a furniture warehouse that had once been a ballroom where the Chapter held Fraternity Parties back in the 40's and 50's sometimes. Brother Woods asked me to slow in front of a particular building or corner and would sit staring into the darkness, saying nothing. I could only wonder what stories he was not telling me. Brother Woods asked me to stop by the Lake soon as we got close he began singing Fraternity Songs and telling stories of how the Brothers made them. We pulled over by the Lake to talk some more then Brother Woods reached in this pocket and gave me his Fraternity pin and asked me to hold on to it for him, he said he was saving it for his son but his son was killed in the war and never returned home. I felt like I had been lifted out of whatever I thought Omega was before I showed up at Brother Woods' house and now I knew the True meaning of the Motto.

As the first hint of sun was creasing the horizon, Bro. Woods suddenly said, 'I am getting tired. Let us go now.' We drove in silence to the address he had given me. It was a low building, like a small convalescent home, with a driveway that passed under a portico.

Two orderlies came out to the car as soon as we pulled up. They were solicitous and intent; watching Brother Woods every move. They must have been expecting him Brother Woods who was once a well-respected Lawyer back in the Civil Rights Era.

I opened the trunk and took the small suitcase and cardboard box to the door. Brother Woods was already seated in a wheelchair. 'How much do I owe you he asked, reaching into his pocket?

' FIETTS,' I said.

Brother Woods' eyes were like Precious stones; it was as if he was looking into my Soul. 'You have to buy gas' you drove me around for hours he answered. It was My Duty,' I responded.
Almost without thinking, I bent over and gave Brother Woods the Grip and a tight hug as tears began to run down my face. Bro. Woods held onto me tightly as if I was taught by my Dean to Hold Omega Dear. It seemed like I knew Brother Woods for a Lifetime after just a few hours. You gave an Old Brother a little moment of joy,' he said. 'Thank you.' I squeezed his hand once more not wanting to let go as they rolled him always, and then walked into the dim morning light. Behind me, a door shut. It was the sound of the closing of a life like or the sound of a Book Shutting.

I did not do anything the rest of that day. I drove aimlessly lost in thought. For the rest of that day, I could hardly talk. What if Brother Woods had gotten an angry Young Bruh, or a Bruh who was impatient with Older Brothers and just dropped him off? What if I had refused to pick up Brother Woods at 2:30 am, or had honked once, then driven away? Why did my Dean pick me for this Duty? On a quick review, I do not think that I have done anything more important in my life.

We are conditioned to think that our lives revolve around great moments. But great moments often catch us unaware--beautifully wrapped in what others may consider a small one. A Brother may not remember exactly what you did, or what you said, but they will always remember how you treated them.

Thank you, my Brothers for being my Friends... Omega Life may not always be the Omega party we hoped for, but while we are here, we might as well dance to the Music of True Friendship.

Haitians in the Dominican Republic

Omar P. Turay, Basileus, Omega Psi Phi Fraternity Inc., Iota Psi Chapter - The Ohio State University

"Friendship is Essential to the Soul"

Haitians in the Dominican Republic

By Omar P. Turay, Basileus

Columbus, **Oh** - When you think of Haiti, you think of the massive earthquake that has made the lives of the poorest country in the Eastern Hemisphere worst! I had the opportunity to go down to the Dominican Republic three days after the Earthquake for a study abroad trip that involved economic and agricultural development. For those who are not aware, the Dominican Republic shares the Island Hispaniola with Haiti, occupying around 2/3 of the island. The history between Haiti and the Dominican Republic is a rich and interesting battle that goes from allies to enemies. The hatred built towards Haitians came in the early 1900's when the Dominican Dictator Rafael Trujillo established that Haitians were the devil and had 30,000 Haitians murdered. After his reign, his legacy lived on in the hearts of many Dominican people. During my time in the Dominican Republic, I had the opportunity to experience the Dominican culture and understand why many do not get along with Haitians. After the earthquake, the first country into Haiti was the Dominican Republic, however they were not accepted because they already had issues they were dealing with that pertained to Haitians illegally coming across the border.

To Haitians the Dominican Republic is a place to get an education, make money for your family back home, and an opportunity for a better life. To Dominican's the "Haitian invasion" is considered a horrible idea too many. What I noticed from my time down there is that Haitian people come to the Dominican Republic to better their families living in Haiti. Most of Haitians work on sugar cane plantations, agriculture, and construction. With the Dominican Republic being a developing country, many labor laws are not enforced. Most Haitians that work in the Dominican Republic often tend to resemble slavery. Many people are not aware but some Haitian workers that come over to work on sugarcane plantations, which are U.S. owned, deal with the same issues slaves dealt with. They live in special living communities; they work hard from as many as 10-12 hours daily, and take heat for not meeting specific cutting quota. There has been many speculation of this slave like treatment towards Haitians on sugarcane plantations, as well as documented evidence from Haitians who claim to have been forced into the sugarcane industry as slaves. The sugarcane industry is just one of the many ways Haitians can earn money for their families back home who are struggling especially after the earthquake.

As an outsider looking in, it seems as if Haitians are treated horrible in the Dominican Republic, so I asked many Dominicans why do you treat them so bad. Many responses were, "that's how we were raised," I even got a frustrated response from a friend I made down there; "it's not that we do not like them, it's that we are two different people." It is true when he stated "…we are two different people," because when you look at Dominican's and Haitians their skin complexion is very similar however it is not color that matter, its where you come from. Because Haitians cannot speak Spanish the ways Dominicans can, they are assaulted, because they do not adhere to the Dominican culture they are barred from nightclubs, restaurants, and even the country. If you ever go to the Dominican Republic, you will notice military police everywhere looking for illegal Haitians and even legal Haitians to take back across the border or just simply harass. The struggle Haitians go through is ridiculous; their main goal is to simply earn money in the Dominican Republic to take back home for their families who all are struggling from devastation of the earthquake.

Without Haitians in the Dominican Republic the economy will fall, it is the hard work of the Haitians that help the economy; it is the struggle they go through to pick coffee, to cut sugarcane, to grow rice, to construct over 75% of the buildings in the country that help the Dominican Republic. So why are they treated badly? What I learned from why they are treated badly comes from ignorance and the mindset of their dictator living in them. Some may say it's because they are a Roman Catholic nation and Haitians practice voodoo so they don't want the devil in their country when in reality voodoo does not worship the devil. The struggle the Haitians go through in the Dominican Republic can be compared to the struggle African-Americans suffered in the United States and are still suffering from, no matter where we go, racism is present and on my economic and agricultural development trip I have learned a great deal from it. I have a few photos from my experience below as well as a photo of a Haitian worker who is just doing what he has to do to make it.

Some pictures of Omar in the Dominican Republic

Activities on The Ohio State Campus 2009 - 10
Omar P. Turay, Basileus, Omega Psi Phi Fraternity Inc.,
Iota Psi Chapter - The Ohio State University

"Friendship is Essential to the Soul"

Columbus, Ohio - This past year Iota Psi Chapter at The Ohio State University has been actively involved and continuing their rich traditions. The year started off strong and exciting. The members of Iota Psi began their school year with a scavenger hunt program called "The Amazing Race." The main goal of the race was to get incoming African-American students acclimated to the university prior to the first day of classes. The Iota Psi chapter worked with students from the Bridge Program and prepared a ten leg race which had students running around from main campus to the agricultural campus, using school transportation, engaging in physical activities such as rock climbing at the Adventure Recreational Center, and utilizing every resource made available to students who attend The Ohio state University. The goal was to expose the students to the man benefits that are available at OSU that and to encourage them to explore the campus and get involved. The players on the winning team was each awarded $100 gift cards to Barnes and Noble books store to help purchase books for the upcoming quarter.

Following "The Amazing Race" Iota Psi continued to stay active and involved on campus by participating in the welcome week activities for incoming students, the Black Cultural Welcome Week, assisted with moving in over 15,000 students, as well as stepping for high school students. The volunteer work did not stop there as the chapter continued to volunteer with the Mentoring Student Athlete Foundation by providing guidance and tutoring to high school athletes. Not only did the chapter provide guidance and tutoring, the chapter also gave away $250 dollars in scholarships along with Mentoring Student Athlete Foundation to assist and motivate students for college.

As the quarter continued the members of Iota Psi continued on upholding the values of our great fraternity. On October 17, 2009 they held a campus wide risk management program with Alpha Gamma Delta Sorority and Alpha Psi Lambda Organization; there were over 800 students in attendance. The program was in conjunction with Planned Parent Hood. The brothers assisted in a jeopardy game and handed out condoms, safe sex packages, and many other prizes. Below are photos from the program "Safe Sex is Great Sex"

After a successful collaboration with different councils the members of Iota Psi collaborated with the ladies of Alpha Kappa Alpha tackled the issues on the lack of male involvement on campus and in the home. Many students came out to argue the issues regarding male involvement in the homes and on campus.

With so many great programs and activities going on, Iota Psi held their annual "Back down Memory Lane Home Coming Party." The party had a great turnout with OSU students dressed in attire from the 1980's and 1990's partying until the late night. Later in November Iota Psi held their achievement week with a series of events beginning with a founders banquet that was free to all guest. The chapter presented awards and scholarships to members and high school students as well as OSU faculty. Bro. Omar P. Turay received the Omega Man of The Year Award, Bro. Christopher M. Cooper Sr., Esquire received the Founders Awards, Bro. Amir Abed received an award for his dedicated Service to the Chapter and fraternity, Bro. D'Juan Armstead along with Bro. Demetrius Baker, Bro. Dionte Johnson, Bro. Terrell Embry, Bro. Jeffery Tarver, Bro. Christopher Martin, Bro. Bryan K. Dirke, Bro. Jhade Barnes all received individual awards for their hard work and service to Iota Psi.

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Initiation of new members 2009 - 10
By LaMar Coles, Northeast Area Representative
Omega Psi Phi Fraternity Inc.,
Zeta Omega Graduate Chapter –
The Oldest Graduate Chapter in the Fourth District

Cleveland, Ohio - On March 6th, 2010, Zeta Omega Chapter (Cleveland, OH) initiated 4 Neophytes. One of which was a Legacy whose father crossed the burning sands of Omega through Psi Psi Chapter at Kentucky State University. These men are of diverse professional backgrounds: Bryant Muhammad (Cuyahoga County Probation Officer), Anthony Scott (Attorney with Brouse McDowell), Chad Self (External Affairs Manger with First Energy Corp), and Tyrone Lofton (Business Account Manager with ADT Security).

Zeta Omega Chapter 2010 Neophytes

From left to right: Bryant Muhammad, Anthony Scott, Chad Self (**Legacy**), Tyrone Lofton.

38th Grand Basileus **Founder and CEO**
Bro. Warren G. Lee **Bro. Claude Booker**

Zeta Omega Brother with a Dream that is becoming Real

By

Jerry M. Kennebrew 4th DDPR & Claude Booker

Cleveland, Ohio - Brother Claude Booker is founder and president of Simply Southern Sides. Simply Southern Sides is a brand of delicious, fully cooked and seasoned, boil-in the bag side dishes and veggies. Some of the signature sides include, home-style collard greens, okra & tomatoes, macaroni and cheese, mashed potatoes, carrots n' buttery sauce and cream corn just to name a few.

With deep southern roots from the Carolina and Georgia, he had a dream and used his entrepreneurial spirit to create a line designed to provide a "no fuss" and "no mess" preparation process for the home consumer and foodservice industry.

Simply Southern Sides was formed in July of 2007 and currently has two employees and 10 contracted sales agents (brokers). The company's Management and support team consists of experienced marketing, culinary and systems oriented personnel. Brother Booker has more than 20 years of culinary, sales and management experience with several food companies including US Foodservice and SYSCO Foods, two of the nation's largest food distribution companies.

In less than three years Simply Southern Sides has grown from $275 thousand dollars in its first year to a little over $3.8 million dollars in 2009. The company is on track to finish 2010 at $5.8 million dollars.
Simply Southern Sides boast an impressive client list consisting of Kroger's, Supervalu, Ahold, C&S, Meijers, Associated Wholesale Grocers, Brookshire Grocery, Marsh, Piggly Wiggly, US Foods, SYSCO Corp, Performance Food Group, Ft. Benning, Ft. Stewart, Ft. Gordon, Ft. Knox, Ft. McPherson, Moody Air force base, Albany Marine Logistics, Robbins Air Force Base, OCONUS Installation-Iraq, Afghanistan, Kuwait, Qatar, Bahrain and Saudi Arabia.

Brother Booker believes Simply Southern Sides is poise to be a major player in the multi-billion dollar prepared foods industry. He is proud to have members of Zeta Omega as owners in his business as well. For the efforts of boiling water this exciting product, bring smile at Zeta Omega meeting and many social events.

Larry Tolson Basileus Xi Chi:
Reactivation of the Graduate Chapter
Xi Chi in Akron, Ohio

Xi Chi Chapter Reactivated

By Larry Tolson

Akron, Ohio - Working closely with a few brothers in Akron, Ohio and the International Headquarters, the Fourth District Representative, Bro. Rufus D. Heard, worked to revive another longstanding chapter in the district. After a three year hiatus, the Xi Chi Chapter of the Omega Psi Phi Fraternity, Inc. was reactivated in November of 2009.

Brothers William Blake, E. Lee Byrd, Vyrone Finney, Donald Porter and Ed Smith influenced other brothers in the Akron area to recommit and join the effort. The brothers of Akron were eager to live up to their commitment of life-long service as Omega Men to their community. They began their work immediately by preparing Thanksgiving and Christmas baskets for a few families in need, making a contribution to a family who lost their home in a fire and conducting a clothing drive. In March, Xi Chi held a Casino Mardi Gras night. The Akron community welcomed the brothers back with open arms and are eagerly waiting for their next event.

"We have a good core of hard working brothers!" states the Basileus, Bro. Larry Tolson. "I'm honored that they chose me to lead them." Bro. Tolson says he works closely with his Vice Basileus, Bro. Da'Ron Henderson. He believes they complement each other well. He also recognizes the work of Brothers Myron Lewis, Nuwoo Smith and Brian Turner.

Two of Bro. Tolson's immediate goals for the Xi Chi chapter are growth through reclamation and to award at least $2,000 in scholarships this fall. Xi Chi has many projects underway already; a golf outing to raise scholarship funds, a mentoring program called Man-Up, a program against domestic violence and a fundraising campaign for Haiti.

Welcome back brothers of Xi Chi! You can check them out at www.xichiques.com

Reuben Diamani MSP Chair - Mu Iota:
Reactivation of the UnderGraduate Chapter
Sigma Psi - Athens, Ohio

Education will never be as expensive as ignorance

Athens, Oh - Yesterday (April 23,2010), at 7:24PM I had the pleasure of reading into Omega four outstanding young men. With that historical event, Sigma Psi Chapter is re-activated. It has been 21 years since this great chapter was an active chapter. It was truly one my proudest moments in Omega. Their line name is - Quedinal Renaissance: The UniQue Four Withstanding Extreme Quenditions: The members on the line are 1. **Brandon Neal** - Rev1talized: Ban-Que-rupt La1d BaQ Terrier Dog, 2. **Brandon Foggie** - Qan't Get Right: AQQident DaQshund Hound Dog, 3. **Lacy Flintall, Jr.** - SpeaQ 3azy: CocQy Doberman Dog and 4. **Sean Kristoff-Jones** - 4-Front ConspiQUEous RoQWilder Dog

Dell Robinson : Sigma Psi Brother making Waves and Inroads
Taken off GoldBoot1911

Bay City, Mi. - Dell Robinson became the second African-American to lead a non-black collegiate conference when he took over as commissioner of the Division II Great Lakes Intercollegiate Athletic Conference in June 2009. Brother Robinson would prefer not to look at himself as a pioneer, but when he enters a room of his colleagues and peers, there's no denying the 44-year-ol d is continuing to break new ground. Robinson follows in the footsteps of Rudy Keeling, who became the first African-American commissioner of a non-black conference in 2007 when he assumed leadership of the Eastern College Athletic Conference, the only multidivisional conference in the country (has schools and programs in Division I, II and III). "You want it to get to a point where [race is] not an issue, but we are still striving as a nation," Robinson said. "To tell you the truth it does hit you when you are in a room sometimes and it's 300-something people in a banquet hall and you are the only person of color there.

"But in all of my travels through education and my career, I was prepared for this in some shape of form or fashion. If I can do it, being somebody who is of the common touch, then other individuals can do it. I'm not Ivy League educated, I am not from any boarding schools or anything of the like. I just had a pure work ethic and determination to do it. But it's a challenge going out every day." These days, Robinson's time is consumed with thoughts of expansion and branding as he attempts to take the nation's premiere Division II conference to the next level. The GLIAC is a 14-member conference with schools in Michigan, Ohio, Illinois and Indiana, led by members such as Ashland, Michigan Tech, Ferris State, Grand Valley State, Indianapolis, Lewis, Northern Michigan and Wayne State.

The GLIAC will expand to 16 schools later this year when Lake Erie and Ohio Dominican become members. "The biggest challenge we face is looking at new potential members," said Robinson. "No. 2 is activity and branding. "We want to take a good look at expansion. We've done a lot of expanding in Ohio, but we also want to expand in Michigan, as well. If we want to have a true Northern and Southern division, it's going to help if we can even it out so people don't miss as much class time."

This has been an opportunity Robinson, a native of Cleveland and a graduate of Ohio University where he was initiated into Omega Psi Phi Fraternity, Sigma Psi Chapter, has spent his career preparing for this awesome challenge.. He was an associate commissioner of the Mid-American Conference for 10 years in his hometown before making the jump last spring to the Saginaw, Mich.-based GLIAC. It was an easy decision when he saw the national level the conference competed on in football, men's and women's basketball, women's soccer and softball, among other sports.

"You name it, we kind of show up," said Robinson, who also served as assistant commissioner of compliance for the Western Athletic Conference from 1996-99 prior to moving to the MAC. "If you are going to be involved on the Division II level, this is the best spot to be involved in."

In a perfect world, Robinson hopes to inspire other African-Americans and ethnic minorities to strive to be commissioners and athletic administrators not just at the Division I level but also at the lower division levels. "It's a platform that I do have right now, so how do I use it?" he said. "You talk to young administrators and they are looking at it. I have one or two friends who have been steered toward Division II and it's maybe because I sold them on it a little bit because they were cracking the glass ceiling and couldn't get where they needed to get, and now they are forging their way on this level. There are many avenues to get where you need to."

To get in contact with Dell or to look at his conference information go to http://www.gliac.org/landing/index or http://www.mlive.com/cardinals/index.ssf/2009/03/robinson_named_new_commissione.html.

Willie A. Terrell, Jr. -- Past Basileus Xi Iota Iota

Presented the Meritorious Service Award at the 58th Dayton Unit NAACP Freedom Fund Banquet
and
Presented the Brother Raymond Fitz Educational Leadership Award

Submitted By Brother Willie A. Terrell, Jr.

Sidney, Ohio Willie A. Terrell, Jr. a Title l Regional Parent Resource Teacher for the Dayton Public School was recently awarded the Meritorious Service Award at the 58th Dayton Unit NAACP Freedom Fund Banquet on October 23, 2009. Derrick L. Foward, M.C.E the current President of the Dayton Unit NAACP, gave this award. This award was given to him for his remarkable professionalism as a Trailblazing Scholarship Chairman; supporting the vision, mission, goals and objectives of the NAACP. He has distinguished himself as a "Leader" who has aroused the "Conscience of a Nation" in Dayton, Ohio community.

Terrell serves the NAACP in several capacities. He is an elected member of the NAACP Executive Committee, Chairs the Freedom Fund Souvenir Journal and Chairs the Scholarship Committee. He is a Life Member of the NAACP and a Golden Life Heritage Member of the NAACP. He is a former Membership Chairperson and served on the Education Committee,

Terrell received his Bachelor of Science Degree in Social Studies from Central State University in Wilberforce, Ohio, Master of Education from Miami University, in Oxford, Ohio, and a Master of Education from Wright State University in Dayton, Ohio. He has Certification/License from the State of Ohio Department of Education in several areas: Social Studies Comprehensive, High School Principal, Supervisor, Pupil Personnel, Staff Personnel, and Instructional Services.

Willie is the Past President of the Dayton Education Association. He was elected president in May 2000. He served that position for 6 years. Under his leadership, several positive things have happened. Willie led the district's DEA members in the passage of a November 2002 bond issue funding the local share of a $630 million project to rebuild or renovate the district's neighborhood schools. The issue was approved by an unprecedented margin-64 percent of district voters. He was the president when the district came out of Academic Emergency and went into Continuous Improvement. He began a partnership with several community groups: NAACP, SCLC, the Urban League, Wesley Community Center, Parity, and UHS. He initiated monthly meeting with the Superintendent and bi monthly meeting with the Deputy Superintendent. He supported the district renewed focus on reading and math which resulted in the highest percentage point gain that DPS has made since the inception of the Ohio Proficiency Test in 1995.

Willie served the association as Vice President, Treasurer and chaired several Executive Board Committees. He has served Dayton Public School in many capacities such as: Social Studies teacher, Staff Developer, Coordinator of Saturday School, Cluster Leader, Social Studies Department Chair, Athletic Coordinator, Teacher on Special Assignment, Proficiency Challenge Liaison, and MLK Orator Coordinator. Willie is currently a Title I Regional Parent Resource Teacher for six Dayton Elementary Schools in Dayton, Ohio.

Willie A. Terrell, Jr. Presented the Brother Raymond Fitz Educational Leadership Award

Sidney, Ohio Willie A. Terrell, Jr. a Title I Regional Parent Resource Teacher for the Dayton Public Schools was recently awarded the Brother Raymond Fitz Educational Leadership Award at the 24th Annual Dr. Martin Luther King, Jr. Holiday Celebration Presidential Banquet on Monday, January 18, 2010. Paul Barbas, President & CEO of the Dayton Power and Light Company presented this award. Paul was a MLK Honorary Co Chair of the 24th MLK Annual Dr. Martin Luther King, Jr. Holiday Celebration.

As a part of the MLK Celebration each year, this award honors a person whose educational innovation and creativity have expanded educational opportunities to achieve parity and community leadership through education.

One way he aroused that conscience was through his efforts to expand educational opportunity to achieve parity. For example he was elected president of the Dayton Education Association in May 2000 and served in that position for six years. During his tenure, Willie led the DEA membership in promoting passage of a November 2002 bond issues funding the local share of a $630 million project to rebuild or renovate the district's neighborhood schools. The issue was approved by 64 percent of district voters, an unprecedented margin. The new buildings with their state-of-the art technology help provide more opportunities for our students to attain the level of education needed to compete in today's global society.

In addition, for the past twenty-five years Willie has been a member of the Reverend Martin Luther King, Jr. School Program Committee for the Greater Dayton MLK Holiday Celebration Committee. He has worked to involve the entire community in the MLK Scholarship Program, which has awarded more than a quarter of a million dollars to local students entering an area institution of higher learning. The contest is open to all high school seniors the Greater Dayton Area.

Innovation and creativity are important aspects of Willie's leadership style. As president of the DEA, he began partnerships with several community groups, including the NAACP< Parity, SCLC, United Health Solutions and Wesley Community Center. He imitated monthly meetings with the Superintendent and bimonthly meetings with the Deputy Superintendent.

He also provides community leadership through education as an active life member of several civic and fraternal organizations. Willie provides community leadership through education in his current position as a Dayton Public School Title I Regional Parent Resource Teacher and as an active life member of the following organizations: Association for the Study of African American Life & History, Central State Alumni Association, Doris L. Allen Minority Caucus (DEA), Dayton Urban League, Omega Psi Phi Fraternity Inc., Wright State Alumni Association, NAACP (Regular life) and NAACP (Golden Heritage)

Terrell's awards include: Omega Psi Phi Xi Iota Iota Chapter Omega Man of the Year, Omega Psi Phi Xi Iota Iota Superior Service Award, Omega Psi Phi Xi Iota Iota Founder's Award, He was listed in the 2005-2006 Success Guide "Focus on African Americans in Education , A 2006 Heart of Gold Award given by Eta Phi Beta Sorority, A 2006 Top Ten African American Male Award given by Parity, Inc., A Community Service Award given by Harmony Lodge #77, An Outstanding Service Award given by the United Health Solution. A 2007 Labor Leader Award given by The Coalition of Black Trade Unionist. A 2007 Strong Men and Women of Excellence Award given by the SCLC Women's Division, A 2007 NAACP Life Time Achievement Award, A 2008 Community Service Award given by The National Pan-Hellenic Council North Central Region, A 2008 NAACP Life Golden Heritage Award. A 2009 Meritorious Service Award given by The Dayton Unit NAACP.

Brother Dr. Michael Dulan -- Basileus Delta Alpha Youth Sports Camp
and
Delta Alpha 12th Annual Scholarship Golf Outing

Youth Sports Camp

Dayton, Oh - In July 2009 just as in the previous five years, The Brothers of Delta Alpha have joined with the members of Greater St. John Missionary Baptist Church to host the Annual Youth Sports Camp at the church on Germantown Pike. This is one of the events that is co-sponsored through the Delta Alpha Foundation, and of which the Brothers are most proud. Every year we serve over three hundred youths. They attend a short prayer service and then break out into groups. Some are taken offsite for other events and many participate in the fun activities that are held on the premises.

The event is held for five days during July and the Brothers of Delta Alpha look forward to the interaction with the kids and gracious member of the community. Brother Mal Jones (Past DR.) is a member of the church and very enthusiastically encourages the brothers to participate in this annual program. The Brothers came out to cook, serve, and manage the games that were being held for the children.

Left to Right Brothers Dr. Edmond Moore, Andre Rolden, Fred Weeks and Friend Todd Duncan

By Ronald Jackson, Golf Chairman

Dayton, Oh - The Delta Alpha 12th Annual Scholarship Golf Outing was another fun and exciting event for the men of Omega, sponsors and guests. The event was held at the beautiful Beavercreek Golf Course in Beavercreek, OH. The event had a total of 52 golfers, and raised over $1,500.00 for the Scholarship Fund. We had a competitive men's field and also women who participated in this year's event. Trophies were given out to 1st place men, 2nd place men, 1st place women, 2nd place women, longest drive men & women and closest to the pen men & women.

Due to the economy being what it is and corporations and businesses cutting back on funding, the Golf Outing did not raise as much as we had hoped. With that being said, we did not take a loss, and from the guests that competed and the Brothers of Omega, everyone reported having a great time. It is a venue that we will continue to look to use in the future for our golf outing.

As in the past, our major sponsor Ross Motors provided us with a car for longest drive. We continue to get strong support from them year after year. Also, special thanks go out to Brother Michael Dulan for his efforts year after year in securing sponsorship from the medical community. We cannot have such a good outing without the help of Brothers who step to the plate year in and year out and assist us on the day of the event. We will look to have an even better event next year to help ensure that we strive to assist area college students with funds to help assist them with costs to further their education. Thanks again and God Bless.

Omega Psi Phi Fraternity Inc. 4th & 7th Districts

District Medical News

Volume 1, Issue 1

April 15, 2010

Hypertension, Coronary Artery Disease, Diabetes Mellitus, Cancer & Prostate Cancer:

Five Reasons As a Black Man You Might Not Survive 2010

As we move into the second century of Omega Psi Phi Fraternity Inc., Black Men are being exposed to different personal heath issues that are not being directly addressed. Hypertension, Coronary Artery Disease, Diabetes Mellitus, Cancer & Prostate Cancer are some of the causes of the declining health of Black Men. We must overcome past stereotypes of not addressing health care problems until it is too late, most diseases can be managed and treated if they are treated in a timely manner.

Hypertension (high blood pressure) is one the most commonly encountered syndromes in a primary care physicians' office. Over 70 million Americans suffer with hypertension but roughly only 1/3 of that 70 million are adequately treated to accepted levels of control; thus the term "silent killer".

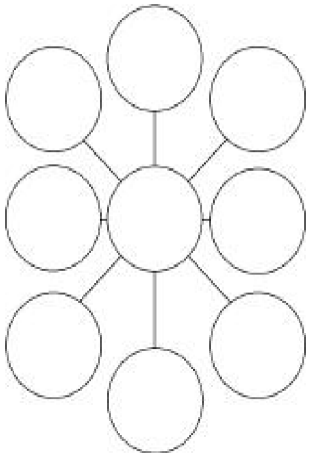
Hypertension that is not adequately controlled often times leads to damage of many of the body's vital organs (i.e. – kidneys, limbs, eyes, heart). Often times this damage takes place without any warning signs or symptoms. African American patients are at significantly higher risk for suffering from the fatal complications of uncontrolled hypertension. Up to 35% of all African Americans have hypertension. The disease state alone accounts for 20% of all African American deaths in the US (twice the percentage among whites) African Americans, compared to whites, develop hypertension at earlier ages and, in addition, maintain higher BP readings overall as compared to whites. African Americans have an 80% higher chance of dying from a stroke than compared to other populations. As well, there is also the 20% higher risk of developing heart disease than the general population.

Lastly, African Americans are 4 times more likely to develop hypertension related end stage renal stage than the general population. The statistics exist due to a variety of reasons ranging from genetic predisposition to poor access to health care. This disease clearly requires more attention that what it is presently given in the African American Community.

Blood pressure measures the force of blood flow when the heart both contracts and relaxes. In those with hypertension, that force within the blood vessels is far greater thus allowing the heart to work harder to meet the demands of the body.

140/90 – this is the current standard by which all patients are considered normal or abnormal. This number was the goal of hypertension treatment as defined by the National Heart, Lung and Blood Institute as per its guidelines in 1997.

The problem with this number is just under 25% of all African American patients with hypertension have the disease under control. This has been due in part to under-utilization of appropriate medications, lack of an aggressive treatment strategy, and poor lifestyle habits.



<u>130/80</u> – the new treatment standard for African Americans. The International Society on Hypertension in Blacks (ISHIB) believes that all African Americans suffering with hypertension should use this number as a barometer of health. Furthermore, ISHIB recommends an aggressive treatment strategy be taken requiring treatment with **2 medications initially** as opposed to 1.

Conclusion/Action Plan

Rules - Know your numbers – get a complete physical once/year and check your blood pressure at opportune moments (health fairs, churches, pharmacy, drug stores).

1) If numbers are abnormal, **do not avoid going to the doctor. Visit your doctor to have the problem addressed.**

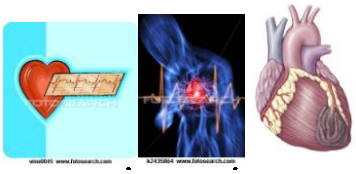
2) Maintain a healthy weight by exercising at least 3 – 4 days/ week for at least 45 minutes. Eat properly by not skipping meals, eliminating fried foods, drinking 8-10 glasses of water/ day, and cut down on alcoholic beverage intake.**Take medicines as prescribed – do not alter dosages, miss medication, or stop medication because of something you read – if any questions arise, CONTACT YOUR PHYSICIAN.**

3) ***STOP SMOKING!!!!***

Hypertension related deaths remain one of the top causes of all mortality death in the African American community. We, as Omega Men, must lead the charge at the local levels to educate our community regarding the pitfalls of this horrible disease state.

I am urging each chapter to conduct at least one blood pressure screening per fiscal year in partnership with a local health care organization. This activity alone will raise community awareness level with regards to maintaining healthier lifestyles and increasing longevity.

Brother Marc J. Harrigan, MD
Diplomate - American Board of Family Medicine
7th District Chair –Medical Initiatives
mharrigan@pol.net.



BROTHERS OF THE FOURTH DISTRICT
Reduce Your Risk for Heart Disease

Submitted By
Bro. Charles W. Sears, Mu Iota Chapter Columbus, Ohio

Cardiovascular disease, or heart disease, is the leading cause of death for both men and women in the United States. There are many different types of heart disease, such as coronary artery disease, heart attack, congestive heart failure, and atherosclerosis. With lifestyle and behavior changes, you can help prevent heart disease from happening to you.

Risk Factors for Heart Disease

* Age: Men > age 45
  Women > age 55
* Family history
* Male
* Tobacco use
* High blood pressure
* High cholesterol
* Obesity
* Physical inactivity
* Diabetes
* Stress

Reducing Your Risk

Exercise Regularly: Regular aerobic exercise three to five times a week for at least 30 minutes a day may help raise your HDL or “good” cholesterol levels, weight, and reduce stress. Try these ideas to add exercise into your day:

- Take the stairs instead of the elevator or escalator.
- Park farther away from your destination.
- Go for a walk during your breaks at work.
- Walk or bike to the corner store instead of driving.

Maintain a Healthy Weight: If you are overweight, set a realistic goal and develop a plan that is right for you to help you lose weight. Losing just 10% of your current body weight may improve your health and decrease your risk of heart disease.

Practice Good Nutrition: High-fat, high-cholesterol diets can lead to clogged arteries, and too much sodium can raise blood pressure. You can reduce your risk for a heart attack by following the nutritional guidelines set by the American Heart Association:

- A healthy diet should contain a variety of whole-grains, fresh fruits and vegetables and small portions of lean meat, chicken or fish.
- Use low-fat or skim milk and other low or nonfat dairy products.
- Limit food high in saturated fat, trans fat and cholesterol. Your total fat intake should be no more than 30% of your total daily calories.

Stop Smoking: If you are a tobacco user, make a plan to quit. Smokers are two to six times more likely to have a heart attack than those who do not smoke. Your risk of developing heart disease is cut in half after a year of quitting.

Know Your Numbers: Have your health care provider check your blood pressure, cholesterol and blood glucose levels regularly. If you take medication to control any of these conditions, take as directed.

While there are no guarantees that a heart-healthy lifestyle will keep heart disease away, you may have more control than you realize for keeping your risk low. Talk to your health care provider before beginning any diet or exercise program, and ask about what you can do to reduce your risk for heart disease.

Coronary Artery Disease

Disease of the coronary arteries that supply oxygen and nutrients to the heart is the most common heart ailment. Coronary artery disease accounts for more than a third of all deaths among males in the United States between the ages of 35 and 55. It also strikes many women past the age of 50. Hypertension (high blood pressure), overweight, cigarette smoking, diabetes mellitus, excess cholesterol, triglycerides and other fats in the blood, and probably lack of regular exercise contribute to the chance of getting coronary artery disease.

Coronary artery disease is characterized by an atheroma, a fatty deposit of cholesterol beneath the inner lining of the artery. The atheroma obstructs the passage of blood, thereby reducing the flow of nourishing blood to the heart muscle. It also sets up conditions for a blood clot in the coronary artery (*see* Blood). Atheroma formation seems to run in families. Eating foods rich in saturated animal fat and cholesterol is also thought to contribute to atheroma formation.

Many persons with coronary artery disease do not experience symptoms. If the obstruction is bad enough, however, it may cause angina pectoris, myocardial infarction, or heart enlargement and failure.

Angina pectoris is a chest pain that feels like something is squeezing or pressing the chest during periods of physical exertion. It takes place when the oxygen needs of the heart cannot be met because of a blocked coronary artery. Rest will relieve the pain. Some persons have angina pectoris for years and still live active lives.

Myocardial infarction is commonly called heart attack. Tissue death that results from a lack of blood is called infarction. When the coronary artery becomes so obstructed that the myocardium, or heart muscle, does not receive oxygen, it dies.

Once, it was believed that a blood clot occluded the coronary artery and caused the infarction. This is why a heart attack is sometimes called a coronary occlusion. However, it now appears that most clots form in the artery after the infarction.

The first few hours after a heart attack are the most critical because abnormal heart rhythms may develop. Ventricular fibrillation is the most dangerous. The ventricles of the heart contract so fast that the pumping action is balked. Death follows in three or four minutes. Heart attack patients are usually treated in the coronary care unit of a hospital for a few days to enable electronic monitoring of the heart rate and rhythm

Heart failure can occur when repeated heart attacks put too much strain on the remaining healthy heart muscle. As attacks destroy more and more heart muscle, the remaining muscle hypertrophies, or enlarges, to maintain effective pumping. Pressure builds up in a weakened heart, however, and causes fluid backup in the lungs. Consequently, the heart output cannot keep pace with the oxygen demands of the body.

Hypertension, or high blood pressure, is a common disorder. Ordinarily, the heart creates sufficient pressure to send blood throughout the body. However, sometimes resistance to blood flow from the arteries is high and the blood pressure rises above normal. Because the heart must then work harder to maintain the higher pressure, it enlarges.

Blood pressure is maintained by means of a complex interaction between the heart, the nervous system, and a kidney hormone called renin. Some persons with hypertension have too much renin in their blood. High blood pressure increases the wear and tear on blood vessels.

Diabetes Mellitus

Researched in Compton Encyclopedia 2008

Diabetes Mellitus, a common disease, is caused by lack of biologically active insulin, a hormone secreted by the pancreas. Without insulin, the body cannot use sugars and starches in the food. It must then rely upon its stored fat for energy. This storehouse is soon exhausted, however, because without insulin the body can no longer make and store fat. In addition, protein is no longer manufactured and the muscle mass of the body dwindles. The effect of growth hormone is reduced too. All this adds up to a rise in the level of blood sugar (glucose levels) and increased urination, The condition may also develop if muscle and fat cells respond poorly to insulin which, in turn, dehydrates the body and makes the diabetic thirsty. The sufferer loses weight, experiences muscle cramps, and has an itchy skin and problems with fat and protein metabolism.. If diabetes is not treated, sodium and potassium are lost in the urine and the products of fat breakdown, called ketones, build up in dangerous proportions in the blood. The blood also becomes increasingly acid and body dehydration reaches a dangerous level. Finally, the untreated diabetic goes into a potentially fatal coma.

In the United States, about 16 million people suffer from diabetes mellitus, although only half of these individuals have been diagnosed. Every year, about 650,000 people learn they have the disease. Diabetes mellitus is the seventh leading cause of all deaths and the sixth leading cause of all deaths caused by disease.

Diabetes is most common in adults over 45 years of age; in people who are overweight or physically inactive; in individuals who have an immediate family member with diabetes; and in minority populations including African Americans, Hispanics, and Native Americans. The highest rate of diabetes in the world occurs in Native Americans. More women than men have been diagnosed with the disease.

Types of Diabetes

In diabetes mellitus, without an appropriate level of insulin to help absorption glucose builds up in the blood because it cannot enter the cells. When the blood passes through the *kidneys,* organs that remove blood impurities, the kidneys cannot absorb all of the excess glucose. This excess glucose spills into the urine, accompanied by water and *electrolytes*—ions required by cells to regulate the electric charge and flow of water molecules across the cell membrane. This causes frequent urination to get rid of the additional water drawn into the urine; excessive thirst to trigger replacement of lost water; and hunger to replace the glucose lost in urination. Additional symptoms may include blurred vision, dramatic weight loss, irritability, weakness and fatigue, and nausea and vomiting.

Diabetes is classified into two types. In Type I, or *insulin-dependent diabetes mellitus* (IDDM), formerly called juvenile-onset diabetes, the body does not produce insulin or produces it only in very small quantities. Symptoms usually appear suddenly and in individuals under 20 years of age. Most cases occur before or around puberty. In the United States, about 5 to 10

percent of all diagnosed cases of diabetes, up to 800,000 persons, suffer from Type I diabetes. About 30,000 new cases are diagnosed every year.

Type I diabetes is considered an autoimmune disease because the *immune system* (system of organs, tissues, and cells that rid the body of disease-causing organisms or substances) attacks and destroys cells in the pancreas, known as beta cells, that produce insulin. Scientists believe that genetic and environmental factors, such as viruses or food proteins, may somehow trigger the immune system to destroy these cells.

Untreated Type I diabetes affects the metabolism of fat. Because the body cannot convert glucose into energy, it begins to break down stored fat for fuel. This produces increasing amounts of acidic compounds called ketone bodies in the blood, which interfere with respiration.

In Type II, or *non-insulin-dependent diabetes mellitus* (NIDDM), formerly called adult-onset diabetes, the body either makes insufficient amounts of insulin or is unable to use it. Symptoms characteristic of Type II diabetes include repeated infections or skin sores that heal slowly or not at all, generalized tiredness, tingling or numbness in the hands or feet, and itching.

The most common form of diabetes, Type II accounts for 90 to 95 percent of all cases of diagnosed diabetes in the United States. Each year 595,000 new cases are diagnosed. The onset of Type II diabetes usually occurs after the age of 40, and often after the age of 55. Because symptoms develop slowly, individuals with the disease may not immediately recognize that they are sick. Scientists believe that in some persons weight gain or obesity triggers diabetes—about 80 percent of diabetics with this form of the disease are overweight.

Complications

If left untreated, Type I diabetes can result in *diabetic coma* (a state of unconsciousness caused by extremely high levels of glucose in the blood) or death. In both Type I and Type II diabetes, blood sugar, blood pressure, and blood fats must be well controlled to prevent possible development of blindness, kidney failure, and heart disease. In addition, tiny blood vessels in the body may become blocked—a dangerous complication. When blood vessels of the eye are affected, it can result in retinopathy, the breakdown of the lining at the back of the eye. When the kidney is affected, it is called *nephropathy*, the inability of the kidney to properly filter body toxins.

Diabetes mellitus may also cause loss of feeling, particularly in the lower legs. This numbness may prevent a person from feeling the pain or irritation of a break in the skin or foot infection until it is too late, possibly necessitating amputation of the foot or leg. Burning pain, sensitivity to touch, and coldness of the foot, conditions collectively known as neuropathy, can also occur.

Blockages of large blood vessels in diabetic persons can lead to many problems such as high blood pressure, heart attack, and stroke. Although these conditions also occur in nondiabetic individuals, they appear at a higher rate and often at a younger age in persons with diabetes.

Other complications include higher risk pregnancies in diabetic women and a greater occurrence of dental disease.

Diagnosis and Treatment

Diabetes is detected by measuring the amount of glucose in the blood after the individual has fasted (abstained from food) for several hours, either overnight or several hours after breakfast. In some cases, physicians diagnose diabetes by administering an oral glucose tolerance test; the measurement of glucose levels before and after a specific amount of sugar is ingested. Another test being developed for Type I diabetes looks for specific *antibodies* (proteins of the immune system that attack foreign substances called antigens) present only in persons with diabetes. This test may detect Type I diabetes at an early stage, reducing the risk for complications from the disease.

Once diabetes is diagnosed, treatment consists of controlling the amount of glucose in the blood and preventing complications. Depending on the type of diabetes, this can be accomplished through regular physical exercise, a carefully controlled diet, and medication.

Individuals with Type I diabetes require insulin injections, often two to four times a day, to provide the body with the insulin it does not produce. The amount of insulin needed varies from person to person. Typically, several times a day, individuals with Type I diabetes measure the level of glucose in a drop of their blood obtained by pricking a fingertip. They can then adjust the amount of insulin injected, physical exercise, or food intake to maintain the blood sugar at a normal level. People with Type I diabetes must carefully control their diets by distributing meals and snacks throughout the day so the insulin supply is not overwhelmed and by eating foods that contain complex sugars, which break down slowly and cause a slower rise in blood sugar levels.

Although most persons with Type I diabetes strive to lower the amount of glucose in their blood, levels that are too low can also cause health problems. For example, low blood sugar levels can cause *hypoglycemia*, a condition characterized by shakiness, confusion, and anxiety. The treatment for hypoglycemia is to eat or drink something that contains sugar.

For persons with Type II diabetes, the basics of treatment are diet control, weight reduction, and exercise. Weight reduction appears to partially reverse the body's inability to use insulin. A person whose blood sugar level remains high may also require insulin injections. An oral sugar-lowering agent may be prescribed for persons who do not require insulin to control diabetes as well as for people who have trouble injecting themselves or whose diabetes is not controlled by insulin. About 40 percent of individuals with Type II diabetes require insulin while 49 percent take oral agents and 10 percent use diet and exercise alone. Moderate exercise, even ten minutes a day, helps people with Type II diabetes maintains a constant level of glucose in the blood and loses weight. This in turn may decrease the amount of medication required.

In 1983 a group of 1441 Type I diabetics from 13 to 39 years old participated in the Diabetes Control and Complications Trial (DCCT), the largest scientific study of diabetes

treatment ever undertaken. The DCCT studied the potential for reducing diabetes-related complications, such as nerve or kidney disease or eye disorders, by having patients closely monitor their blood sugar levels several times a day, maintaining the levels as close to normal as possible. The results of the study, revealed in 1993, show a 50 to 75 percent reduction of diabetic complications in people who aggressively monitored and controlled their glucose levels. Although the study was performed on people with Type I diabetes, researchers believe the changes in treatment would also benefit people with Type II diabetes.

At present, no cure exists for diabetes and scientists are unsure of the exact cause. Researchers in England have identified up to 18 genes involved in Type I diabetes and are working to determine each gene's role in causing the disease. Other scientists hope to identify the environmental factors that trigger Type I diabetes. If they can determine what causes the immune system to attack the cells that produce insulin, they may discover how to prevent the condition from developing.

Other research focuses on transplanting a pancreas or its insulin-producing beta cells into a person with Type I diabetes to provide a natural source of insulin. Some patients who have received pancreas transplants have experienced considerable improvements in their health, but positive, long-term results with beta-cell transplants have not yet occurred. In both types of transplants, recipients must take drugs that suppress their immune systems so the body will not reject the new pancreas or cells. These drugs can cause life-threatening side effects because the patient's body can no longer protect itself from other harmful substances. In most people with diabetes, these drugs pose a greater risk to health than living with diabetes. Scientists are also studying the development of an artificial pancreas and ways to genetically manipulate non-insulin-producing cells into making insulin.

In 1996 researchers discovered the first genetic link to Type II diabetes. The gene, which controls storage of sugar in muscle tissue, has been found in one-third of people with Type II diabetes and may indicate susceptibility to adult-onset diabetes. Recent findings indicate that a pair of genes causes a variation of Type II diabetes called *maturity onset diabetes of the young* (MODY), which develops in persons under the age of 25. While scientists do not yet understand how these genes cause the disease, the genes are known to be active in the liver, intestine, kidney, and pancreas.

New methods for accurately measuring blood glucose levels may improve the quality of life for many individuals with diabetes. Techniques being developed include the use of laser beams and infrared technology. For example, a tiny computer, using infrared light, will measure the blood sugar level and automatically deliver the reading to an insulin pump carried on the diabetic's body that will inject the appropriate amount of insulin. These pumps are available now, but they deliver insulin at preset times and rates.

Other advances include new drugs that control blood sugar in people with Type II diabetes. Examples are acarbose, which controls blood sugar by slowing the digestion of carbohydrates; metformin, which controls liver production of sugar, causes weight loss, and reduces total cholesterol; and troglitazone, which enhances the ability of cells to use glucose.

CANCER

Researched in Compton Encyclopedia 2008

Of all the words in the English language, probably no other inspires as much dread as the word cancer. Although commonly thought of and conveniently referred to as a single disease, cancer is not just one disease. It is a group of more than 100 diseases caused by abnormal cells that cannot be repaired, and thus grow and spread uncontrollably. Cancer can occur in any part of an animal or plant where cells grow and divide.

Most normal human cells constantly reproduce themselves by a process called cell division. This continues at a relatively rapid pace until adulthood, when the process slow and cells reproduce mainly to heal wounds and replace cells that have died. A cancerous cell, however, grows and divides endlessly, crowding out nearby healthy cells and eventually spreading to other parts of the body. Precisely why this happens is not clear, though several hypotheses have resulted in intense research. For many years scientists associated the development of cancer with rampant cell division, and treatments were designed accordingly to target and destroy rapidly dividing cells. However, many scientists suspect that the turning point in the development of cancer might instead be the failure of damaged cells to die after their DNA has been damaged beyond repair.

A mass, or collection, of cancer cells is called a malignant tumor. Malignant tumors grow rapidly and invade and destroy nearby tissues. They eventually metastasize, or spread to other parts of the body.

The statistics of cancer incidence, mortality, and five-year survival--traditionally considered a significant milepost--vary greatly from country to country. Even within countries, there are differences between sexes, ethnic groups, and occupations.

Although cancer is primarily a disease of older people, it can strike anyone at any age. It is rare in children, but, because most other childhood illnesses do not cause death, cancer is still the chief cause of death by disease in children between the ages of 3 and 14. In the 1980s the mortality rate for children in the United States was about one half what it was in 1950: 3.5 cancer deaths per 100,000 children in 1986, compared with 8.3 per 100,000 in 1950.

About 1,010,000 new cases of cancer are diagnosed in the United States each year and more than 500,000 Americans die of cancer each year. Of these deaths, almost 180,000 would have been preventable with early diagnosis and prompt treatment. An estimated 76 million Americans now living (about 30 percent of the population) will eventually develop cancer.

In the 1930s, just fewer than 20 percent of cancer patients in the United States were still alive five years after beginning treatment. This percentage has steadily increased to 25 percent in the 1940s, 33 percent in the 1960s, and 40 percent by the early 1990s. The relative survival rate, however, is even higher: 49 percent. Relative survival rate is a rate that takes into account normal life expectancy. (Not all cancer patients die of cancer; some die of heart disease or illnesses of old age or are killed in accidents.)

CAUSES

Although the ultimate cause or causes of the many existing forms of cancer are still unknown, there are specific factors that are so often associated with the disease that they are

considered either to increase a person's risk of cancer or to create a likely setting for cancer to develop.

Most researchers believe that most cancers develop only after repeated contact with carcinogens, substances that cause or promote the development of cancer. There are three main groups of carcinogens: chemicals, radiation, and viruses. Epidemiologists, specialists who study the spread of diseases, estimate that more than 80 percent of cancers are caused by exposure to carcinogens. It is also possible to inherit a tendency to develop cancer.

In large doses, carcinogens kill cells. In small doses, they cause cells to mutate, or undergo a permanent physical, usually genetic, change. When a mutated cell divides, all the resulting cells have the same abnormalities as the original.

Chemicals

Hundreds of chemicals have been shown to cause cancer in animals, but only some have been proved to be carcinogenic in humans. It usually takes many years, however, often up to 30 or 40 years, before a cancer develops after a person is exposed to one or more carcinogenic chemicals.

Occupational hazards

Certain occupations are associated with carcinogenic chemicals. Fumes inhaled by workers during coke-oven operations and in refineries, for example, have been associated with high incidences of lung cancer. Among the many industrial chemicals known to increase the cancer risk of those who work with them are: asbestos, uranium, aniline dyes, arsenic, vinyl chloride, ethylene oxide, benzene, Benzedrine dyes, beryllium, cadmium, chromium petroleum distillates, formaldehyde, and various pesticides and herbicides.

Environmental hazards

As of 1990, only about 5 percent of cancers were traceable to environmental pollution or occupational exposure to carcinogens. Most cancer cases result from tobacco use. In the United States cigarette smoking is thought to be responsible for nearly half the cancer cases considered to be environmentally caused. The American Cancer Society estimates that cigarette smoking causes 85 percent of lung cancer cases among men and 75 percent among women--about 83 percent overall. The cancer death rate for men who smoke is more than twice that for nonsmokers and the rate for women who smoke are 67 percent higher than for nonsmokers. The rates for male smokers are higher than those for females because, as a group, men have been smoking longer than women.

Smoking is also related to cancers of the mouth, pharynx, larynx, esophagus, and urinary bladder. Smoking is related to about 30 percent of all cancer deaths overall. Excessive drinking of alcohol, especially when accompanied by any type of tobacco use, also increases a person's risk of cancers of the mouth, larynx, throat, liver, and esophagus.

It is extremely difficult to prove that dietary habits cause cancer, but there is some evidence that certain foods may increase a person's risk if consumed in large quantities. Diets high in fats, for example, may lead to the development of cancers of the breast, colon, and prostate. In regions where foods cured with salt, smoke, and sodium nitrite are common in the diet, there are relatively high incidences of cancers of the esophagus and stomach.

Radiation

X rays are a type of electromagnetic radiation that can penetrate solid material, including the human body, disrupts cell division, and destroy cells. Most medical diagnostic X-rays deliver relatively low doses of radiation and their usefulness in diagnosis is believed to outweigh any possible risks. The sun produces ultraviolet radiation, by sunlamps, and by so-called black lights. It damages exposed skin. Almost all of the 600,000 cases of nonmelanoma skin cancer reported each year in the United States are considered to be related to the ultraviolet rays of the sun. Recent epidemiological studies show that exposure to the sun is also a major factor in the development of melanoma, a much more serious skin cancer. Other kinds of radiation can be potent carcinogens but are not usually encountered by most people.

Viruses

Certain specific viruses are known to cause cancer in certain animals, but a virus that causes cancer in one species does not necessarily do so in another. It has yet to be proved that viruses alone can cause cancer in humans, but scientists estimate that viruses may at least contribute to the development of tumors in about 5 percent of cases.

People with hepatitis type B virus are statistically more susceptible to liver cancer. Some evidence has implicated herpes simplex virus’s types 1 and 2 in contributing to cervical cancers and possibly cancers of the head and neck. Another herpes virus, EBV, or Epstein-Barr virus is thought to contribute to a cancer called lymphoma and cancer of the nasopharynx.

Certain viruses called retroviruses have also been linked to some cancers and to AIDS, or acquired immunodeficiency syndrome. HTLV-I (human T-lymphotrophic virus type 1), discovered in 1979, has been linked to a form of leukemia. HTLV-II, identified in 1982, is a very rare retrovirus related to a type of leukemia called hairy cell. HTLV-III identified in 1984 and renamed human immunodeficiency virus (HIV) in 1986, is the virus that causes AIDS. Overall, however, viruses are not considered to be a major cause of most human cancers.

Oncogenes are genes that can instruct cells to behave abnormally. Oncogenes are derived from normal genes that belong to a class of genes known as proto-oncogenes. In their normal state, proto-oncogenes participate in important regulatory functions such as cellular signaling and activation of transcription. At some point during the life of a cell, however, these normal genes may become damaged and assume a dangerous role. A simple point mutation--the substitution of one nucleotide for another in the DNA sequence of a gene--can cause a profound change in the protein product encoded by that gene. For example, the substitution of a guanine for a cytosine nucleotide in the DNA sequence of the *ras* oncogene on chromosome 11 in humans is frequently found in-patients with bladder cancer. The substitution results in a change in the amino acid coded

by the gene (*see* Biochemistry). When the DNA is transcribed, ultimately a different amino acid is produced; in this case, a valine is substituted for a glycine. Because of the different binding properties of valine and glycine, this simple change of a single amino acid radically affects the function of the protein being produced by the gene. This protein normally functions with the growth machinery of the cell. The malfunctioning version produced by the above scenario will not "turn off," and the associated cell continues to grow and divide, culminating in cancer.

Tumor suppressor genes, sometimes referred to as antioncogenes, are normal genes that appear to prevent the development of cancer. With advances in molecular biology in the 1980's, scientists noted that cancerous cells contained damaged DNA, and they hypothesized that some mechanism should exist which would attempt to repair the damage. If the repair did not work, they predicted that the cell would die since it would no longer be functional. The process of this self-destruction was confirmed and was named apoptosis. One particular area of research was the role played by a class of proteins known collectively as tumor necrosis factors (TNFs), which are produced by the tumor suppressor genes.

The best studied of the TNFs is the protein produced by the p53 gene, but until 1997 scientists were unclear about the exact mechanism by which this gene conferred protection against cancer. Scientists believed that many cells start down the road to malignancy when their DNA is damaged by mutagens such as toxic chemicals and free radicals, but then are saved from malignancy by the production of a tumor necrosis factor. Because approximately 50 percent of all human cancers involve a defective copy of the p53 gene, researchers hypothesized that the normal gene must have an important role in protecting the cell against malignancy. They found that the p53 gene has two vital jobs to perform. When a toxic chemical or free radical causes damage to the cell's DNA, the p53 proteins signal the cell to stop dividing temporarily while the cell attempts to repair the damage. If the damage is too severe to be repaired, then the p53 protein activates a pathway leading to cellular suicide. However, if the p53 gene itself is damaged, by means of either mutation by free radicals or an inherited defect, then the damaged cell goes on to become cancerous.

Other Genetic Factors

Only a very few cancers have been shown to be directly inherited, but scientists have shown that susceptibility to a few types may be genetic. For example, a woman whose mother or sister had breast cancer is more likely to develop breast cancer herself; between 5 percent and 10 percent of all breast cancers occur within families. A woman with a first-degree relative--that is, a mother, sister, or aunt--who had breast cancer stands an 85 percent risk for developing the cancer herself within her lifetime.

In 1997, researchers found a specific connection between the presence and function of two genes and the probability of developing breast cancer. The two genes--BRCA1 and BRCA2--had been identified in 1994 and 1995, respectively. Research showed that breast cancer is likely to occur if both copies (one from each parent) of either gene have been damaged or lost, or if they have mutated, so that they either function in a faulty manner or not at all. There is also an increased risk of ovarian cancer associated with the genes when they are malfunctioning. If one copy of the gene is normal, the risks of breast and ovarian cancer are lower.

The normal function of both genes is to produce proteins that help repair breaks in chromosomes, which contain DNA. The importance of this is that when two complementary strands of DNA in a chromosome are broken and go unrepaired, the workings of many genes are disturbed. Although the genes are quite different in size--BRCA2 is much larger than BRCA1--the proteins they produce seem to have very similar functions, and appear closely associated in cells with the product of another gene called Rad51. The product of the Rad51 gene repairs breaks in chromosomes.

Colon cancer also occurs among relatives of those with the disease at a much higher rate than normal. In late 1997, researchers discovered that a mutation in the APC gene can double a person's risk of developing colon cancer. This gene codes for a protein that suppresses tumor development. A mutation in the gene had previously been found in individuals with adenomatous polyposis, a type of familial cancer that produces polyps in the colon. In those cases the mutation causes the gene to produce a shortened version of the tumor-suppressing protein, causing a "stop signal" to be sent to the cellular production line responsible for manufacturing the protein. Because the protein is not produced, tumor growth is not inhibited.

What excited the medical community about the discovery was that the defect appeared to work by means of a mechanism previously undescribed in any gene. The mutation--manifested as a deceptively simple substitution of one chemical unit for another--results in a sequence of eight identical chemical units in the gene. This error serves to confuse the cellular production line so that each time the cell replicates, it is likely to propagate the error by inserting extra chemical units into the gene. The reason this type of error occurs is unclear, but the result is a "misspelled" protein unable to fulfill its role in tumor suppression.

As of the time of the study the mutation had been found only in Ashkenazic Jews. Individuals who carry the mutation in one of their two APC genes have a 16 to 30 percent risk of developing colon cancer sometime during their lives. This is twice the risk of individuals who do not carry the mutation. An estimated 6 percent of the 6 million Ashkenazic Jews living in the United States are thought to carry the mutation.

The high incidence of the APC mutation among individuals of Ashkenazi descent makes it the most prevalent cancer-predisposing mutation known in any defined population. Several other genetic defects also have a higher incidence among Ashkenazic Jews. One percent of Ashkenazi women carries mutations in the BRCA1 and BRCA2 genes, and the incidence of such hereditary diseases as Tay-Sachs and cystic fibrosis is particularly high among the Ashkenazi.

The prevalence of hereditary diseases in this ethnic group is most likely due to the group's relative isolation in Europe between 800 and 1400 AD. During this period, the population fell below 2 million and was divided into small communities. Such conditions--termed a bottleneck by evolutionary biologists--are known to foster a decrease in genetic diversity due to increased intermarriage.

Colon cancer was the third most common form of cancer in the United States in the 1990s. Of the roughly 160,000 individuals diagnosed with it annually, approximately 60,000 died. When detected early enough, however, it usually can be cured. The researchers who discovered the gene and its relationship to cancer also devised a simple laboratory test to determine if an individual has the genetic defect.

The Molecular Basis of Cancer: *HOW CANCER SPREADS*

Cancers that stay only in the part of the body where they first develop are much easier to treat and cure than those that spread. Some malignant tumors invade and infiltrate normal tissues, replacing healthy cells with cancer cells, and metastasize, or spread to other parts of the body. Metastasis occurs when cancerous cells leave a tumor and travel through the bloodstream or lymphatic system to other parts of the body, where the cells come to rest and start to grow and multiply, developing into new tumors.

Such spreading is what makes cancer especially dangerous. Cancers metastasize in predictable ways. Cancers of the breast and prostate, for example, usually spread to bone, and melanomas and kidney cancer usually spread to the lungs.

TYPES OF CANCER

Cancers are classified in two ways: by the type of tissue in which the cancer originates and by primary site, or the location in the body where the cancer first developed. Medical decisions about treatment depend on the cancer's classification and "staging," or how far the cancer has spread.

Although cancers may be classified in as many as 1,000 different ways in the laboratory, researchers normally recognize only two main classifications by type of tissue in which the cancer originates: carcinomas and sarcomas.

Carcinomas are solid tumors that start in epithelial tissue, which forms the skin and linings of most glands and organs. Between 85 and 90 percent of malignant tumors are carcinomas. Carcinomas occur in the lung, breast, colon, uterus, stomach, pancreas, esophagus, kidney, and other such organs.

Sarcomas begin in connective tissue, which forms such structures as bone, cartilage, muscle, fat, blood vessels, and the lymph system. Sarcomas are the rarest of malignant tumors, comprising about 2 percent of cancer cases.

The most common sites in which cancer develops include the skin, lungs, female breasts, colon and rectum, uterus, blood-forming tissues, and lymphatic system. The occurrence of cancer in these and other sites varies considerably from country to country. The incidence of stomach cancer, for example, is higher in Japan than it is in the United States. This article, however, focuses on cancer in the United States.

Blood-forming tissues

Leukemias are a group of cancers of the blood-forming tissues. Leukemia means "white blood," and in this type of cancer, the bone marrow produces an abnormally large number of immature white blood cells. The leukemic, or immature, white blood cells eventually replace the normal white blood cells, leaving the body more susceptible to infection. Leukemias make up only about 3 percent of all cancers, but they are the most common types of cancer in children.

. **Prostrate Cancer**

Compilation of articles off the Internet

Prostate cancer is a significant health problem for middle-aged and elderly men. In the United States (US), Prostate cancer, the second most common cancer in men (behind skin cancer), starts in the walnut-sized prostate gland, located just below the bladder and in front of the rectum. It is usually found in men 50 years or older, and a man's risk of developing the illness is higher if there is a family history of the disease.

While men of all racial and ethnic backgrounds are at risk, black men of African descent are at especially high risk. African-Caribbean men, particularly Jamaican men, have the highest rate of prostate cancer in the world. The term African-American has been used to describe all black people living in the US. Use of such broad categorization ignores the existence of subcultures within the black community. While members of the black race may share similar primary, genetic characteristics, skin color cannot be equated with attitudes, knowledge, and behaviors of particular cultural groups. Therefore, prostate cancer interventions developed for African-American men may not be effective for men of African-Caribbean descent.

Black men have a 34 percent greater chance of being diagnosed with prostate cancer and a 123 percent greater chance of dying from it than White men.

Approximately 1 in 5 men in this country will develop prostate cancer in his lifetime (roughly, 198,000 new cases are reported in the United States each year).

Prostate cancer is a significant health problem for middle-aged and elderly men. In the United States (US), it is the most frequently diagnosed cancer, accounting for 36% of all cancer cases (Office of Men's Health Resource Center, 2002) and is the second leading cause of cancer death (Brink, 2000). The incidence of prostate cancer is rare before the age of 55; however, rates increase appreciably with each succeeding decade of life so that up to 75% of all men have cancerous changes by age 75 (Federal Consumer Information Center, 2002). Early detection has been associated with favorable prognosis, but advanced disease can lead to metastasis to the bones and lungs. It has been estimated that 37,000 men in the US die from prostate cancer each year (Brink, 2000).

In recent years, many high profile Black men have been diagnosed with the disease. Benjamin Carson, M.D., director of pediatric neurosurgery at Johns Hopkins Hospital, and Princeton University professor Cornel West has battled prostate cancer. Black Nationalist Stokley Carmichael succumbed to the disease in 1998.

Prostate cancer hits African American men particularly hard. National studies have found that Black men, compared with their White counterparts, have a 34 percent greater chance of being diagnosed with the disease and a 123 percent greater chance of dying from it.

The reasons why these discrepancies exist are not so clear. Theories range from genetics to lifestyle to a high-fat diet. But to William Baker, M.D., assistant professor of urology at the University of California, Davis, and chief of urology at the Sacramento Veterans Affairs Medical Center, the reason Black men die at much higher rates is simple: late detection and a lack of aggressive treatment.

"Many African American men harbor a keen mistrust of the medical profession because of historical bias and mistreatment," explains Dr. Baker, who cites the U.S. Public Health Service's

Tuskegee Study of Untreated Syphilis, in which hundreds of low-income Black men with syphilis were denied treatment for 40 years so that researchers could study how the disease progresses. A study by the Public Health Institute, based in Berkeley, Calif., found that Black males were less likely than White men to have surgery of any type to treat prostate cancer were.

"There is a lack of urgency both among Black men, who are not as likely to participate in their treatment choices, and among major [health care] institutions," says Walker.

The Great Debate

The cost of prostate cancer is great for both the individual and society. According to the American Cancer Society (ACS) (2000), the total annual cost of cancer in the US is $180.2 billion. This figure takes into account direct medical costs and indirect morbidity and mortality costs. Direct costs refer to all health expenditures including care provided by physicians and other health care professionals, cost of health care facilities, laboratory fees, and drugs. Over one-half of direct medical costs are associated with three cancers: breast, lung, and prostate. Prostate cancer costs a total of $5 billion each year. However, the dispersion of these dollars is highly dependent on the stage of the cancer at diagnosis. If prostate cancer is localized at the time of diagnosis, the annual cost of direct care ranges from $10,000 to $20,000 per patient. If, however, the disease is advanced at the time of diagnosis, the annual cost increases dramatically to $30,000 to $100,000 per patient (Grover, Zowall, Coupal, & Krahn, 1999).

Although not all-prostate cancers are amenable to detection by simple screening, digital rectal examination (DRG) is an economical and minimally invasive test that can be highly sensitive when performed by a well-trained examiner. The sensitivity of the DRE can be enhanced by the addition of serum prostatic specific antigen (PSA) assessment. Due to the magnitude of costs, both human and financial, and the relative ease of screening, various national health care organizations, including the American Urological Association (AUA), the ACS, and the National Comprehensive Cancer Network have recommended that all males age 50 and over (age 45 for men at high risk) be provided with information regarding prostate cancer and offered annual prostate cancer screening (ACS, 2002a).

Although it is recommended that most men get digital rectal exams annually, beginning at age 50, many African American men are already dying of the disease by that time. As a result, the National Prostate Cancer Institute and the American Urological Association recommend that Black men start getting prostate screenings at age 40. However, there has been some debate among national medical organizations, including the National Institutes of Health, about whether annual PSA tests, introduced in the 1980s, are the answer.

PSA stands for prostate-specific antigen, a protein from the prostate gland that can be found in the bloodstream. Normal prostate glands make some PSA, but enlarged glands make more. Although an elevated PSA level does not automatically indicate prostate cancer, a high level usually leads doctors to perform a prostate biopsy.

After PSA testing became widespread, the number of men who had surgery or radiation therapy for prostate cancer increased significantly. Nevertheless, because many prostate cancers grow slowly, a number of medical experts believe men may have unnecessarily aggressive

treatment of tumors that might never have given them trouble. Some treatments may lead to impotence or incontinence.

The cause of prostate cancer is unknown. While men of all racial and ethnic backgrounds are at risk, the disease burden is not equally shared leading to speculation of the possible causal links as being genetic, dietary, and socioeconomic factors. Asian men have the lowest incidence of prostate cancer (2/ 100,000) (Glover et al., 1998), but migration to the US produces a substantial increase in incidence rate. Black men living in West Africa have very low rates, but African-American men are exceedingly vulnerable for both morbidity and mortality (249/100,000) (Glover et al., 1998; Gregg, 1994). In the US, the incidence of prostate cancer approaches 200,000 cases each year; of these cases, it was estimated that between 30,000 and 40,000 deaths will be attributed to the disease (Brink, 2000; National Cancer Institute, 2002). Nationally, African-American men are diagnosed with prostate cancer up to 70% more frequently than are white men (ACS, 2002b); in the state of Florida, the incidence among African-American men is 66% higher than the rate for is at more advanced stages at time of diagnosis, and they die from prostate cancer at more than twice the rate of any other group (ACS, 2002c; Brink, 2000; Centers for Disease Control (CDC), 2002; Maloney, 1999; National Cancer Institute, 2002; New Jersey Department of Health and Senior Services, 2000). In 1998 in Florida, the mortality rate for prostate cancer in black men was 190% higher than in white men (Florida Prostate Cancer Task Force, 2000). White men (Florida Prostate Cancer Task Force, 2000). Prostate cancer in African-American men

That is why Baker of the University of California founded the African American Prostate Cancer Initiative (AAPCI) in Sacramento. As more and more Black men began dying from prostate cancer and the disease became more prevalent, he wanted to raise awareness of the disease in the Black community.

"There is something [about what] we eat, how we are educated, how we act when faced with life-threatening problems and our ability to access quality medical care that sets us apart from Whites and other ethnic groups," Dr. Baker says.

TREATMENT

Surgery is used most often, particularly if the tumor is localized. If the surgeon can remove the entire cancer, the patient may be completely cured. Even if the cancer has metastasized, surgery can often stop the disease from spreading any further.

Radiation

About 50 percent of cancer patients receive radiation therapy (also called radiotherapy), either alone or in conjunction with surgery or chemotherapy. Radiation therapy may be applied to the body by implanting radioactive substances into the tumors or by exposing the body to external sources of ionizing radiation. Radiation therapy involves a delicate balance, however, because it damages not only cancer cells but also normal cells. Treatments must therefore be timed to produce the maximum effect while allowing the healthy tissue enough time to repair damage.

Chemotherapy

Chemotherapy is often administered after cancer surgery. There are more than 50 drugs that are now used to delay or stop the growth of cancer. Surgery and radiation therapy are most effective against localized tumors, but chemotherapy works best for systemic cancers, those of the blood or lymph, or for solid tumors that have spread to other parts of the body. More than a dozen cancers that formerly were fatal are now fully curable with chemotherapy.

Because these drugs damage some healthy cells as well as cancerous ones, chemotherapy often has serious side effects. Many patients develop severe nausea and vomiting, become very tired, and lose their hair temporarily. Special drugs are given to alleviate some of these symptoms, particularly the nausea and vomiting. Chemotherapeutic drugs are usually given in combination with one another or in a particular sequence for a relatively short time. The side effects gradually lessen when chemotherapy is discontinued.

Experimental treatments

The newest approach to treating cancer is immunotherapy--finding ways to stimulate the immune system of the body to fight cancer in a way similar to the way it fights infection. These methods involve the use of various vaccines; killed suspensions of bacteria; chemicals isolated from certain bacteria; and several types of biologic substances with inherent antitumor properties, such as interferons, interleukins, tumor necrosis factors, and various growth factors. Many of these substances can now be produced artificially using the techniques of genetic engineering. In fact, doctors' hope that gene therapies can one day is widely used to replace defective genes that may cause cancer with healthy ones.

Interferon, a family of proteins capable of killing or stopping the growth of cancer cells, is already being used to treat hairy cell leukemia and AIDS-related Kaposi's sarcoma. Research indicates that interferon may also be effective against a chronic form of leukemia and advanced kidney cancer. Monoclonal antibodies are tailor-made, highly specific substances that have the ability to zero in on cancer cells without harming the surrounding healthy tissues.

Photodynamic therapy is a technique that destroys cancerous cells using a laser-activated photosensitive drug. The use of fiber optics permits access to internal tumors, while the use of a laser ensures an accurate, constant delivery of light at just the right wavelength.

Hyperthermia is a treatment that increases the heat or temperature of the entire body or part of the body. Although it is still experimental, scientists have had encouraging results in heating tumors to temperatures high enough to kill tumor cells but not normal cells. This method is usually used in combination with radiation therapy.

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