

WOMEN'S HEALTH

Supplement

SEPTEMBER 21, 2013



Creating a Healthy Lifestyle at Various Stages in Life

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When it comes to staying fit at any age in life, we have some good news and bad news. The good news is that you don't have to be genetically-blessed to keep your body in good shape. The bad news, depending on your perspective, is that the older you get, the more work you have to do in order to remain healthy and fit.

So whether you're blowing out the candles on your 20th birthday, or celebrating the big 5-0 bash, we offer the following tidbits of advice and helpful reminders. So what are you waiting for? Read on and dive right in! ► *Read story on S4*

Improving Hawaii's State of Health

An Overview of the 2013 Legislative Session

By Glenn Wakai

Your body has so many moving parts. So does the State's healthcare system. Each of us transforms from an infant, to a child, to an adult, to a kupuna. Likewise Hawaii's delivery of medical care is transforming this year. Much of that pressure is coming from the Federal Government through the Affordable Care Act (ACA), passed in 2010. It shifts America's health system from one that focuses on treating the sick, to one that focuses on keeping people healthy.

With this initiative in mind, Hawaii lawmakers lined up policies with ACA mandates, and enhanced the health of Hawaii's citizens. The 2013 health transformation at the State Capitol focused on protecting patient privacy, con-

sumer choice, addressing health care needs in rural communities, protecting the health of Hawaii's women and children, and caring for our kupuna.

Seeding Transformation

The United States will spend \$2.6 trillion this year on healthcare, that is twice the amount from a decade ago. In the next seven years that figure is expected jump another TWO trillion dollars. Today, healthcare accounts for about 18 cents of every dollar Americans spend. Four years ago Hawaii spent \$8.8 billion on healthcare. Rising medical costs threaten to destroy the state's entire economy.

The Legislature passed House Bill (HB) 656, which temporarily establishes the Health Care Transformation Program within the office of the Governor. The program is specially targeted to optimally

manage the changes in statewide health care during this critical period. To help us make informed policy decisions, a progress and final report on the status of the program will be submitted to the Legislature prior to the Regular Sessions of 2014 and 2015.

A related bill (HB 908) seeks to improve the health and well-being of women, children, and families at risk for adverse health and safety concerns by establishing the Hawaii Home Visiting Program for new-borns' families. This program positions the State to participate in the federal Social Security Act to create the Maternal, Infant, and Early Childhood Home Visiting Grant program, ultimately improving the health and safety of eligible families.

Your Privacy

Earlier this year, the Legislature also addressed certain patient privacy and consumer choice issues related to pharmacy drugs. Some pharmacy benefits managers have inappropriately used patient medical health information to market to that patient the services of a preferred pharmacy provider owned by the pharmacy benefits manager. This practice is not only a conflict of interest, but without the patient's express consent, it is a breach of the patient's right to privacy. HB 62 prohibits pharmacy benefits managers, or their partially or wholly

owned subsidiaries, from using a patient's medical health information to market or advertise to that patient the services of a preferred pharmacy network that is owned by the pharmacy benefits manager, without the express consent of the patient.

Prescription Drugs

To ensure that Hawaii continues to have a robust network of pharmacies, the Legislature passed HB 65. Many pharmacy benefit managers and other prescription drug benefit plan providers impose certain requirements, including the purchase of prescription drugs from a mail order pharmacy. This mail order requirement can create significant hardships for beneficiaries, especially in rural areas, and may prevent beneficiaries from promptly obtaining urgently needed prescription drugs. Furthermore, patients trust and rely on face-to-face interactions with their local pharmacists who are more familiar with individual medical histories and who can better assist with any questions.

SB 65 enhances consumer choice related to prescription benefits delivery by allowing beneficiaries to opt out of mandatory mail order provisions. It also, increases competition in the marketplace, fosters better utilization of community pharmacists who communicate important prescription drug information, and assists in managing the health of consumers, while remaining cost neutral to plans and beneficiaries.

Lifeline for Neighbor Islands

As the population continues to grow in our State's rural areas, it is important that we meet the emerging health related needs of these residents. To address the shortage of primary care providers in the State, HB 417 appropriated \$1,800,000 for the Hawaii Health Systems Corporation Primary Care Training Program at Hilo Medical Center. The success of this statewide training program, will help the

State to meet the needs of our rural area residents by generating interdisciplinary teams capable of caring for four times as many patients as independent practicing physicians. This will in turn eliminate our need to train or attract unattainably high numbers of physicians.

More money poured into other needs on the neighbor islands. Senate Bill (SB) 498 appropriated \$600,000 to create a twenty-four-hour, seven days-a-week, Emergency Medical Services Special Response Vehicle (SRV) unit in Maui. The new SRV unit will support the two ambulances already servicing the Valley Isle.

Women and Children

The Legislature passed several measures aimed at the protection of rights and safety. SB 532 provides greater protection for employees to express breast milk while at work by requiring certain employers to give reasonable time and private location for breastfeeding employees for this purpose. The measure also requires covered employers to post a notice, and establishes a civil fine for each violation.

SB 400 requires all child care facilities and infant and toddler child care centers that are registered or licensed to provide care for children less than one year of age to implement and maintain a written safe sleep policy that prevents the occurrence of sudden infant death syndrome and sudden unexpected infant death in children less than one year of age.

Hawaii's Elderly

The Legislature also sought to ensure that adequate healthcare services and facilities are provided for our State's increasing population of kupuna. Information related to inspection reports of care facilities in Hawaii is difficult to access. HB 120 requires the Department of Health to post on its website reports of all inspections at state-licensed care facilities occurring on or after January 1, 2015. It also establishes a Working Group on Licensed Care Facilities.

Additionally, to ensure the protection of care home opera-

(continued on page S12)

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DOH Gets \$85K Grant For Hepatitis B Screening

By HFC Staff

The State Department of Health (DOH) recently received an \$85,000 grant from the CDC Foundation for the prevention, diagnosis and treatment of viral hepatitis B among Asians and Pacific Islanders living in Hawaii.

DOH officials will use the grant funds to provide community services in partnership with the Kalihi Palama Health Center (KPHC).

"This funding will make important health services more accessible to those most in need," says Thaddeus Pham, DOH viral hepatitis prevention coordinator. "By working closely with the Kalihi Palama Health Center, we can better reach people who are most at

risk for this sometimes fatal and often silent disease."

Most people don't know that they have been infected with hepatitis B because they may not have symptoms for many years. This is especially true for Asians and Pacific Islanders who were born in countries with higher rates of hepatitis B.

Since many of KPHC's clients were born in the Asia-Pacific region, the project will focus on increasing screening and linkage to follow-up services at a patient's medical home. DOH officials estimate that the project will screen up to 1,000 people in the first year.

Marissa De La Cruz, director of clinical operations at KPHC, says that hepatitis B screenings for immigrant com-



munities is too often neglected.

"With this grant, we are able to make sure that our Asian and Pacific Islander patients can obtain hepatitis services to keep themselves and their communities healthy," she says. "By screening within our clinics, we can provide culturally appropriate, quality care for people in their patient-centered medical home."

It is estimated that 1 out of 10 Asians and Pacific Islanders in the U.S. have hep-

atitis B, compared to 1 out of 1,000 in the general U.S. population. Since more than half of the people living in Hawaii are of Asian or Pacific Islander descent according to the 2010 U.S. Census, this means the burden of hepatitis in Hawaii is very high. According to DOH estimates, 1 to 3 percent of people in Hawaii have hepatitis B. Hepatitis B and C are the most common known causes of liver cancer in Hawaii. Not surprisingly, Hawaii has the

highest rate of liver cancer in the country.

Since 2001, the DOH Adult Viral Hepatitis Prevention Program (AVHPP) has collaborated with private and public partners to enhance the network of available hepatitis services statewide, which range from public awareness campaigns and educational trainings to free testing and vaccines. The program also collaborates with community partners to strengthen the network of care for those living with hepatitis. Recently, the AVHPP spearheaded the creation of Hep Free Hawaii, a coalition of DOH and community agencies dedicated to raising awareness and access to hepatitis services.

More information on hepatitis B and C is available online at: www.cdc.gov/hepatitis or by calling 1-888-443-7232. For more information about hepatitis resources in Hawaii, go to www.hepfreehawaii.org.

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A Guide to Healthy Living at Any Age

AN APPLE A DAY By Tyrone M. Reyes, M.D.

We live in an age of too much health information. Google “breast cancer screening” for instance, and you’ll get 7.39 million results. Some of these come from gold-standard research: large, randomized, controlled clinical trials or meta-analysis that carefully look into thousands of data. But others are poorly designed, without randomized participants, control groups, or statistical methods adequate to make sense of the raw numbers in order to come up with the correct conclusion.

So how does one know which to believe? Which advice should one follow? What happens if the results do not agree with each other? There is one way one can get around this medical maze. Medical guidelines from task forces and disease societies should be more trustworthy — think of all the brain power and hours of committee meetings that go into them — before even one medical guideline is issued. This is what was done with today’s article. The recommendations of reputable groups or organizations were consolidated into a guide to healthy living across the various age groups.

In writing today’s column, the following reputable scientific sources served as our references: American



Academy of Pediatrics (AAP), CDC’S Advisory Committee on Immunization Practices (ACIP), American Dental Association (ADA), Centers for Disease Control and Prevention (CDC), and US Preventive Services Task Force (USPSTF).

So, here’s what you and your family really need to know about the best medical advice and health practices at the various stages of life:

Under Two Years of Age

- **Developmental screenings.** The AAP recommends that infants and young children be assessed for developmental delays and behavioral disabilities. Talk to your child’s doctor about the types and frequency of screening that might be needed.
- **Blood tests.** The AAP recommends that hemoglobin or hematocrit levels be checked at one year of age (and repeated at future checkups only if the

doctor feels it’s necessary).

- **Vaccines.** Children should get all the required vaccines. Ask your child’s pediatrician on the recommendations of the Philippine Pediatric Society for a more appropriate schedule suited for local conditions. The typical immunizations for children include those for diphtheria, pertussis (whooping cough), tetanus, rotavirus, polio, hepatitis B, Haemophilus influenzae, pneumococcal disease, measles, mumps, rubella (German measles), hepatitis A, and chickenpox. A yearly flu shot is also recommended for children six months and older.
- **Oral health.** The USPSTF recommends that you talk to your child’s doctor about fluoride supplements if you live in an area with fluoride-deficient water. The AAP recommends that children get a dental

checkup at one year of age (or within six months of their first tooth, says the ADA). Tooth brushing twice a day is essential as soon as the first tooth begins erupting. Parents should also start weaning children off pacifiers at age one.

Two to 12 Years

- **Sensory screening.** The AAP recommends screening vision and hearing by age four and annually or every other year after that.
- **Blood pressure.** The AAP recommends that blood pressure be checked annually starting age three.
- **Vaccines.** It’s important to stay up-to-date with the vaccines and booster shots recommended by ACIP. A tetanus, diphtheria, and pertussis shot is recommended at age 11 or 12, along with the meningitis vaccine. The HPV vaccine (three doses) is recommended for 11- to 12-year-old girls. An annual flu shot is also recommended.
- **Oral health.** Children should brush their teeth twice a day, floss once a day, and have regular checkups (usually every six months). Dentists recommend using fluoride toothpaste (a pea-size amount or less) starting at age two, according to ADA.

13 to 18 Years

- **Blood pressure.** The AAP says that your blood pressure should be checked annually.
- **Depression.** The USPSTF recommends that adolescents get screened for depression if proper treatment is available.
- **Sexual health.** If you’re a woman, you should get your first Pap smear within three years of be-

coming sexually active or at age 21, whichever comes first, says the USPSTF. Also, talk to your doctor about whether you should be tested for sexually transmitted diseases (STDs). The USPSTF recommends chlamydial screening for all sexually active women under 25 years old. Some docs tell male teens to check themselves for signs of testicular cancer. The American Cancer Society recommends that doctors check for this cancer during physicals, but the USPSTF recommends against routine screening.

- **Vaccines.** Get a meningitis vaccine, if you haven’t already, before going to college, and women who have not yet gotten the HPV vaccine (three doses) should get it, says ACIP. An annual flu shot is recommended for everyone, and you should talk to your doctor about getting any other childhood vaccines you may have missed.
- **Oral health.** Brush your teeth twice a day, floss once a day, and go to the dentist regularly (usually every six months).

19 to 34 Years

- **Nutrition.** If you’re a woman who could become pregnant, whether or not you’re planning to, you should take 400 to 800 micrograms of folic acid per day, says the USPSTF.

(continued on page S<None>)

We salute the entire medical and healthcare community in celebrating Women's Health!

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FEATURE

WOMEN'S HEALTH 2013

A GUIDE... (from page S4)

- **Heart health.** The USPSTF recommends that you get your blood pressure checked regularly. Also, talk to your doctor about getting your cholesterol checked if you have risk factors for heart disease, such as diabetes or high blood pressure, or if you smoke, or have a family history of the disease.
- **Depression.** The USPSTF recommends that adults get screened for depression if proper treatment is available.
- **Vaccines.** The ACIP recommends that all adults get a seasonal flu shot each year. Also, make sure to get a booster shot for tetanus and diphtheria every 10 years. Based on your immunization history and your risk for certain diseases, your doctor might recommend additional vaccines.
- **Sexual health.** Talk to your doctor about whether you should get tested for STDs. The

USPSTF recommends chlamydial screening for all sexually active women under 24, and the CDC recommends that adolescents and adults be routinely screened for HIV. If you're a woman and haven't already had a Pap smear, you should get your first at age 21, and then at least every three years thereafter until age 65, says the USPSTF.

- **Oral health.** Brush your teeth twice a day, floss once a day, and go to the dentist regularly (usually every six months).

35 to 44 Years

- **Nutrition.** If you're a woman, your bone density peaked at 30, so the CDC says you should get 1,000 mg of calcium per day. Women should also continue taking folate supplements — 400 to 800 micrograms per day, says the USPSTF.
- **Diabetes.** Talk to your doctor about getting



checked for diabetes. The USPSTF recommends screening if you have high blood pressure. The American Diabetes Association, however, recommends screening for everyone 45 or older, and that anyone with risk factors such as obesity, be screened at an earlier age.

- **Heart health.** The USPSTF recommends that you have your blood pressure checked regularly. You should start getting your cholesterol checked at 35 if you're a man and 45 if you're a woman. If you're a man 45 or older,

talk to your doctor about taking aspirin to prevent heart attacks.

- **Sexual health.** If you're a woman, make sure to have Pap smears regularly. The USPSTF recommends that this test be done at least every three years, although other groups like the American Cancer Society and the American Congress of Obstetricians and Gynecologists recommend that this test be done more frequently, at least until you've had three negative Pap tests in a row. Talk to your doctor for help in deciding what frequency is right for you.
- **Depression.** The USPSTF recommends that adults get screened for depression if proper treatment is available.
- **Vaccines.** The ACIP recommends that all adults get a seasonal flu shot each year. Also make sure to get a booster shot for tetanus and diphtheria

every 10 years. Based on your immunization history and your risk for certain diseases, your doctor might recommend additional vaccines.

- **Oral health.** As you get older, risk for periodontal (gum) disease increases, and may even become more of a concern than tooth decay. As a result, flossing is especially important. Keep brushing twice a day and go to the dentist regularly (at least every six months).

50 to 64 Years

- **Heart health.** The USPSTF recommends that you get your blood pressure checked regularly. If you're a woman 55 or older, talk to your doctor about taking aspirin to prevent strokes.
- **Mammograms.** The USPSTF recommends that women get a mammogram every other year starting at 50.

(continued on page S6)

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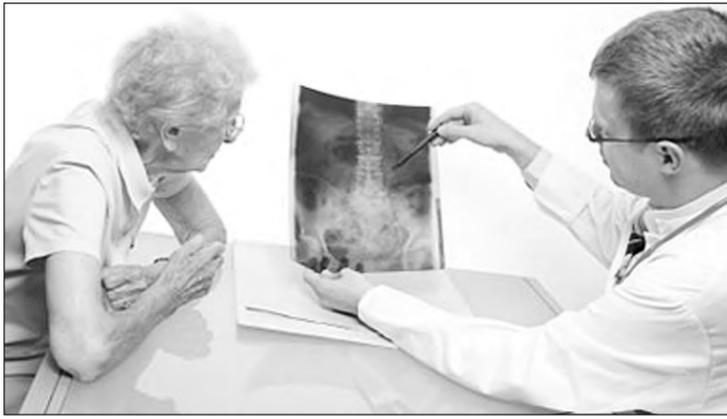
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FEATURE

WOMEN'S HEALTH 2013

A GUIDE... (from page S5)

- **Pap smears.** Women should continue getting Pap smears every three years, unless you've had a hysterectomy for a reason other than cancer, says USPSTF.
- **Prostate health.** Some doctors say that screening for elevated prostate-specific antigen levels and/or using rectal examination are worthwhile, yet the USPSTF says evidence is inconclusive for screening men younger than 75 years old.
- **Colon cancer screening.** The USPSTF recommends that all adults be screened for colorectal cancer starting at 50 using colonoscopy, sigmoidoscopy, or fecal occult blood testing. Talk to your doctor about which type of test is best for you, and how frequently you need to have it.
- **Depression.** The USPSTF recommends that adults get screened for depression if proper treatment is available.
- **Vaccines.** The ACIP recommends that all adults get a seasonal flu shot each year. Adults 60 or older should also get the shingles vaccine. Make sure to get a booster shot for tetanus and diphtheria every 10 years, and ask your doctor if you need additional vaccines.
- **Oral health.** At this stage in life, risk for gum disease has increased. As a result, flossing is especially important. Keep brushing twice a day and go to the dentist regularly (at least every six months).



abnormal results or at increased risk.

- **Bone density.** The USPSTF recommends that women get their bone density checked routinely to screen for osteoporosis starting at age 65.
- **Colon cancer screening.**

You can stop getting screened for colorectal cancer at age 75, says USPSTF.

- **AAA ultrasound.** The USPSTF recommends an ultrasound test for abdominal aortic aneurysm (an abnormally large or

swollen blood vessel in your abdomen) for men between the ages of 65 and 75 who have ever smoked.

- **Vaccines.** The ACIP recommends that you get a pneumonia shot once after you turn 65 and that you continue getting seasonal flu shots annually. Also, make sure to get the shingles vaccine if you haven't already.
- **Oral health.** At this stage

in life, risk for tooth decay increases again, says the ADA. Less saliva production (dry mouth) and aging fillings and crowns contribute to this. Continue flossing often, brushing twice a day and seeing the dentist regularly.

Take charge of your medical future. Follow this guide to healthy living. Remember, a healthy life is a happy and productive life! (www.philstar.com) ♀

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65 Plus

- **Heart health.** The USPSTF recommends that you get your blood pressure checked regularly.
- **Mammograms.** Women can stop getting mammograms at age 74, says USPSTF.
- **Pap smears.** The USPSTF recommends that women older than 65 stop getting Pap smears — unless they have a history of

Answers to Important Questions About Mammograms

By Elizabeth Rhodes, M.D.



Q: How many women in the U.S. are affected by breast cancer?

A: Breast cancer strikes one of every eight women in the U.S.

Q: What is the importance of mammograms?

A: Early detection is extremely important to treating breast cancer and the main way to detect it is a mammogram.

Q: What is a screening mammogram?

A: It is a mammogram done on women with no signs or symptoms of breast cancer such as a lump or pain.

Q: Why are many women afraid of having a mammogram?

A: Many women have had a painful experience. In addition, the mammogram involves a small amount of radiation.

Q: What does it mean to be called back after a screening mammogram?

A: Of every 1,000 women who get a screening mammogram, between 70-100 of them are called back for additional testing. Of those who are called back, three will be diagnosed with breast cancer.

Q: Should women in their 40s get yearly mammograms?

A: Absolutely! One in six cases of breast cancer occur in women between the ages of 40-49.

Q: How important is family history?

A: Three out of four women diagnosed with breast cancer have no family history and are not considered high risk.

Q: Why is it important to detect breast cancer in its early stages?

A: Early breast cancer is most treatable. In fact, mammograms can detect cancer in



the breast up to two years before the patient or physician can feel it. Detecting breast cancer early can prevent extensive treatment and many times help save a patient's breast. This early stage is when cancer is most curable.

Q: How often should a woman get a mammogram?

A: The American College of Radiology and the American Cancer Society recommends mammograms yearly after the age of 40 even if the woman has no symptoms or family history of breast cancer.

Q: Should women 50 years and older have mam-

mograms every two years?

A: No. Having a mammogram every other year will miss up to 30 percent of breast cancers.

Q: Is there an age when a woman is too old to get a mammogram?

A: No. Everything depends on the physical condition of the patient. If a woman is in her 80s or 90s and in good physical condition, she should get a yearly mammogram.

Q: Are there other available tests that can replace a mammogram?

A: At this time, no. Mam-

mography is the best tool available to screen for breast cancer. Mammograms have helped to reduce the breast cancer rate in the U.S. by 30 percent.

Q: What is the percentage of breast cancers that mammograms find?

A: About 85 percent to 90 percent of breast cancers.

Q: What is the single greatest risk factor for getting breast cancer?

A: Age. At age 25, the chances of getting breast cancer are approximately 1 in 20,000. By age 50, the chances are 1 in 50 and by age 65, the chances are 1 in 24. Mammograms can save lives and one of them could be yours. ♀

BETH RHODES, MD is the only female fellowship-trained imager in Hawaii. She is board certified by the American Board of Radiology and had her Breast Imaging Fellowship at the Memorial Sloan-Kettering Cancer Center in New York City. Dr. Rhodes has worked in many settings, including university health centers, community hospitals and military facilities.

VARICOSE VEIN CENTER OPENS IN WAIPAHAU

Waipahu was the site for the first case of varicose vein surgery using Clarivein, a new catheter based technique, at Dr. Danelo Canete's office that opened a state of the art varicose vein operating room in August 2013. Catheter based thermal procedures using radiofrequency energy are also available.

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Undetected Diabetes in Hawaii

By Michael Bennett, M.D.



More than 25,000 people in Hawaii have undetected diabetes. The condition starts with subtle symptoms, such as excessive thirst, extreme hunger and frequent urination. These symptoms are red flags indicating that something isn't right in your body.

Approximately 100,000 people in Hawaii have diabetes. Native Hawaiians, Filipinos and Japanese have

higher rates of diabetes than Caucasians, according to statistics from the Hawaii State Department of Health.

The problem with undiagnosed diabetes is that it's impossible to control if you don't know that you have it. This increases your risk for diabetes-related complications, like cardiovascular disease, nerve damage, kidney damage and vision issues, known as Diabetic Retinopathy.

There are two types of diabetes: type 1 and type 2. Type 2 diabetes is the most common, affecting 90 to 95 percent of diabetes patients. The condition occurs when



your body isn't producing enough insulin, or the body isn't using insulin correctly. Long-term complications of type 2 diabetes can include heart attacks, strokes, diabetic retinopathy where eyesight is affected, kidney failure and poor circulation of limbs leading to amputations.

Type 1 diabetes is less common and affects only 5 to 10 percent of diabetes patients. With this type of diabetes, the pancreas isn't producing insulin. To compensate, patients must inject insulin daily. Researchers believe Type 1 diabetes might be an autoimmune disorder.

Diabetic Retinopathy

One of the most serious complications of diabetes is vision loss. Unmanaged diabetes significantly increases the risk of Diabetic Retinopathy. Here's how it works—changes in your blood sugar affect the eyes. As a result, retinal blood vessels are damaged. These uncontrolled blood sugar changes can lead to blindness.

Diabetic retinopathy is most common in type 1 diabetes patients, with about 40 percent of patients developing this condition. Type 2 diabetes patients also face this risk. About 20 percent of type 2 diabetes patients develop Diabetic Retinopathy.

Symptoms

Early detection helps reduce your risk for vision loss. Safeguard your eyes by watching for symptoms, which might include:

- Blurred vision
- Double vision
- Flashing lights

- Clouds or streaks of red in your field of vision
- Dark or floating spots in your eyes
- Blank spots in your field of vision

Fortunately, those who properly manage their diabetes can prevent vision loss. According to the State DOH, 9 out of 10 cases of type 2 diabetes cases can be managed through weight control, a healthy diet, exercise and not smoking. Controlling high blood pressure also helps because high blood pressure increases risk for diabetes vision complications.

Eye exams are also important for detecting diabetes. A doctor can look at your eyes and identify damage caused by this condition. ♀

DR. MICHAEL BENNETT is the founder of the Retina Institute of Hawaii and is honored to continue the tradition of caring for patients at the Camara Eye Clinic. "He is committed to providing the best care to the people of Hawaii and can be reached at 533-0177.

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FDA Panel Says Roche Drug Works for New Approach in Treating Breast Cancer Ahead of Surgery

By Matthew Perrone | (AP)



WASHINGTON -- Government cancer experts say a Roche drug has shown effectiveness as a new option for treating breast cancer before tumor-removing surgery.

The Food and Drug Administration panel voted 13-0, with one abstention, that the benefits of Perjeta as an initial treatment for breast cancer outweigh its risks. The recommendation is not binding, but could clear the way for the FDA to approve the drug as the first pharmaceutical option to shrink or eliminate cancerous tumors before surgery.

A study by Roche's Genentech unit showed women who received Perjeta as initial treatment were 18 percent more likely to be cancer-free after 12 weeks than women who received older drug combinations.

Perjeta is already approved to treat breast cancer that has spread to other parts of the body, known as metastatic cancer. But Genentech is seeking approval to market the drug as the first step in treating the disease.

Doctors hope that this approach could help shrink tumors, making them easier to remove. In some cases, that could allow women to keep their breasts rather than having a full mastectomy. Cancer specialists already use several chemotherapy drugs as initial treatments for breast cancer, but they are not formally approved for the use.

Panel chairman Dr. Mikkael Sekeres called the vote "a historic moment."

"We are supporting the movement of a highly-active drug for metastatic breast cancer to the first-line setting, with the hope that women with earlier stages of breast cancer will live longer and better,"

said Sekeres, an associate professor of medicine at the Cleveland Clinic.

The FDA is considering granting Perjeta accelerated approval, a step used to speed up the introduction of drugs that have shown groundbreaking results in early testing.

But panelists stressed that Genentech must conduct more trials to prove that Perjeta's early promise ultimately re-

sults in longer, healthier lives for patients.

"I look forward to the day several years from now when we can say that this improves survival," said Dr. Louis Diehl of Duke University Medical Center. "But if it doesn't, I think we should stand up and say we did the very best we could today, but it didn't work out."

The panel based its vote on a 417-woman study comparing Perjeta in different combinations against older

(continued on page S14)



The initial treatment drug Perjeta The U.S. Food and Drug Administration has issued a positive review of Perjeta, a breast cancer drug from Roche that could soon become the first pharmaceutical option approved for treating early-stage disease before surgery | (AP Photo/Roche)

Question: In a pain-scale with 10 being the most painful, how would you rate your mammogram experience at the Breast Care Center of Hawaii?



Reulita Marcos
Answer. 1

They are careful. I can recommend them to those who are scared to have mammogram.



Perla Rabilas
Answer. 1

Kasi hindi smashed



Caridad Ahloo
Answer. 2

Walang kirot!



Dr. Amy Jacang
Answer. 1

It was a great experience. The procedure was pain-free and comfortable. The service was excellent and I got the results right away. I would recommend it to everybody.

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Don't Be a Victim of Leptospirosis

MIND YOUR BODY By Willie T. Ong, MD

Climate change and the increase in rainfall have brought about a resurgence of leptospirosis cases in the Philippines. In 2009, leptospirosis cases reached a record 5,384 cases mainly due to typhoons Ondoy and Pepeng. In 2012, there were 3,314 cases and 170 deaths.

In contrast with other diseases, the mortality rate from leptospirosis is much higher at a reported 5% to 40%. In comparison, dengue fever has a mortality rate of around 1%, and almost everybody recovers from the ordinary flu.

Leptospirosis is a bacteria that incubates in the urine of infected animals, and it can be passed on to humans. The animals that usually harbor leptospirosis are rats, dogs, pigs, and cattle.

Hence, the bacteria can

thrive in drinking water, soil, muddy areas, and flood waters from weeks to months.

How does one get leptospirosis? If one wades in flood water, the bacteria can penetrate miniature cracks in the skin of the feet, especially if the person has athlete's foot. Even without a wound, leptospirosis can penetrate the body through the mucosa of the eyes, nose, and mouth. Walking in muddy areas, farmlands, and garbage-infested places is also risky. Farmers, fishermen, construction workers, and carpenters are especially prone to develop leptospirosis. In the Philippines, men between the ages of 20 and 40 are at highest risk.

The incubation of leptospirosis is between two days and 30 days. From the day of exposure, the average time the symptoms will appear is around five to 14 days.

The typical symptoms of



leptospirosis are high fever, severe headache, muscle aches especially the calf muscle, and vomiting. If untreated, leptospirosis may become more serious and cause yellowing of the eyes (jaundice) and reduction in urine output, which is a sign of kidney failure. This severe type of leptospirosis is called Weil's disease.

Possible complications of leptospirosis include injury to the kidneys, lungs, brain, liver, and heart. If kidney failure occurs, this often requires dialysis treatment. Local data show that around 20% of kidney failure patients may not recover.

PREVENTION TIPS

1. Avoid wading in flood waters.
2. If this cannot be avoided, then minimize the time you spend in the dirty water. Be careful not to accidentally swallow this contaminated water. Wear boots to avoid getting your feet wet.
3. After being exposed to flood water, wash your feet immediately with soap and water. You may use 70% rubbing alcohol to clean your feet. This may help a bit.
4. Avoid walking barefoot on soil and muddy areas.
5. Control the rat population in your environment. Protect your home by setting up screens to prevent rats from getting inside. Use a mousetrap.
6. Don't leave food uncovered inside your house. This will attract rats and other insects, which carry disease.
7. Treat foot infections, especially athlete's foot. Fungal infections can cause tiny cuts in the skin. Consult a doctor.

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Eat Less Processed Foods, Live More

CONSUMERLINE By Ching M. Alano

Ot's disheartening to note that the American Institute of Cancer Research estimated that about 40 percent of US breast cancer cases (and probably other diseases) could be prevented if only people made wiser, healthier lifestyle choices. If only we took charge of our own health. From the mouths of the experts come these all-natural tips on how to lick disease, live long, and live more (as can be gleaned from www.mercola.com):

- Starve cancer and obesity. Avoid frying or charbroiling; boil, poach or steam your food instead. Beef up your diet with cancer-fighting whole foods, herbs, spices, and supplements such as broccoli, curcumin (an orange-yellow colored powder which has antioxidant and anti-inflammatory benefits), and resveratrol (an excellent source is red wine).
- Avoid or reduce your intake of processed foods, sugar/fructose, and grain-based foods. That includes whole unprocessed organic grains as well because they tend to rapidly break down and increase your insulin level. Sugar, especially fructose (fruit sugar), feeds cancer cells and promotes their growth.
- Avoid sweetened drinks (whether they're sweetened with sugar or artificial sweeteners). Replace them with plenty of pure, clean water.
- Increase high quality fat, reduce protein. Think about reducing your protein levels to one gram per kilogram of lean body weight. Replace excess protein with high quality fats, such as organic eggs, high quality meats, coconut oil (which is aplenty in our country), avocados, and nuts (like macadamia, which is higher in fat and lower in protein).
- Drink a half to a whole quart of organic green vegetable juice daily. Invest in a good blender and discover the joys of juicy.
- Eat fresh, locally grown

- food. We can't stress enough that fresh is best.
- Avoid unfermented soy products. Some studies show that soy appears to work in concert with human estrogen to increase breast cell proliferation, which increases the chances for mutations and cancerous cells.
- Normalize your Omega-3 to Omega-6 fats ratio. Normalize your ratio of Omega-3 to Omega-6 fats by taking a high-quality krill oil and reducing your intake of processed vegetable oils.
- Make exercise a regular habit. Cancer organizations highly prescribe regular exercise to reduce the risk of cancer. Exercise has been found to lower insulin levels, which creates a low sugar environment that discourages the growth and spread of cancer cells. Research indicates that exercise can help trigger apoptosis (cell death) in cancer cells.
- Optimize your Vitamin D level. Scientific evidence proves that you can decrease your risk of cancer by more than half simply by optimizing your Vitamin D levels with appropriate sun exposure.
- Get plenty of natural Vitamin A. There's solid proof that Vitamin A also plays a role in helping prevent breast cancer. Best to get it from Vitamin A-rich foods, rather than a supplement. The best sources are organic egg yolks, raw butter, raw whole milk, and beef or chicken liver.



- Make sure you're not iodine deficient. There's strong evidence linking iodine deficiency with breast cancer. Iodine has potent anticancer properties.
- Optimize your sleep. Make sure you're getting enough restorative vitamin Zzzz. Poor sleep can interfere with your melatonin production, which is associated with an increased risk of insulin resistance and weight gain, both of which promote the growth of cancer.
- Limit your exposure to toxins. Reduce your exposure to environmental toxins such as pesticides, herbicides, household chemical cleaners, synthetic air fresheners, and toxic cosmetics. Avoid BPA, phthalates, and other xenoestro-

gens—estrogen-like compounds that have been linked to increased breast cancer risk.

- Limit your exposure to radiation. Protect yourself against radiation produced by cell phones, towers, base stations, and Wi-Fi stations, as well as minimize your exposure to radiation-based medical scans, including dental x-

rays, CT scans, and mammograms.

- Avoid synthetic hormone replacement therapy. Breast cancer is an estrogen-related cancer, and according to a study published in the Journal of the National Cancer Institute, breast cancer rates for women dropped in tandem with decreased use of hormone replacement therapy.
- Manage stress. Addressing stress and unresolved emotional issues may be more important than the physical ones. Authorities assert that stress (from all causes) is a major contributor to disease. They note with concern that 85 percent of disease is caused by emotional factors.

As they say, it's not what you eat but what's eating you up that could impact your health. (www.philstar.com) ♀

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The Give and Take of Cancer

DRAGONFLY By Tisha C. Bautista

Very little is needed by way of an introduction when a piece is as heartfelt as this. Beyond the Harvard education, the directorship at Tiffany & Co. in Dubai, and the vibrancy of 33 years of living, Gigi just wanted to thank her dad — the much-respected advertising executive Meckoy Quiogue. It was in the midst of his sudden death as well as her own cancer that she began to understand the meaning of life. This understanding was perhaps his parting gift to her and in writing with such clarity, it is a gift she has now chosen to share with all of us...

There isn't much about the experience of having cancer that anyone would want to remember.

A cancer diagnosis has a way of sweeping the ground out from under you and providing

a cold, hard bitch-slap from the world to remind you that bad things really can happen to anyone. In a short time, the side effects of treatment can strip you of your identity and life as you've known it, as your hair falls away, your energy is replaced by nausea and fatigue, and as you, once independent, adventurous, strong, and capable must again depend on your family to help you with even the simplest of tasks, like bathing or changing a Band-Aid. Worst of all, cancer can taint once-hopeful visions of the future with a haunting fear of not knowing what kind or how much of a future you might have.

When I was diagnosed with cancer last fall, my loved ones would often comfort me by telling me that, God-willing, one day, "this would all be far behind me." I spent the next few months of chemotherapy,



radiation, and recovery desperately praying for that day to come.

It did, that is, until a few weeks ago, when my father passed away, and I realized that these terrifying, uncertain, painful cancer-filled months were the last that I would have left with him ...

I remember calling Dad from the doctor's office the day the biopsy results came in, knowing that, in spite of his own health issues, he would be a source of calm. I remember his mischievous laughter lighting up the hospital room where I spent my birthday. I remember sharing a hotel room with

him during one of my treatments in Singapore, comparing the daily count of pills our doctors prescribed. I remember him confessing that night how helpless he felt when he witnessed my routine of post-chemo nausea and vomiting. I remember —

and now often reread — his Christmas card, thoughtfully composed as always, in which he wrote, "It's only in times like these when you realize how much you love a person, when you just cry at the thought of them suffering, especially you, who are and will always be my little girl."

I remember his spirit, his laughter, strength, and love ...

I can't help but feel resentful at what cancer has put me through physically and emotionally and what it has taken away from me in time and life experiences. I feel guilt for the stress and the sacrifices that family members had to endure, the time, money, energy spent to stay by my side through this ordeal. I regret that my father's short time left was spent worrying about me, doting on me, taking short, tiring trips to Singapore to see me, and mostly that his last birthday and Christmas were spent in a stranger's apartment and hospital waiting rooms instead of another family beach vacation, making one last set of happy, beautiful fun-filled holiday memories to leave us with.

At the same time, how can I not feel grateful that we had this time together in the first place? Grateful that what happened to me gave my family and I the chance to spend more time together, time we would have normally spent going on with life as usual in our respective corners of the world, speaking briefly about once

every few days. Grateful to have been shown so clearly about the great lengths a father, mother, brother, sister, and, for that matter, any loving family member or friend would go through so that I wouldn't have to battle this disease alone. Relieved that my dad died knowing I was cancer-free. And most importantly, blessed. Blessed to have learned, through it all, not to take time for granted, to appreciate the little things a bit more, indulge in life's pleasures a bit more, and try a little harder to tell my loved ones how important they are to me. Or better yet, to show them.

The difficulties of the last year are still too fresh, the pain still too raw for me to say that I have emerged from them a wiser, better person. I still have ways to go. Down the road, though, I hope to be able to. As time goes on and as I continue to process these emotions, I realize that putting life's greatest obstacles behind you is not about throwing every memory of them away and never looking back. While it's easy to explain death and illness by saying that "God has a plan" or that "everything happens for a reason," I know we must still find a way to accept life's trials and forge ahead. However impossible it may seem, we must ultimately find a way to free ourselves from the trauma and pain, embrace the good that endures, and hold on to them more tightly than ever: precious time, friends, and family.

Laughter, strength, and love. (www.philstar.com) ♀

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HEALTHCARE NEWS

IMPROVING... (from page S2)

tors and residents, HB 529 requires all operators of adult foster homes, adult residential assisted living facilities, expanded adult residential care homes, community care foster family homes, and developmental disabilities domicile homes to obtain and maintain a sufficient amount of liability insurance, including automobile liability insurance.

The increased aging population will likely mean that incidences of Alzheimer's disease and related disorders will also rise. SB 106 begins a coordinated effort to provide for statewide services to seniors and caregivers by appropriating funds for the Kupuna Care

Program, establishing an Alzheimer's Disease and Related Dementia Services Coordinator. Part of the bill creates a group assist elders and individuals with disabilities with transportation needs in each county.

These measures, and others passed this Session, are key to establishing the transformational health services and facilities necessary to continue to meet the evolving health related needs of kama'aina. Through the collaboration of our policymakers, stakeholders, and citizens, we are providing a healthier and happier Hawaii. ♀

GLENN WAKAI is a State Senator and former veteran television reporter.

Study: The Right Bacteria Might Help Fight OBESITY

By Lauran Neergaard | AP

WASHINGTON — Call it a hidden ally: The right germs just might be able to help fight fat.

Different kinds of bacteria that live inside the gut can help spur obesity or protect against it, say scientists at Washington University in St. Louis who transplanted intestinal germs from fat or lean people into mice and watched the rodents change.

And what they ate determined whether the good germs could move in and do their job.

Thursday's report raises the possibility of one day turning gut bacteria into personalized fat-fighting therapies, and it may help explain why some people have a harder time losing weight than others do.

"It's an important player," said Dr. David Relman of Stanford University, who also studies how gut bacteria influence health but wasn't involved in the new research. "This paper says that diet and microbes are necessary companions in all of this. They literally and figuratively feed each other."

The research was reported in the journal *Science*.

We all develop with an essentially sterile digestive tract. Bacteria rapidly move in starting at birth — bugs that we pick up from mom and dad, the environment, first foods. Ultimately, the intestine teems with hundreds of species, populations that differ in people with varying health. Overweight people harbor different types and amounts of gut bacteria than lean people, for example. The gut bacteria we pick up as children can stick with us for decades, although their makeup changes when people lose weight, previous studies have shown.

Clearly, what you eat and how much you move are key to how much you weigh. But are those bacterial differences a contributing cause of obesity,

rather than simply the result of it? If so, which bugs are to blame, and might it be possible to switch out the bad actors?

To start finding out, Washington University graduate student Vanessa Ridaura took gut bacteria from eight people — four pairs of twins that each included one obese sibling and one lean sibling. One pair of twins was identical, ruling out an inherited explanation for their different weights. Using twins also guaranteed similar childhood environments and diets.

She transplanted the human microbes into the intestines of young mice that had been raised germ-free.

The mice who received gut bacteria from the obese people gained more weight — and experienced unhealthy metabolic changes — even though they didn't eat more than the mice who received germs from the lean twins, said study senior author Dr. Jeffrey Gordon, director of Washington University's Center of Genome Sciences and Systems Biology.

Then came what Gordon calls the battle of the microbes. Mice that harbored gut bacteria from a lean person were put in



the same cages as mice that harbored the obesity-prone germs. The research team took advantage of an icky fact of rodent life: Mice eat feces, so presumably they could easily swap intestinal bugs.

What happened was a surprise. Certain bacteria from the lean mice invaded the intestines of the fatter mice, and their weight and metabolism improved. But the trade was one-way — the lean mice weren't affected.

Moreover, the fatter mice got the bacterial benefit only when they were fed a low-fat, high-fiber diet. When Ridaura substituted the higher-fat, lower-fiber diet typical of Americans, the protective bug swap didn't occur.

Why? Gordon already knew from human studies that obese people harbor less diverse gut bacteria. "It was almost as if there were potential job vacancies" in their intestines that the lean don't have, he explained.

Sure enough, a closer look

at the mice that benefited from the bug swap suggests a specific type of bacteria, from a family named Bacteroidetes, moved into previously unoccupied niches in their colons — if the rodents ate right.

How might those findings

translate to people? For a particularly hard-to-treat diarrheal infection, doctors sometimes transplant stool from a healthy person into the sick person's intestine. Some scientists wonder if fecal transplants from the lean to the fat might treat obesity, too.

But Gordon foresees a less invasive alternative: Determining the best combinations of intestinal bacteria to match a person's diet, and then growing those bugs in sterile lab dishes — like this study could — and turning them into pills. He estimates such an attempt would take at least five more years of research. (www.philstar.com) ♀



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The New Health Care Law and How It Will Affect You

By the AARP Filipino Advisory Committee

With many of the key pieces of the new national health care law starting next year, Hawaii residents need to know how it affects them. Keep in mind the following useful facts about the new law:

For those without health insurance or who buy their own insurance: Starting in 2014, all Americans will be required by law to have health coverage. Those who do not may have to pay a penalty. There are some exceptions for people with low incomes. Financial assistance is available for many people who buy their

plan through Hawaii Health Connector (www.hawaiihealthconnector.com)—an online health insurance marketplace created to help individuals and small businesses take advantage of the health insurance choices available to them. For example, a family of four earning less than \$108,360 may be able to get financial help. Low-cost or free plans are also available, depending on a person's income.

Starting October 1, 2013: Hawaii residents can shop for health plans through the Hawaii Health Connector web site, which will allow them to compare benefits and

prices all in one place and also let them know if they qualify for financial help. The health care coverage would begin in January 2014. Those who are uncomfortable using a computer or who need language help are advised to call 260-9011 for assistance or more information.

For those who already have insurance: The law requires all health plans to offer 10 essential health benefits. New required benefits in Hawaii include prescription drugs, rehabilitative services and habilitative services and devices, and pediatric services, including oral and vision care. Also, if an employer offers a family health plan, people can now keep their adult

children on their health plan until age 26 if the child's employer is not offering them health care coverage.

For those on Medicare: More preventative services and wellness services are now covered at no cost to the person receiving the service. This includes immunizations, cholesterol and diabetes screenings, many cancer screenings, diet counseling and more. Also, for those who have a lot of prescription drug costs, help paying for those drugs will be available through discounts while they are in the Medicare Part D coverage gap. By 2020, the coverage gap will be closed.

For small business owners: Businesses with fewer

than 25 full time employees may be able to get a tax credit to help make the cost of covering their employees more affordable. In 2013, the tax credit covers up to 35 percent of the cost of providing insurance. By 2014, the tax credit will increase to 50 percent.

For all Americans: There are new consumer protections in place to make sure that their health care coverage will be there when they need it. Insurance companies can no longer deny coverage to people with pre-existing conditions like asthma, diabetes, high blood pressure or even cancer. And they can't cut off or cancel someone's coverage because they hit a certain dollar limit or get sick.

If you have questions about the new health care law, please contact Toy Arre, AARP Filipino Advisory Committee Chair, at 227-8809. ♀

FDA PANEL... (from page S9)

breast cancer treatments. When Perjeta was combined with Herceptin, another Genentech drug, and standard chemotherapy, 39 percent of women saw their cancer reach undetectable levels. Only 21 percent of women experienced the same results from taking Herceptin and chemotherapy alone. After drug treatment, all the women received standard breast surgery to remove any tumors. Genentech says this surgery allowed researchers to confirm the presence or absence of cancer.

While panelists ultimately backed the drug's ben-

efits, they pointed to a number of shortcomings with the trial, including its small population size and its experimental measure of effectiveness. Genentech measured patients' initial response to the drug, but it's not yet clear whether those patients will ultimately live longer, healthier lives.

The study also showed evidence of worrisome side effects, including a higher rate of heart problems among patients taking Perjeta.

FDA leadership acknowledged these issues, but urged the panel to consider the potential advantages of getting the drug to market quickly.

"The other side of the equation is you have to look at the benefit, and that is the introduction of an agent that may help many women prevent metastatic disease," said Dr. Richard Pazdur, director of the FDA's office of cancer drugs.

Earlier in the week, FDA scientists published a very positive review of Perjeta, indicating that it met the criteria for accelerated approval. The FDA is scheduled to make a decision on the drug by Oct. 31.

The panel also heard from breast cancer survivors who emphasized the benefits of starting treatment as early as

possible.

"Reducing the overall time battling the disease has an immense and dramatic effect on the financial, emotional and medical well-being of our lives," said Judy Hodges, who was diagnosed with breast cancer in 2006. Hodges spoke as a volunteer for the National Patient Advocate Foundation, a non-profit group founded by cancer patients.

Like Herceptin, Perjeta only works in a subset of about 20 percent of breast cancer patients who have tumors that overproduce a protein known as HER-2. This protein causes cancer cells to

divide and grow faster than usual.

Breast cancer is the second most deadly form of cancer in U.S. women, and is expected to kill more than 39,000 Americans this year, according to the National Cancer Institute. About 6,000 to 8,000 deaths per year are attributed to the HER-2 form of the disease.

Breast cancer is highly treatable when detected early. More than 98 percent of women who are diagnosed with first-stage breast cancer survive at least five years, according to NCI figures.

(www.philstar.com) ♀

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INSIGHTS

WOMEN'S HEALTH 2013

Your Secret Weapon for Achieving Success and Overcoming Challenges

By **Tulsi Gabbard**
HI Representative, U.S. Congress

Here in Hawai'i, we live in a truly special place. We are a melting pot of cultures, ethnicities and faiths, bound by the common thread of the aloha spirit. The principles that guide us as we live aloha teach us to sincerely respect one another and value each individual's character, sincerity and heart.

In Washington, I do my best to share this aloha with whom I work and to live aloha as we take on the many challenges facing our nation. Every time I come home to Hawai'i, I am always refreshed and energized by the aloha that exists within our families, our communities and our home. Immediately, I'm reminded of why I'm serving in Washington and whom I'm fighting for.

We are facing tremendous challenges as a nation. The root of many of these challenges can be found in the fact that the people's voices are not being heard and that the diversity that exists within our country is not represented at the tables where decisions are being made.

While being a woman working in a male-dominated field might be a challenge, it also presents a significant opportunity to find strength and courage in our purpose. When

confronted with obstacles or major decisions, I always ask myself how I can best be of service. It is important to remember the greater context of why we do what we do and the purpose behind our actions. If our purpose and motivation is to be of service to others and to make a positive impact on those around us, then no matter the outcome, we will be successful.

Serving in Congress has been incredibly rewarding for many reasons. I have the opportunity to witness people within our communities taking action, moving forward, serving others, unafraid of the challenges before them and emboldened by this higher purpose of living aloha.

Whether you're serving in the military, in the government, as a teacher, an activist, or in your community, you always have an opportunity to be that servant-leader. We must each raise our hand to serve in our own way, instead of waiting for someone else to make the changes we know that need to be made now. When we see a problem, it is our responsibility to stand up and be a part of the solution.

It is important to take a stand for what is right and to do so with aloha, which is the most powerful secret weapon that I have ever encountered. It appeals to that deeper sense

of purpose in every individual and embraces diversity with inclusiveness.

With aloha, you can truly connect with a person and listen with respect. You may be surprised what you can learn from others and about yourself. If you can listen first, you can elevate the conversation, have real dialogue and create actual solutions by working together.

Continue to strive for your goals, even if you're told that you don't belong. Someone might say you're too young or too old, that you're inexperienced or not cut out for it. But always remember, there is no "right" time to raise your hand to serve.

My advice to women of all



ages is to not wait to be of service. Work hard every single day. Always do your best. Don't let other people's perceptions of your own limitations become your limitations. The choice is yours about the

actions you take in the face of constraints placed upon you.

If you follow your heart and serve with aloha, you will find your own unique path to servant-leadership and personal fulfillment. ♀

HEALTH NEWS

Reducing Salt Intake in Filipino Dishes

By **HFC Staff**

Dr. Corilee A. Watters, an assistant professor of nutrition at the University of Hawaii-Manoa, has launched a project aimed at reducing the amount of salt in popular Filipino dishes. Filipino food is basically a mixture of many different cultures such as vegetables from the Chinese, coconut and coconut milk from the Malaysians, and flavors from Spanish influence.



Watters has developed resources for use by health professionals and chefs in conjunction with members of the Filipino community. Her project was funded by the Centers for Disease Control and Prevention through the State Department of Health.

She has produced a restaurant guide for chefs containing strategies to reduce sodium in

Filipino dishes which can include many salty ingredients. *Patis* (fish sauce) and *bagoong* (fermented shrimp paste) are often used to achieve the salty Filipino flavor, along with shoyu, anchovies, and anchovy paste. The use of these ingredients can increase the content of salt in the diet.

Health experts recommend that the average person consume no more than 2,300 mg sodium per day. Keep in mind that one tablespoon of *patis* amounts to 1,300 mg of sodium, which is more than half of the recommended daily

(continued on page S16)

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By Felino S. Tubera

For the Health and Life of Me(n) Let the Wo(men) Be

Most men have heard of the cliché: "Hell has no fury like a woman scorned." And the admonition - beware the anger of a woman who thinks her dignity or worth has been affronted. The line comes from William Congreve's play "The Mourning Bride" (1967):

*Heav'n has no rage, like love to hatred turn'd,
Nor Hell a fury, like a woman scorned.*

So, gentlemen, as One man, be wary and careful with your body language and vocabulary. Shakespeare said: "Frailty thy name is woman." And, man, O men, considering this: tread not upon the glass-like base on which the fragile pedestal of a woman's honor and dignity stands.

God in His infinite wisdom differentiated women from men by giving them different sets of chromosomes. Men, with their raging testosterone

can act like bulls: mean bullies. And women under the weather of hormonal changes and shifting emotional landscapes can needlessly become vulnerable. So, considering this immutable difference in makeup, can there be balance and equity between a man and a woman for their mutual happiness? Oh, yes! For the life and health of mankind, there is: Love. And Light. When God was creating the heavens and the earth, and seeing the darkness, He said

"Let there be light, and there was light and it was good. It might have been good, too, if after creating the first man, Adam, and the first woman, Eve, had He also added: "Let there be laughs." Why? Because laughter can serve as an equalizer between man and woman ... when they argue from different points-of-view. My wife tells me; "I happen to stumble upon this problem, like it or not." I ask her: "Is there no possibility that you'll also happen to stumble upon a solution, like it or not?" We both laugh. It gives me a sense of comfort that women are honest and guiltless when they use their subtle charms for "stealing" the hearts of men. It's complicatedly simple the way a woman can break open the steel-cage around men's heart by wiping away the macho-halo over their heads. With

their smiles, if not their tears. Men can go bananas, but women are wiser by honoring men who embrace their own contradictions. This pampers both -- their sense of individual self-esteem and security. It fortifies their independence and individuality.

Everyday, I write a little something in my diary. My wife asks: What are you doing? I tell her: Writing a book. She says: Why don't you just by one. It's easier and faster. Okay, give me the money, but that won't buy you what's in my mind. End of argument.

One simple thing, between a man and a woman can look differently. My wife inordinately nicknames me "Senior Clutter Bug," -- this despite my orthodox fascination with the structure of things: why things work this way and not that way. I tell her I can see the logic and fluidity of the arrangement of the alphabet from A to Z. But why the alphabet soup? Once eaten, will the letters rearrange to form words in your stomach to tell your brain you're satiated? Inside, can the right consonants avoid getting tangled with certain vowels to prevent flatulence? Or bypass your system to help lower the cost of gas? How can the ingenuity of man be tagged "genuine?" Or his/her unscientific science pass scrutiny under some varnish of cleverness? One can gain unwanted pounds by indulging with these imaginary snacks, so-called by me because they're easy to imagine.

One's daily life is full or filled with complex matters that require a man or a woman to make choices and decisions. Generally, we all long for orderliness, if not simplicity. So, why question the unnatural random state of unorganized/disorganized things and effects around us? I overheard a person asking my wife if I

am a tidy person. I know for myself that I bounce between being totally chaotic and adorably tidy and orderly. A pack rat, my wife whispers to answer the question. I have been reading about the feng shui way of aligning and organizing things, but still I find that men and women have different ways of putting things in proper order and perspective ... including one's thoughts and ideas and feelings. The geography of a woman's mind is different from the landscape of man's thinking. I believe, for the life of men, and for the health of women, to let love and understanding be the compensating factor for the well-being of both. It's about hormones and chromosomes, and then some.

At times, the heart remembers what the head forgot. And vice versa, the head remembers what the heart forgot. Or what both had missed. Like the spiritual connection that may be wanting in physical relationships. The presence of absence. Or the absence of presence in a vacuum. Or the perfidy of giving out secrets, violation of faith and loss of fidelity. The wedges that drive man and woman apart. The breakdown of trust and loss of allegiance. Betrayal and contempt. These are not just shadows or abstract realities that can undermine the health of both man and woman. But real as days and nights. Men, take note. Women, listen. This is not just a health issue. It's life. Man-to woman, woman to man, shoulder-to-shoulder: Lean on. Lean out. We need each other. ♀

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HEALTH NEWS REDUCING SALT ... (from page S15)

allowance. In comparison, one tablespoon of soy sauce equals 1,000 mg of sodium.

Watters has also produced useful resources for dietitians and health professionals that offer useful tips on controlling blood pressure, diabetes and heart disease among Hawaii's Filipino population which comprises the second largest ethnic group in Hawaii at 23.3 percent. Filipino men have disproportionately high coronary heart disease mortality rates, and both Filipino men and women have higher

stroke mortality rates compared to other ethnicities.

In addition, the 2011 Behavioral Risk Factor Surveillance System shows that nearly 30 percent of Filipino adults have high blood pressure. Of Filipino adults with high blood pressure, 79.2 percent are making a substantial effort to reduce the amount of salt to lower or control their high blood pressure.

Watters' resources are available online at: www.corileewatters.com/chronic-disease.html. ♀