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JUNE 2022

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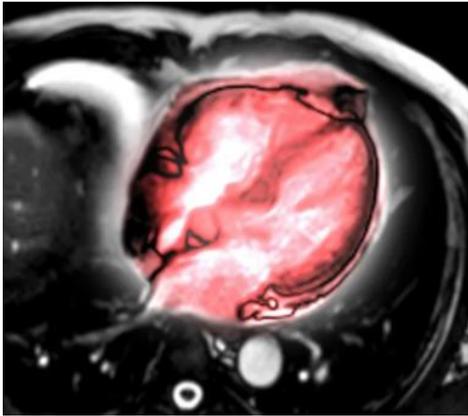
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Levels of alcohol consumption currently considered safe by some countries are associated with the development of heart failure, according to new research presented at Heart Failure 2022, a scientific congress of the European Society of Cardiology (ESC).

“This study adds to the body of evidence that a more cautious approach to alcohol consumption is needed,” said study author **Dr. Bethany Wong of St. Vincent’s University Hospital, Dublin, Ireland**. “To minimize the risk of alcohol causing harm to the heart, if you don’t drink, don’t start. If you do drink, limit your weekly consumption to less than one bottle of wine or less than three-and-a-half 500 ml cans of 4.5% beer.”

According to the World Health Organization (WHO), the European Union is the heaviest-drinking region in the world. While it is well recognized that long-term heavy alcohol consumption can cause a type of heart failure called

alcoholic cardiomyopathy, evidence from Asian populations suggests that lower amounts may also be detrimental. “As there are genetic and environmental differences between Asian and European populations this study investigated if there was a similar relationship between alcohol and cardiac changes in Europeans at risk of heart failure or with pre-heart failure,” said Dr. Wong. “The mainstay of treatment for this group is management of risk factors such as alcohol, so knowledge about safe levels is crucial.”

“To minimize the risk of alcohol causing harm to the heart, if you don’t drink, don’t start. If you do drink, limit your weekly consumption to less than one bottle of wine or less than three-and-a-half 500 ml cans of 4.5% beer.” — **Dr. Bethany Wong**

This was a secondary analysis of the STOP-HF trial. The study included 744 adults over 40 years of age either at risk of developing heart failure due to risk factors (e.g. high blood pressure, diabetes, obesity) or with pre-heart failure (risk factors and heart abnormalities but no symptoms). The average age was 66.5 years and 53% were women. The study excluded former drinkers and heart failure patients with symptoms (e.g. shortness of breath, tiredness, reduced ability to exercise, swollen ankles). Heart function was measured with echocardiography at baseline and follow-up.

The study used the Irish definition of one standard drink (i.e. one unit), which is 10 grams of alcohol. Participants were categorized according to their weekly alcohol intake: 1) none; 2) low (less than seven units; up to one 750 ml bottle of 12.5% wine or three-and-a-half 500 ml cans of 4.5% beer); 3) moderate (7-14 units; up to two bottles of 12.5% wine or seven 500 mL cans of 4.5% beer); 4) high (above 14 units; more than two bottles of 12.5% wine or seven 500 ml cans of 4.5% beer).

“To minimize the risk of alcohol causing harm to the heart, if you don’t drink, don’t start. If you do drink, limit your weekly consumption to less than one bottle of wine or less than three-and-a-half 500 ml cans of 4.5% beer.” — Dr. Bethany Wong

The researchers analyzed the association between alcohol use and heart health over a median of 5.4 years. The results were reported separately for the at-risk and pre-heart failure groups. In the at-risk group, worsening heart health was defined as progression to pre-heart failure or to symptomatic heart failure. For the pre-heart failure group, worsening heart health was defined as deterioration in the squeezing or relaxation functions of the heart or progression to symptomatic heart failure. The analyses were adjusted for factors that can affect heart structure including age, gender, obesity, high blood pressure, diabetes, and vascular disease.

A total of 201 (27%) patients reported no alcohol usage, while 356 (48%) were low users and 187 (25%) had moderate or high intake. Compared to the low-intake group, those with moderate or high use were younger, more likely to be male, and had a higher body mass index.

In the pre-heart failure group, compared with no alcohol use, moderate or high intake was associated with a 4.5-fold increased risk of worsening heart health. The relationship was also observed when moderate and high levels were analyzed separately. In the at-risk group, there was no association between moderate or high alcohol use with progression to pre-heart failure or to symptomatic heart failure. No protective associations were found for low alcohol intake.

Dr. Wong said: “Our study suggests that drinking more than 70 g of alcohol per week is associated with worsening pre-heart failure or progression to symptomatic heart failure in Europeans. We did not observe any benefits of low alcohol usage. Our results indicate that countries should advocate lower limits of safe alcohol intake in pre-heart failure patients. In Ireland, for example, those at risk of heart failure or with pre-heart failure are advised to restrict weekly alcohol intake to 11 units for women and 17 units for men. This limit for men is more than twice the amount we found to be safe. More research is needed in Caucasian populations to align results and reduce the mixed messages that clinicians, patients, and the public are currently getting.”

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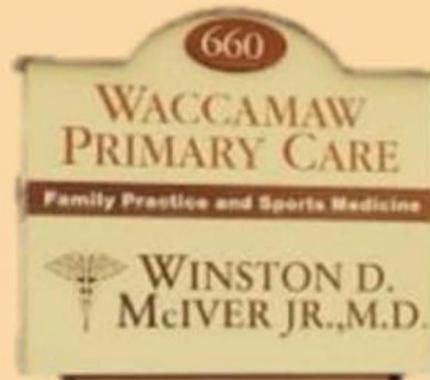
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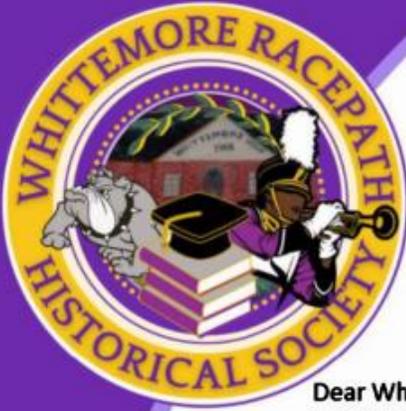
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They begin work on approximately June 13, 2022 and thereafter.
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(843) 248-9390 or Edward McQueen @ (843) 331-3043



WHITTEMORE RACEPATH Historical Society, Inc.

Dear Whittemore Alumni/Friend:

We are writing to request your assistance in saving the Whittemore Elementary School, a historical landmark in our community from demolition. The City of Conway proposed in 2017 to convert the Whittemore Elementary School into a thriving community center for its residents and now has changed their decision due to unforeseen factors. We truly believe that this historical landmark is worth the effort to save it and preserve its legacy.

As you are aware, Whittemore was the only school that Blacks could attend. The teachers and staff, although provided with substandard material, were dedicated to helping us to be the best that we could be. There are so many that have made major contributions to the community, state and country who at some point attended this great school.

Currently, we have organized as Whittemore Racepath Historical Society, Inc. (WRHS), an organization dedicated to working to preserve historical structures in our community. We are asking for your support and commitment to this project to save our dear ole Whittemore Elementary School. To join the organization there is a membership fee of \$25.00 per year. We are also soliciting donations above yearly membership fees to support this worthwhile project. We need your help sharing information and encouraging others to join. There is power in numbers.

Please join the Whittemore Racepath Historical Society by one of the following ways:

- **Online:** "Join" tab at the top of the website whittemorehistorical.org. You can pay online within the "Join" tab as well or pay via the following methods:
 - **CashApp:** \$WhittemoreHistorical or **Paypal:** paypal.me/whittemorehistorical
 - **Debit/Credit Card:** "Join" tab to become a member or "Donate" tab to donate only at top of whittemorehistorical.org
- **Check/Mail:** Please complete the attached form and include a check made to "Whittemore Racepath Historical Society". Mail it to: PO Box 1096 Conway, SC 29528.
 - Payment can also be made via CashApp, PayPal or Debit/Credit Card with a mailed in membership form. Please include your name with your payment.

Your donations are needed to finance our preservation efforts. Feel free to mail in your donation, use CashApp, PayPal or select "Donate" online to use your debit/credit card.

If you have questions, please feel free to call Rev. Kenneth E. Floyd, Sr, Membership Chairman at 843-902-4825 or Mrs. Genar Faulk, Treasurer at 843-248-9390, or email your question to: whittemorehistorical@gmail.com.

Together we are stronger! Go Whittemore Bulldogs!

Rev. Cheryl Adamson, *WRHS President*
Rev. Kenneth E. Floyd, Sr., *WRHS Membership Chairman*
Mrs. Genar Faulk, *WRHS Treasurer*

Mailing Address: PO Box 1096, Conway, SC 29528
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Bucksport Community Heeds The Call For Unity

On May 23, 2022 a significant number of citizens in the Bucksport and surrounding communities responded to a general meeting that seemed to be unprecedented in attendance for such short notice.

The meeting hosted by the James Frazier Community Center, was moderated by **Mr. Kevin Mishoe** of **The Organization for The Betterment of Bucksport.**

After carefully examining some newly obtained statistics and revelations, **Mr. Mishoe** saw the urgent need to share them with not just Bucksport, but Conway, Toddsville, Bucksville, Sandridge and beyond. He stressed that the primary purpose of the meeting was to begin proactive measures with the said communities including strategizing to maintain the culture, heritage and survival of the Black communities. He stated to the audience that if they care about high taxes, housing, crime, our children's education, generational wealth, and the health of our senior citizens, then this meeting is definitely for them. He followed up by stating that our ancestors and children are counting on them.

Mr. Mishoe had a panel that consisted of **Ms. Marilyn Hemingway, CEO/President and Founder of the Gullah Geechee Chamber of Commerce** and **Rev. Timothy McCray, Community Activist of Myrtle Beach, SC.** Also, a very vocal participation from the audience.



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Edward McQueen, Publisher
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Genar Faulk, Treasurer

Mailing Address:

P.O. Box 2391
Conway, SC 29528
(843) 331-3043

Staff and Management

Edward McQueen—Publisher

Genar Faulk— Treasurer

Contributors

April D. Garner

Vernell M. McDowell

Marjorie McIver

Sandra Gore

Mary "Cookie" Goings

Lee Moultrie

Carolyn Hickman-Williams

Markus McCullough

Alfreda Funnye

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Rev. Cheryl Adamson: A Trailblazing Ministry

June 2022



The World Community Magazine would like to first say Happy Belated Birthday to **Rev. Cheryl Adamson**. She turned **70 years** young on May 23, 2022.

Rev. Adamson is a 2021 recipient of the **McCall Racial Justice Trailblazer Award** presented by the **Cooperative Baptist Fellowship (CBF)** at its annual General Assembly. The award is named for the *Rev. Dr. Emmanuel McCall, the first African American to serve as CBF moderator* and a trailblazing leader who has devoted his life as a student, denominational leader, pastor, author and scholar to the pursuit of racial justice. The Trailblazer Award recognizes individuals like Adamson who have created inroads into uncharted, unequal or unjust areas of life.

As the founding pastor of **Palmetto Missionary Baptist Church**, a CBF-partner church in Conway, South Carolina, and the executive director of the church's outreach, Palmetto Works Community Development Corporation, Adamson has a history of blazing trails. She was among the first Black

students to graduate from Conway High School and also from the University of South Carolina, receiving a Bachelor of Science degree in biology in 1974. She went on to earn a Master's degree in health education from the University of Maryland at College Park in 1982.

In the first part of her career, Adamson worked in public health for South Carolina as the state's first HIV/AIDS educator, then shifted into a number of roles in local government and with community nonprofits/organizations. But God had more in store for Adamson as she began to sense a call to ministry. "I preached my first sermon at age 46 and then began attending divinity school at age 47," she said. Through the Baptist House of Studies at Duke Divinity School, Adamson forged relationships within CBF life through mentors like Curtis Freeman, Duke's Baptist House director, and Marion Aldridge, then coordinator for **CBF South Carolina CCBFSC**).



For more than 15 years, Adamson has served as the pastor of Palmetto Missionary Baptist Church and for the last nine years as executive director of Palmetto Works. Through Palmetto Works, the church offers several ministries to address growing inequalities in Conway, including Palmetto Kids! Music and Arts Academy for children from five to 12 years old, Palmetto Youth Leadership Academy for teenagers 13 to 18 years old, and **CHOPS Produce Store**, a program which sells South Carolina-grown and produced fruits and vegetables to the community. **Palmetto Works is located in a USDA certified food desert, meaning there is not a grocery store within one mile.**

"In everything we do, we're trying to raise the visibility of certain conditions in our community that don't reflect Jesus Christ, that don't reflect a true belief in the **Imago Dei (Image of God)**, and that don't reflect the belief in the infinite abundance that our faith should represent," Adamson emphasized.

The church remains nimble in its approach to ministry. Housed in a leased storefront, Palmetto Works is the only property that the church operates. The congregation worships in the chapel of St. Paul's Anglican Church. They also work in partnership with other churches to offer summer camps and after-school programs. Her ministry has garnered praise from



church members, city leaders and from across CBF life. "As a church starter associated with CBFSC and as the **first Black Baptist woman to pastor a CBFSC-partner congregation**, she has paved the way for a growing relationship between CBFSC and other African-American Baptist pastors," said **CBFSC Coordinator Jay Kieve**. "Cheryl has brought souls to Christ, modeled a Christian life, and dedicated her life to meeting the needs of her neighbors," said **Barbara Jo Blain-Bellamy, the Mayor of Conway**. "She is in the same mold as Emmanuel McCall," remarked longtime former CBFSC Coordinator Marion Aldridge. "They are two peas in a pod, heroes for the 20th and 21st centuries."

"The award is an honor because of the person it represents and the cause that it stands for," according to Adamson. **To reckon with racial**

injustices of the past and present, Adamson believes it is time for churches to start telling the truth. "What is needed now is for Christians, churches and ministers to learn our true history here in America, and to face the implications of that truth," she says. "We have to *move* with just as much commitment and intensity as the forces of racism *move* in the other direction in order to truly be anti-racist."

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Is It Time to Remove 'Cancer' Label From Low-Risk Prostate Tumors?

A team of experts is recommending that doctors forgo describing early, low-grade prostate tumors as "cancers" as a way to ease anxiety among patients and their families and reduce unnecessary treatment.

Physicians often advise that men with low-risk prostate tumors wait to see if the disease worsens — an approach called "active surveillance" — rather than rushing to treat the condition. After all, low-grade tumors rarely cause harm, and therapies such as radiation and surgery can carry serious side effects, including impotence and urinary leakage.

Yet doctors still label these lesions "cancer," and as a result, some experts say, many men in the United States opt for treatment they don't need.

In a new paper likely to stoke debate, a multidisciplinary group of experts, including one patient, argue that overtreatment could be reduced by removing the word "cancer" from low-risk disease. Tumors that rate 6 on the **Gleason score (GS)** cannot invade other organs but nonetheless scare patients into undergoing risky treatments, they argue. Fewer than 1% of men with GS6 prostate tumors go experience metastatic disease or die from cancer within 15 years of the initial diagnosis, they report.

"No matter how much time a physician may spend downplaying the significance of a GS6 diagnosis or emphasizing the phrase low-risk, the words 'you have cancer' have a potent psychological effect on most men and their families," they wrote in a paper published Monday in the *Journal of Clinical Oncology*.

Dropping the C word for low-risk tumors, which make up about half of 268,000 prostate cancer diagnoses annually in the United States, is not a new idea. An independent panel convened by the National Institutes of Health proposed just that in 2011.

However, clinician support for the shift appears to be growing, said Scott Eggener, MD, a urologic oncologist and professor of surgery at the University of Chicago, and a co-author of the new article.

Eggener said active surveillance has been increasing dramatically in the United States, to about 60% of patients with GS6. "We feel like the landscape is right now to be talking about this issue," Eggener told *Medscape Medical News*.

Reducing unnecessary treatment, he and his coauthors argue, could reduce the cost of healthcare — and boost the benefit of prostate-specific antigen testing for prostate cancer, which the US Preventive Services Task Force at the moment deems small.

In addition, patients with prostate cancer diagnoses encounter increased risk of depression and suicide, disqualification or higher rates for life insurance, and questions from family and friends if they choose active surveillance over treatment — all of which might be ameliorated by a change in terminology. The word "cancer" has been dropped from bladder, cervical, and thyroid conditions and prostate abnormalities that used to be classified as Gleason 2 through 5, they noted.

Keeping the Status Quo

But some physicians say GS6 doesn't need a name change. From a scientific standpoint, GS6 disease has molecular hallmarks of cancer, according to Jonathan Epstein, MD, a professor of pathology, urology, and oncology at Johns Hopkins University, Baltimore, Maryland. More important, Epstein told *Medscape*, the classification does not guarantee that more serious cancer is not present, only that it has not been found yet in tissue samples.

Eggener acknowledge that while GS6 does have molecular markers associated with cancer — a fact that's "challenging to reconcile with" — giving it another name "would still require surveillance, and since the window of opportunity for curing localized [prostate cancer] is typically measured in years or decades, evidence of histologic progression to a higher-grade cancer would far precede the potential time of future metastasis in the majority of cases."

Still, Epstein worries that dropping the cancer designation may lead some patients to forgo active surveillance, which involves repeated imaging and biopsies to check for worse disease. Without such monitoring, he said, "if they do have higher grade cancer that's unsampled, it will pose a threat to their life." Gleason 6 tumors "may progress, some significantly, or be incompletely sampled at the time of diagnosis. Both clinicians and patients need to understand such risk," Peter Carroll, MD, MPH, a urologist at the University of California, San Francisco, who is critical of the proposed name change, told *Medscape*.

Regardless of what it's called, Gleason 6 disease warrants close monitoring, said Joe Gallo, a 77-year-old Pennsylvania man whose high-risk cancer was detected during active surveillance. "If I had taken a laid-back, or less, approach" to monitoring, Gallo said, "necessary treatment may have been delayed and my condition may have become more serious."

Some advocates say patients and their families need to be educated that cancer exists on a spectrum of severity.

Mark Lichty, 73, chairman of a support group called Active Surveillance Patients International, received a Gleason 6 diagnosis 17 years ago. He resisted treatment against medical advice, and the cancer never progressed.

Lichty said active surveillance has been more widely adopted in Sweden, where physicians assure patients that treatment is unnecessary and support systems exist. "Yes, a diagnosis of cancer is frightening," he told *Medscape*. But "we can do a lot better in how we communicate the diagnosis."

Above info Courtesy of Mary Chris Jaklevic – Medscape Medical News

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TRUISM 2022 POEMS

By A. K. Matthews
(Community Activist, Brooklyn, NY)

MEMORIAL TO MILITARY

There is no greater hero than a soldier of war
Who has given his life for mine
And I hold dear his acts of great deeds
And honor his memory fine

No matter the color or race or creed
Their sacrifice should never be lost
I only feel grief when I look at this country
And question our worthy of cost

Did these great people die in vain
And love their soldier brother
So that you and I could shoot and kill
And lie to one another?

Did they say a prayer as they led a charge
To fight a war or battle
So that a nation who should be as one
Slaughter each like cattle



Should I honor them by laying wreaths
At their holy site and grave
When cowards let their own self-interests
Become a donor's slave

Did they die so young for you and I
So we can act like fools
And have our elders die while shopping
And our babies slain at schools

Did they stare at death but carried on
For democracy and freedom
Each senseless act disgrace the brave
When I close my eyes I see them

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By living like we should

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People with type O blood might be less susceptible to heart disease and blood clots than those with type A or B.

Do you know your blood type?

You wouldn't know it by looking on the surface, but coursing through your veins every second of every day are tiny variations that categorize your blood into one of these groups: A+, A-, B+, B-, O-, O+, AB+ and AB-. Unless you've donated blood, were given a transfusion or found out during pregnancy, maybe you've never thought twice about it.

Ongoing research into blood type suggests it may matter more than we give it credit for -- at least when assessing risk for certain health conditions, especially heart disease. These invisible differences in the blood may give some people an edge at staving off cardiovascular problems, and may leave others more susceptible.

What does blood type mean, and how are they different?

The letters A, B and O represent various forms of the ABO gene, which program our blood cells differently to form the different blood groups. If you have type AB blood, for example, your body is programmed to produce A and B antigens on red blood cells. A person with type O blood doesn't produce any antigens.

Blood is said to be "positive" or "negative" based on whether there are proteins on the red blood cells. If your blood has proteins, you're Rh positive.

People with type O- blood are considered "universal donors" because their blood doesn't have any antigens or proteins, meaning anybody's body will be able to accept it in an emergency.

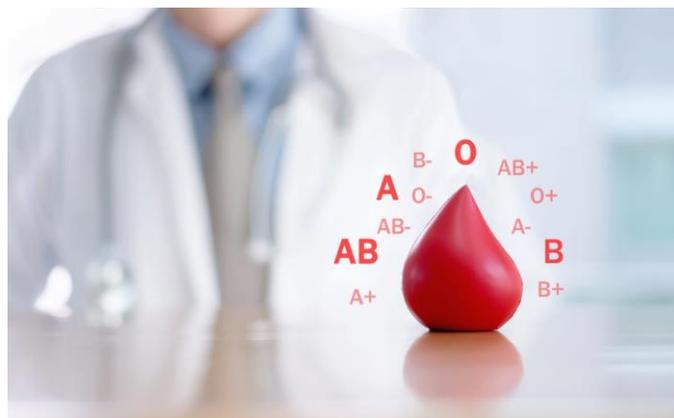
But why are there different blood types? Researchers don't fully know, but factors such as where someone's ancestors are from and past infections which spurred protective mutations in the blood may have contributed to the diversity, according to Dr. Douglas Guggenheim, a hematologist with Penn Medicine. People with type O blood may get sicker with cholera, for example, while people with type A or B blood may be more likely to experience blood clotting issues. While our blood can't keep up with the different biological or viral threats going around in real time, it may reflect what's happened in the past.

"In short, it's almost like the body has evolved around its environment in order to protect it as best as possible.

People with type A, type B or type AB blood are more likely than people with type O to have a heart attack or experience heart failure, according to the American Heart Association.

While the increased risk is small (types A or B had a combined 8% higher risk of heart attack and 10% increased risk of heart failure, according to one large study) the difference in blood clotting rates is much higher, per the AHA. People in the same study with type A and B blood were 51% more likely to develop deep vein thrombosis and 47% more likely to develop a pulmonary embolism, which are severe blood clotting disorders which can also increase the risk of heart failure.

A reason for this increased risk, according to Guggenheim, might have to do with inflammation that happens in the bodies of people with type A, type B or type AB blood. The proteins present in type A and type B blood may cause more "blockage" or "thickening" in the veins and arteries, leading to an increased risk of clotting and heart disease. Guggenheim also thinks this may describe the anecdotal (but currently inconclusive) decrease in risk of severe COVID-19 disease in people with type O blood, which has [inspired research](#). Severe COVID-19 disease often causes heart problems, blood clotting and other cardiovascular issues.





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Targeting the Uneven Burden of Kidney Disease on Black Americans



Twin brothers **Martin, left, and Malcolm Lewis** both have lupus. But their kidney disease may be caused by a gene, not an autoimmune disorder. (Amir Hamja/The New York Times)

In a Zoom call this spring with 19 leaders of AME Zion church congregations in North Carolina, **Dr. Opeyemi Olabisi**, a kidney specialist at Duke University, asked a personal question: How many of you know someone — a friend, a relative, a family member — who has had kidney disease?

The anguished replies tumbled out from the assembled pastors:

— *A childhood friend died, leaving a daughter behind.*

— *A father and sister felled by the disease.*

— *Uncles and sons lost.*

— *Three cousins and a brother-in-law on dialysis.*

None of this surprised Olabisi, who disclosed that he, too, had lost family members to the disease. His best friend, who had taught him to ride a bike in his native Nigeria, died of kidney failure in his early 30s.

Kidney specialists have long known that Black Americans are disproportionately affected by kidney disease. Although Black people make up about 12% of the U.S. population, they account for 35% of Americans with kidney failure. Black patients tend to contract kidney disease at younger ages, and damage to their organs often progresses faster.

Social disparities and systemic racism contribute to this burden, but there is also a genetic factor. Many with sub-Saharan ancestry have a copy of a variant of the gene **APOL1** inherited from each parent, which puts them at high risk. **Researchers have known for a decade that APOL1 is one of the most powerful genes underlying a common human disease.**

But there is hope now that much of this suffering can be alleviated. As many as 10 companies are working on drugs to target the APOL1 variants. And **Olabisi** has a federal grant to test whether baricitinib, a drug that treats rheumatoid arthritis, can help kidney patients with the variants.

Yet the promise of treatments comes with difficult questions. Should genetic testing be offered and, if so, to whom? Although the variants increase risk, they do not preordain kidney disease. If someone knows that they have the variants, will they live in fear of kidney failure?

There are as yet no proven ways to reduce the risk of kidney disease in those with two copies of the variants. Rigorous control of blood pressure — a major risk factor for progression of kidney disease — can be difficult to achieve in those who have the variants.

“Now we know that the reason you can’t get your blood pressure down is because you have APOL1 kidney disease that is ferociously raising your blood pressure,” said Dr. Jeffrey Kopp, a kidney researcher at the National Institutes of Health. “It’s not your fault.”

Despite their elation at the progress being made, some experts such as **Olabisi** say that a laser focus on variants may let policymakers ignore the social and economic disparities underlying the disease. But, he added, “we don’t want to pretend that the biology doesn’t exist.” That, he said, “would not be doing the community any good.”

... it has long been known that kidney failure occurs in African Americans five times as often as it does in white Americans,

Farmer Provides a Clue

Although it has long been known that kidney failure occurs in African Americans five times as often as it does in white Americans, “We had never been able to understand all the reasons,” said **Dr. Neil Powe**, a professor of medicine and an epidemiologist at the University of California, San Francisco.

Researchers began looking for a genetic cause. Finally, a little more than a decade ago, a Harvard team led by Giulio Genovese, Dr. David Friedman and Dr. Martin Pollak found it: variants of APOL1 that ramped up the gene’s activity.

It was a complete surprise. APOL1 is part of the immune system and can destroy trypanosomes — protozoa that can cause illnesses. But no one expected it to have anything to do with the kidneys. It turns out that the variants rose to a high frequency among people in sub-Saharan Africa because they offer powerful protection against deadly African sleeping sickness, a disease caused by trypanosomes. It is reminiscent of another gene variant that protects against malaria but causes sickle cell disease in those who inherit two copies. That variant became prominent in parts of Africa and other areas of the world where malaria is common, but sickle cell variants are much less common than APOL1 risk variants. About 39% of Black Americans have one copy of the gene’s risk variants; another 13%, or nearly 5.5 million, have two copies. Those with two copies are at increased risk for fast progressing kidney disease that often starts in young adulthood. Approximately 15% to 20% of those with two copies develop kidney disease. In contrast, 7.7% of Americans with African ancestry have one copy of the sickle cell variant, and 0.3% have two copies. “What nature gave with one hand, it took away with the other,” Olabisi said.

One way to treat kidney disease might be using medicines that block the gene and its variants from acting in the body. But researchers had to find out if APOL1 was necessary for kidney function. If it was, drugs that blocked it might do more harm than good.

Continued on Page 29

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Other consequences of blood type

People with type O blood enjoy a slightly lower risk of heart disease and blood clotting, but they may be more susceptible to hemorrhaging or bleeding disorders. This may be especially true after childbirth, according to a study on postpartum blood loss, which found an increased risk in women with type O blood. People with type O blood may also fare worse after a traumatic injury due to increased blood loss, according to a study published in Critical Care.

Other research has found people with type AB blood might be at an increased risk for cognitive impairment when compared to people with type O. Cognitive impairment includes things like trouble remembering, focusing or making decisions.

Should I change my lifestyle based on my blood type?

While research available now shows that blood type can tip the scale in terms of someone's risk of developing heart disease, big factors such as diet, exercise or even the level of pollution you're exposed to in your community are the major players in determining heart health.

Lean proteins, healthy fats, fruits, vegetables and whole grains are all part of a [heart-healthy diet](#). Lina Darjan/500px/Getty Images

Guggenheim says that for patients trying to keep their heart healthy, there's no special recommendation that he'd make other than a good heart healthy diet that lowers inflammation, regardless of someone's blood type. But, he notes, future research could offer more definitive ways doctors treat patients based on their blood type. All factors considered equally, a patient with healthy cholesterol levels and type A blood may benefit from taking aspirin each day whereas it might not be necessary for a person in the same boat with type O blood. "A well-balanced, heart-healthy diet in general is going to be what any physician is going to recommend, and I would say that ABO doesn't change that," Guggenheim says.

"I don't think there's a protective benefit from just having type O blood that contributes to being scot free," he adds.

The information contained in this article is for educational and informational purposes only and is not intended as health or medical advice. Always consult a physician or other qualified health provider regarding any questions you may have about a medical condition or health objectives.

Above Info courtesy of Jessica Rendall – Medical Journal



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Waccamaw EOC, Inc. – “Spreading The Love” with Success Stories

On May 20, 2022, the Myrtle Beach based Waccamaw EOC, Inc. began *“Spreading The Love”* through its **Community Action Program** at 10:30 AM lasting until approximately 1:30 PM, with a lunch break and with much excitement from the attendees. It was a program filled with success stories, fantastic music and some of the best food to be had in the Myrtle Beach area.

Kudos to the mighty Program Committee consisting of **Ronetta Washington, Chairperson** and **committee members: Kissie Melvin, Helen Wilson, Stephanie McCray, Whitney Lawrimore, Amber Linen Nelvina Jones and Angela McKvian.**

Mr. Ed Soles, Weatherization Director, was Presiding; A hearty Welcome from Stephanie McCray, Community Services Specialist; Invocation was by **Kissie Melvin**, Community Services Specialist; Words of Wisdom by **Helen Wilson**, Community Services Specialist; Opening Remarks by **Shenika L.White Gibbs**, CSBG Program Director; Entertainment by Magic & Mystery (Roger Jones) WEOC Client.

SUCCESS STORIES included *Lacey Fitch, Farisa Windley, Sheila Hunt, Roger Dicks (Read by Ed Soles), Betty Singleton and Jeff Shaw*; Fantastic Musical performances by WEOC Head Start Camp & Early Head Start; Guest Speaker was **Wilhelmina Lundy**, Life Coach; Closing remarks were given by **Mr. Paul Olson**, Vice Board Chairman and **Mr. James L. Pasley, Jr.** Executive Director & CEO.





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Horry County Solid Waste Authority Recognizes Recycling Student of the Year

CONWAY, SC -- Every year the Solid Waste Authority honors a student in Horry County as the Recycling Student of the Year. This year three students were recognized for demonstrating a positive influence in fulfilling the Solid Waste Authority's mission of Protecting Tomorrow's Environment Today while also participating in recycling activities at school and at home.

The Horry County Solid Waste Authority recognized the 2022 Recycling Students of the Year Tuesday, May 24, 2022, at Burgess Elementary and Daisy Elementary Schools. Twin brothers, **Brady and Brody Schwed**, fourth graders at **Burgess Elementary School** and **Aaliyah McCray**, a fourth grader at **Daisy Elementary** were awarded this honor and each received a prize pack from the Horry County Solid Waste Authority valued at \$350.00, which included an electronic tablet, a plaque, and a prize pack of recycled content items.



Aaliyah McCray

“These three students are a true inspiration to their classmates, school, and community”, said **Esther Murphy, Director of Recycling & Corporate Affairs**. “Aaliyah, Brady and Brody are motivated students that encourage others to take responsibility to care for our earth. All are passionate about practicing the three R’s, Reduce, Reuse, and Recycle. The Horry County Solid Waste Authority was honored to recognize these deserving students.”



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Everyone benefits from regular dental checkups, but as noted by the **American Dental Association (ADA)**, more than 20 percent of patients haven't seen a dentist in the past few years. Both pandemic pressures and evolving patient preferences, however, have conspired to drive the development of new dental technology solutions to help dentists deliver better care and make better connections with clients. Four recent advances in dentistry tech are at the forefront of this change: **Teledentistry, virtual reality (VR), artificial intelligence (AI) and 3D printing.**

Teledentistry Expands Access to Care: According to a recent analysis, teledentistry can minimize travel-related stress for patients, especially those who lack access to a reliable vehicle or have to drive long distances to access dental care. Teledentistry tools can also help determine if a true emergency exists and an immediate trip to the dentist is required, or if a patient can wait until their regular check-up.

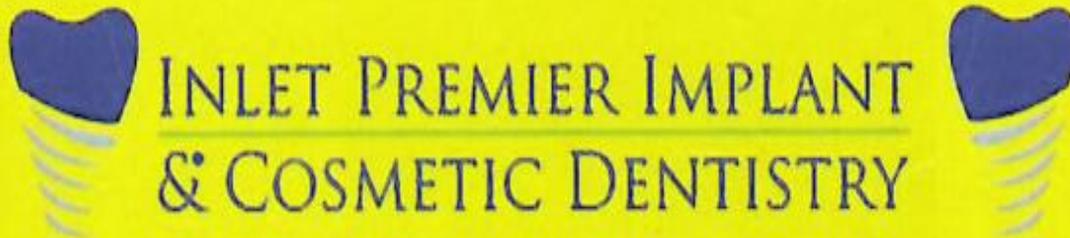
Virtual Reality Provides Distractions for Patients: In a dental practice setting, virtual or augmented reality (AR) could take the form of headsets worn by patients to provide digital distractions. In many ways, it's an extension of function currently filled by ceiling-mounted televisions in dental offices that give patients something else to focus on. According to a recent Cedars-Sinai study, virtual reality also has statistically significant impacts on pain management: VR users reported a consistent drop in perceived pain when using VR. VR is also used in training to allow dentistry students to digitally experience dental procedures. This is especially useful for emergent issues that rarely occur but require specific experience to treat.

Artificial Intelligence Aids in Diagnostics: As noted in *Dentistry Today*, AI tools are now more consistent than dentists in diagnosing tooth decay from bitewing and peripheral radiographs, which makes sense: AI algorithms are trained using billions of data points to make decisions based on available evidence, giving them an edge over humans when it comes to identifying specific conditions.

3D Printing Is Cost-Effective for Patients and Practitioners: The advent of low-cost, high-speed 3D printers makes it possible for dental practices to both reduce total expenses and improve overall patient satisfaction. 3D printing offers a faster, cheaper way to create dental splints, which are used to prevent tooth grinding. Until recently, broken splints meant the slow and costly creation of replacements. Now, new splints can be created in just over an hour.

Above Info Courtesy of Doug Bonderud, HealthTech Magazine.

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Targeting the Uneven Burden of Kidney Disease on Black Americans

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Researchers found an answer: A farmer in India had no APOL1 gene. His kidneys were totally healthy. Often, in drug development, Friedman said, the drug dose has to be fine tuned — too much is dangerous and too little is useless. The discovery of the farmer, he said, “tells you that you can probably drive the level of the APOL1 protein very low.” But ethical issues have tempered some experts’ enthusiasm about the genetic discoveries. Harriet Washington, a lecturer in ethics at Columbia University and author of the book “Medical Apartheid,” worries that knowledge of the role of APOL1 variants can drive the medical establishment toward “a blame-the-victim approach signaling an inherent flaw in African Americans.”

The implication, she said: “This is something happening in nature, so what can we do about it?” Such an attitude, she added, “invites futility and absolves health care from treating sufferers.”

Joseph Graves Jr., a professor of biological sciences at North Carolina Agricultural and Technical State University, raised another issue. “We don’t want to fall into the myth of the genetically sick African,” he said.

Making a Plan

Martin and Malcolm Lewis, 26-year-old twins, have lupus, an autoimmune disease that can ravage the organs. So when Martin developed kidney disease at age 10, his doctors said lupus was to blame.

In July 2020, Martin, an actor who lives in the New York City borough of Brooklyn, was visiting Malcolm, a data analyst who was hospitalized at Duke with a lupus flare-up. There, the brothers met Olabisi, who told them about APOL1.

They discussed his research project, which involves testing Black Americans and enrolling those with the variant and with kidney disease in a study of the arthritis drug. He invited them to participate and asked if they wanted to know if they had APOL1 variants.

“I was all for it,” Malcolm said. So was Martin. When they were tested, the brothers learned they had the variants and that the variants, not lupus, most likely were damaging their kidneys. They hardly knew how to react.

“I am still trying to grapple with it,” Malcolm said. For now, there is little Malcolm and Martin can do except take medications to control their lupus. Martin said he understands all that, but he’s glad he learned he has the variants. Now, he knows what he might be facing. “I’m the kind of person who likes to plan,” he said. “It does make a difference.”

From a Gene to Drugs

While Olabisi is waiting to start his study, a drug company, Vertex, has forged ahead with its own research. What followed was years of work in lab studies and in animals given genes for human APOL1 variants and then screening about 1 million compounds that might block APOL1.

Finally, the researchers settled on a drug that worked in animal models. Vertex tested the experimental drug in a 13-week study in patients with advanced kidney disease. The drug reduced the amount of protein in their urine by 47.6%, a sign of improved kidney function.

Olabisi said he hoped to test 5,000 Black members of the community for kidney disease with a simple urine test and to use a saliva test to detect APOL1 variants. Testing of the arthritis drug would follow.

In late March, the company announced it would

take the next step — a clinical trial that would enroll approximately 66 patients in the first phase, to find the best dose, and 400 in the next phase, to see if the drug could improve kidney functions in patients with the risk variants and kidney damage and protect them from developing kidney failure or dying. Other companies have revealed less about their plans and progress. AstraZeneca, for example, would only say that it was in the early stages of testing a drug that could bind to APOL1 mRNA, the messenger that carries instructions from the gene to cells’ protein making machinery.

MAZE, a small biotech company, is pursuing a strategy similar to the Vertex one, said Dr. Sekar Kathiresan, a founder and board member. “I’m optimistic this can move quickly,” Kathiresan said.

Using Their Pulpits

At the meeting with the pastors in North Carolina, Olabisi said he hoped to test 5,000 Black members of the community for kidney disease with a simple urine test and to use a saliva test to detect APOL1 variants. Testing of the arthritis drug would follow.

“I’m in,” said the Rev. Daran Mitchell, pastor of Trinity AME Zion Church in Greensboro. He and the other pastors were enthusiastic. It would be a community effort and promoted on social media. Subjects could be tested in churches or in community centers or in their homes. And it was a way to advance the day when a treatment would be available.

Olabisi smiled. “This gives me energy and a lot of hope,” he said.



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Waking Up To Pee at Night? Here's What a Urologist Wants You To Know



Getting up to pee during the night can be super disorienting. It turns out that it can give you some insight into your health. To be clear: Getting up to go to pee every once in a while is perfectly fine, according to **Heather Jeffcoat, DPT**, Fusion Wellness & Femina Physical Therapy in Los Angeles, California. But if you're waking up to pee (and you're not on medication like a diuretic) it might help to examine what's going on.

Frequently waking up to pee at night is actually called **nocturia**, and "for those suffering from this condition, these nighttime wake-up calls maybe once a night or more," says S. Adam Ramin, MD, a board-certified urologist and medical director of Urology Cancer Specialists.

Once in a while, **nocturia** is pretty normal, and in some cases, so is once-a-night nocturia.

For instance, people over the age of 45 might just consider this a part of life. Other factors like bladder muscle function, postpartum life changes, cardiovascular health, neurological conditions can influence urination urgency throughout the night. Still, the more times a person gets up to void their bladder each night, the more severe the **nocturia** is considered to be, Dr. Ramin says. "Once the bladder fills up close to capacity, it will instinctively want to contract to empty itself. This is a natural reflex of the bladder muscle. However, our brains have learned from childhood to inhibit these natural contractions until we are in the bathroom," Dr. Ramin adds.

People can develop **nocturia** for a whole host of reasons. Some of the reasons, according to Dr. Jeffcoat, are mechanical or based on the literal musculature function of the bladder and pelvic floor. "In my practice, I see **nocturia** mostly in postpartum individuals, especially when they are frequently getting up to breast or bottle-feed," Dr. Jeffcoat says. She explains that sometimes **nocturia** persists because someone has been primed to wake up at regular intervals throughout the night—and it continues even after they're no longer breastfeeding. This is a necessity and pretty normal. She adds that pelvic floor trauma incurred during birth can be a possible culprit. Another factor, **Dr. Jeffcoat**

says, is constipation. *Constipation can cause nighttime urination because built-up fecal matter in the colon can press on the bladder and instill urgency strong enough to wake you up, she explains.* And if you have bladder control and incontinence trouble throughout the day, it isn't uncommon to have those carry into the night, Dr. Jeffcoat adds. "It's essential to manage daytime frequency to help with nighttime frequency through behavioral retraining techniques that a pelvic floor therapist could show you."

If you're peeing during the nighttime quite often, Dr. Jeffcoat recommends that you head to your provider to discuss the issue. Reasons for a decrease in bladder muscle function can be attributed to UTIs, overactive bladder, diabetes, pelvic prolapse, or other more complex neurological and cardiovascular conditions that a doctor could identify and begin to treat. "Our heart and vascular system have to successfully pump blood to the kidneys for the kidneys to filter the blood and produce urine during the waking hours," **Dr. Ramin** explains. "If our cardiovascular system fails to pump enough blood to the kidneys, then the body tends to retain a great deal of fluid during the daytime." He adds that **nocturia** can, therefore, sometimes be a sign of a weakened cardiovascular system; however, **nocturia** isn't the only symptom. He shares that you might also notice swollen limbs, irregular heart symptoms, water retention, and general weakness. In short: nighttime bathroom breaks won't be your biggest concern.

Additionally, since your bladder is controlled by your brain, there are a few neurological disorders that can impact bladder function. Disease processes that affect brain function include dementia, Parkinson's disease, brain tumors, history of brain stroke, radiation to the brain, brain surgery, and sleep apnea, **Dr. Ramin** says. However, again, it's important to remember that **nocturia** isn't the primary symptom in these cases.

What to do if you're dealing with nocturia

It's safe to say that the bladder can sometimes be like Rome, in that all roads lead to it. There are so many bodily processes that can affect your bladder and how you pee. If you're dealing with some nighttime urination, you might keep a bladder diary of your overall habits. Consult a professional about your fluid intake medication side effects, and any other factors that seem relevant. It's very possible that the nightly tea that you drink could be the culprit, so taking notes can help you get and a doctor get to the bottom of it. Both Dr. Jeffcoat and Dr. Ramin stress that the best course of action is to get in touch with a trusted medical professional if you're concerned about peeing at night. And to try to pee before you sleep and try to avoid drinking water right before bed.

Above Info Courtesy of Hannah Schneider – HEALTH BODY Newsletter



5 Eating Habits to Lower Blood Sugar in Your 50s, Say Dietitians

Your blood constantly has sugar in it. This might sound bad when you first hear it, but it's actually necessary for your health and your body's energy. This blood sugar comes from the foods and drinks you consume, which means that your diet can directly impact how high or low these levels are.

And while you need a certain amount of blood sugar at all times, having levels that are too high over long periods of time can lead to serious health complications. Managing your blood sugar takes more than just focusing on the food you eat, but it's an important component. To learn more about healthy eating habits to help lower your blood sugar, we talked with a couple of expert dietitians. Then, for healthier eating tips check out [The #1 Cereal to Lower Blood Sugar](#).

Protein is a key player in maintaining your health, especially if you're trying to watch your blood sugar levels and prevent spikes. "Protein helps to slow down digestion, meaning it gets you full faster and keeps you full longer. It also slows down how fast sugar or glucose enters your bloodstream," says **Amy Goodson, MS, RD, CSSD, LD** author of *The Sports Nutrition Playbook* and member of our expert medical board. "So, when **carbohydrates** are paired with protein at a meal, blood sugar rises much more slowly and steadily. *Combining foods like eggs and whole grain toast, oatmeal and yogurt, chicken and rice, beef and sweet potato, crackers, and cheese, etcetera, will keep that blood sugar lower and more stable throughout the day.*"

Regular soda is unfortunately one of the more harmful drinks out there, especially for those with diabetes or who may be at higher risk of developing diabetes.

"**Drinking soda will load your body up with sugars without any protein, fiber, or healthy fats that can help support healthy blood sugars,**" says medical expert **Lauren Manaker, MS, RDN**, author of *The First Time Mom's Pregnancy Cookbook* and *Fueling Male Fertility*. "Stick to water or a sugar-free seltzer instead. Or if you really need a soda, try one that contains prebiotic fiber like OLIPOP."

Like protein, **fiber** is a necessary component of a healthy diet for managing blood sugar levels.

"Carbohydrates digest the fastest of all the macronutrients, but fiber, a nutrient found in whole grains, fruits, vegetables, beans, legumes, nuts, and seeds, does not digest and thus slows down the digestive process," says Goodson. "Fiber helps keep blood sugar from spiking after eating a carbohydrate food. Choosing carbohydrate foods with 100% whole grains like brown rice, oats, quinoa, 100% whole wheat bread, etc., as well as potatoes and sweet potatoes with skin, and fruit with edible skin can help manage blood sugar as we age."

Nuts are an incredibly healthy snack to include in your day, and according to Manaker, they are great for helping to manage blood sugar as well.

"Nuts contain a balance of plant-based proteins, fiber, and healthy fats, which are three nutrients that can help manage blood sugars," says Manaker. "Add a handful to your cereal, salad, or your yogurt parfait."

And lastly, Goodson warns that you may want to avoid eating carbohydrates on their own without any added nutrients.

"Because **carbohydrates** digest the fastest of all the macronutrients, they have the ability to cause a spike in blood sugar when eaten by themselves," she says. "Eating a bagel, a fruit, or even pasta alone can cause blood sugar to increase more quickly. Be sure to add protein to meals and snacks to help prevent a blood sugar spike."



Combine carbohydrates and protein.



Skip the regular soda.



Focus on high-fiber foods.



Include nuts with your meals.



Don't eat carbohydrates by themselves.

Above Info Courtesy of Samantha Boesch – Eat This, Not That!

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Facts about lupus

- People of all races and ethnic groups can develop lupus.
- Women develop lupus much more often than men: 9 of every 10 people with lupus are women. Children can develop lupus, too.
- Lupus is three times more common in African American women than in Caucasian women.
- ***As many as 1 in 250 African American women will develop lupus.***
- Lupus is more common, occurs at a younger age, and is more severe in African Americans.
- It is not known why lupus is more common in African Americans. Some scientists think that it is related to genes, but we know that hormones and environmental factors play a role in who develops lupus. There is a lot of research being done in this area, so contact the LFA for the most up-to-date research information, or to volunteer for some of these important research studies.



What is lupus?

- Lupus is a chronic autoimmune disease that can damage any part of the body (skin, joints and/or organs inside the body). Chronic means that the signs and symptoms tend to persist longer than six weeks and often for many years. With good medical care, most people with lupus can lead a full life.



There Are Several Types of Lupus

- **Cutaneous (Discoid) lupus** affects only the skin and shows up as a rash, usually on the face, neck, and scalp. **Systemic lupus (SLE)** is more serious than cutaneous lupus and affects not only the skin but other parts of the body such as the joints, heart, lungs, kidneys, liver, brain, or blood. **Drug-induced lupus** is caused by taking certain types of medicines. It is usually not as serious and should go away when the person stops taking the medicine. Although it is rare, neonatal lupus can occur in the fetus of a woman with lupus. Symptoms range



What Are Causes Lupus ?

- No one knows what causes lupus. Scientists think that people are born with the genes to get lupus and that something brings on or “triggers” the disease and symptoms.

What is The treatment For Lupus ?

- There is no cure for lupus, but there are medicines to help a person feel better.
- Many people with systemic lupus are treated by a rheumatologist. People with cutaneous lupus are treated by a dermatologist.

How Do You Know You Have Lupus ?

- There is no single test to see if you have lupus. One blood test that doctors use is the ANA test, which measures activity by your immune system against certain foreign invaders. About 97 percent of people with lupus test positive for ANA. However, people with other diseases also test positive for ANA, and even people with no illness can test positive. On the other hand, it is very rare for a person who has lupus to test negative for ANA.

Living with Lupus: If You Have Lupus, You Should....

- Protect yourself from the sun. People of all skin colors with lupus are often very sensitive to sunlight, and exposure to the sun may trigger a flare. So try to stay out of the sun, especially between 10:00 a.m. and 4:00 p.m. Use sunscreen and wear a hat and other sun-protective clothing when you go outdoors, even if it's cloudy.
- Eat a well-balanced diet. There is no special diet for lupus, but you should try to maintain a healthy diet, one that contains plenty of fruits, vegetables, and foods that are low in fat, salt, and sugar.
- Exercise regularly and moderately. Low-impact exercise can help keep you strong and give you energy.
- Don't smoke. Chemicals in cigarette smoke make symptoms of lupus worse. Avoiding areas with heavy cigarette smoke is also recommended, because of additional dangers of second-hand smoke.
- Get plenty of rest. Alternate rest periods with activities. Staying in bed can cause muscles to become weak, but too much activity can cause lupus to flare.
- Talk to your doctors if you are planning to get pregnant. Lupus pregnancies are high-risk and need to be planned and managed by you and your medical team
- Call your doctor if your temperature is over 99.6. This could mean an infection or a lupus flare.
- Understand that depression can be caused by lupus. Feeling overwhelmed, hopeless, or helpless are all symptoms of depression. Depression is very common for people with lupus, but it can be treated and controlled.
- Reach out to the people in your support system. They may be family, friends, neighbors, members of a group you belong to, or co-workers. Remember that knowing others care about you can have a positive influence on your health.

Maternal Death Rate isn't as Bad if You Don't Count Black women

AP Photo/J. Scott Applewhite

- Sen Bill Cassidy said his state's high maternal death rates are more standard if you "correct for race," Politico reports.
- Louisiana has a high Black population and one of the worst maternal death rates in the US.
- Experts called this framing "disturbing," arguing the state must improve healthcare for Black women.



Sen. Bill Cassidy of Louisiana

AP Photo/J. Scott Applewhite

Louisiana Sen. Bill Cassidy said that the state's poor maternal mortality rate is only an "outlier" because of the high proportion of Black women in the state, [according to Politico](#).

Cassidy's comment was featured in Politico's in-depth exploration of Louisiana's maternal death rates, which are among the worst in the country. The state ranks 47 out of 48 states assessed for maternal deaths, [state officials said](#).

Cassidy told the outlet that this is partly because "about a third of our population is African American; African Americans have a higher incidence of maternal mortality.

"So, if you correct our population for race, we're not as much of an outlier as it'd otherwise appear."

He continued: "Now, I say that not to minimize the issue but to focus the issue as to where it would be. For whatever reason, people of color have a higher incidence of maternal mortality."

Overall, [according to Louisiana's Department of Health](#), "four black mothers die for every white mother" in the state. It outpaces a three-to-one ratio nationwide, which is already the worst in the developed world, Politico reported.

Dean Michelle Williams of Harvard T.H. Chan School of Public Health discussed Cassidy's comments [in a blog post](#). (The Politico article was produced as part of a series partnership with the school.)

"It's no mystery why maternal mortality rates are so high among Black women. They are high because of the devastating impacts of structural racism and individual bias."

Williams said: "It's no mystery why maternal mortality rates are so high among Black women. They are high because of the devastating impacts of structural racism and individual bias."

[According to the CDC](#), Black women are disadvantaged in their "access to care, quality of care, prevalence of chronic diseases, structural racism, and implicit biases" in healthcare.

Williams said she found Cassidy's framing "disturbing."

"This is not a moment to quibble about how states are ranked," Williams wrote.

"It's not a moment to correct for race. It's a moment to assert that Louisiana — precisely *because* it has such a large population of Black women — must seize a leadership role in making pregnancy and childbirth safer for all."

She noted that Cassidy has supported numerous public health measures, including those that protect pregnancies.

Cassidy's comment comes soon after [Politico's publishing of a leaked draft of a Supreme Court decision to overturn Roe v. Wade](#), a measure that the Senator supports.

[Anti-abortion organization Louisiana Right To Life says that](#) Cassidy has a "100% pro-life voting record." Louisiana is also [one of 13 states with "trigger laws"](#) that would come into effect to ban abortion if Roe v. Wade, as looks likely, is overturned.

Following the Roe leak, top British medical journal [The Lancet warned in a stark editorial statement](#) that "women will die" if the decision is overturned. Furthermore, Black women will be the group most affected by the move, [ABC News reported](#).

Asked by Politico how maternal death rates may be affected by the measure, Cassidy said: "If we're using abortion to limit maternal deaths, that's kind of an odd way to approach the problem."

Read the original article on [Business Insider](#)

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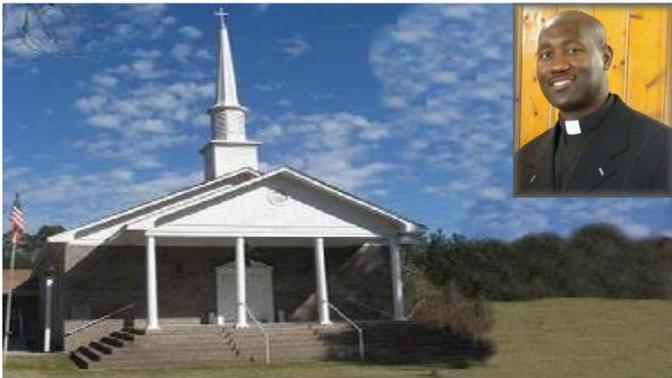
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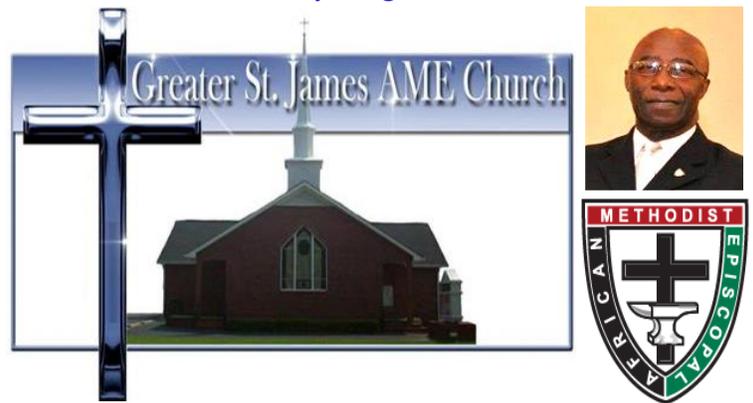


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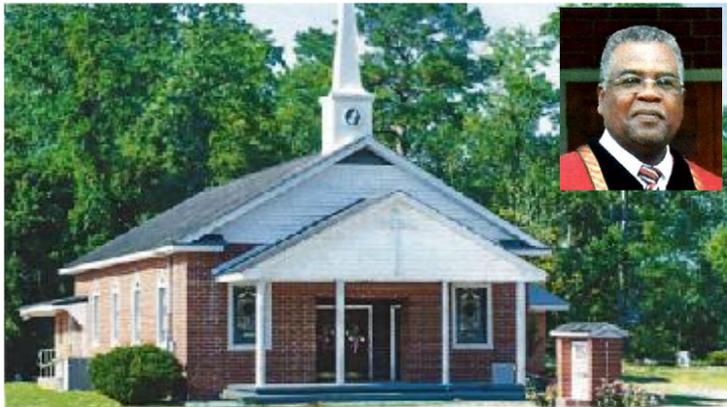
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Mt. Moriah 1994

Since late March, church as we traditionally know it has looked quite different, as with most churches across the United States due to the corona virus or Covid-19. Once the mandate was given (to socially distance ourselves, wash our hands frequently, wear a mask, and sanitize) to try to protect ourselves from contracting the virus, the pastor looked at other options to reach the people since we couldn't congregate in the sanctuary. Initially our services were held via telephone on Sunday mornings where we would call into a conference type set-up and listen to the message for the day. Bible study is conducted on Thursdays at 7:00 pm in this same format.

After a few weeks we began to meet at the church but in the parking lot. We stayed in our vehicles, wearing our masks as the pastor preached under a tent.

Weather permitting, we meet in the parking lot every Sunday morning beginning at 9:00 am.

(So far we haven't missed a Sunday due to inclement weather)

We pray, hear a summary of the Sunday School lesson by the Superintendent, the choir sings, an offering is lifted and we hear the Word.

We fellowship by speaking, waving at one another, or blowing our horns from our vehicles. It's not the traditional set-up that we are accustomed to but the basic necessity of worship is met.

In the midst of it all we still keep the faith. Our desire is to congregate back in the sanctuary soon. We know that God will see us through and in the end He will get the glory.

Devotion

*Call to Worship.....Minister
*Morning Prayer.....Minister
*Choral Response.....Choir
*Responsive Reading #604Minister & Congregation
Morning Hymn.....Choir
Scripture.....Minister
Selection.....Choir

Tithes & Offering
Offertory Selection.....Choir
*Offertory Prayer
Announcements
Recognition of Visitors

Spiritual.....Choir
Message.....Pastor Dozier
Scripture Highlights Topic
*Invitational Hymn.....Choir

*Closing Prayer
*Doxology
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*Remain Standing



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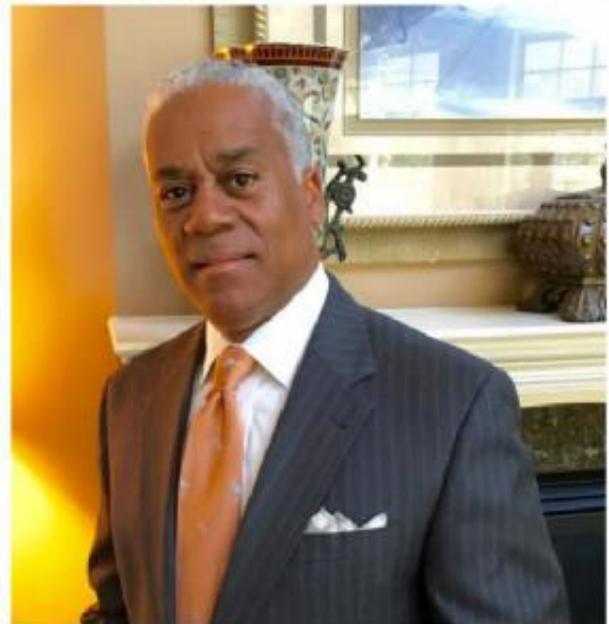
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Steven Burgess

The life of **Steven Wesley Burgess** began on **May 20, 1968**, at birth in the city of Myrtle Beach, South Carolina. He was a father of two, a brother to five other siblings and child of Mr. Wesley and Mary E. Burgess. He departed this life on **May 18, 2022**. His mother



1968 - 2022

preceded him in death. Steven attended Myrtle Beach public schools and participated in a host of extracurricular activities. After completing high school, Steven made the journey to Washington D. C. There he met the love of his life, Ms. Nicole Turner of Danville, VA. They married November 18, 1993 and shared a union that was blessed with the births and rearing of two children. Early on before leaving for the Nation's Capital, Steven was a member of Sandy Grove Baptist Church throughout his childhood. *The following remain to grow from the seeds he planted and abundantly shared and to cherish loving memories: his father Wesley Burgess, Myrtle Beach, SC; two kids Shatiqua and Steven Jr., both of Myrtle Beach, SC; five siblings, Venessia and Warren (Sherry) Page of Myrtle Beach, SC; Lisa of Fredericksburg, VA; Rainey (Rose), Upper Marlboro MD, and his favorite Jonathan (Wife) of Stafford, VA. He also leaves a host of family members such as aunts, uncles, nieces, nephews, treasured relatives, and friends.*



Johnnie Floyd

Mr. Johnnie Lee Bruster Floyd, affectionately known to family and friends as "Bruster" and "Shortie" transitioned from earth to his heavenly home on **April 30, 2022**, at the age of 69. He was born **October 29, 1952**, in Horry County to the late Benjamin



1952 - 2022

Harold Floyd II and Mrs. Eva Pearl Brown-Floyd. He was preceded in death by his parents and brothers Benjamin H. Floyd III and Donald Lee Floyd. Johnnie attended Frederick Douglas High School in Manhattan, NY and Whittemore High School in Conway, SC. *Johnnie leaves to cherish his memories: loving companion of twenty-four years Wanda Richard of Georgetown, SC., children; Shaunette Gathers (Kenneth) of Conway, SC; Torillo Flores of Teaneck, NJ; Tanisha Floyd-Porter (Wendell) of Fayetteville, NC; one brother Rev. Dr. Kenneth E. Floyd Sr. (Anna) of Conway, SC; one-step brother; Norman Jackson, three step-sisters; Charlese Alston, Mattie F. Collier, Mary Ann Washington; nine grandchildren: Shakira Gibbons (Granny), Francesca Gathers, Roger Gathers, Megan Jackson, Kiarra Gathers, Siera Gathers, Precious Gathers, Che Flores, Josiah Floyd (Little Knot), and Jeremiah Porter (Little-Little Knot), seven great grandchildren; one niece Lashawn Floyd; four nephews, Kenneth E. Floyd Jr, Christopher J. Brantley, Terald D. Gause, Eric Warren; Extended family; Latasha McGill, Aaliyah Linen, Jayshawan Richard, Ashanti Richard, Ty'Keria Bates, Samara Richard, Marley Hollingsworth, and Liam McGill, Two Special Friends, Charles Gore of Georgetown, SC, and Jeff Alston of Charleston, SC. and host of sorrowing aunts, relatives, and friends that will miss him dearly.*



Quinisha Hemingway

Quinisha R. Hemingway unexpectedly passed away while giving birth on **March 27, 2022** in Columbia SC. Quinisha was born on **September 19, 1992** to Rosezetta H. Moore and Anthony Q. Williams. She was raised in Myrtle Beach, where she



1992 - 2022

graduated from Myrtle Beach high school in 2011. *She leaves to cherish her legacy her mother, Rosezetta Moore, her father Anthony Williams both of myrtle bch sc. Her children Kamile Kristina Nicole, and sweet baby Skylar Rose Rreneee and fur baby Gizmo. Her siblings Brittany Hemingway, Antonio Hemingway, Elise Moore, and Quinn Williams all of Myrtle Beach SC. Her fiancé, Antonia Rosenburg of Columbia SC; three nieces: Brooklyn, Kieonna and Aubrianna; Five nephews: Michael, Malik, De'angelo, Antonio Jr. and Kieon, all of Myrtle Beach SC. She also leaves her maternal grandmother, Lucille Hemingway(Luke); her maternal grandfather, James Hemingway; Her paternal grandmother: Thelma West and Elnora West; three close cousins: Seantiara, Robyn, and Cora; three very close friends: Shaquita green, Cierra Clayton, and Kelly Newkirk; Seven aunts, three uncles, and a host of cousins and friends; one special aunt, Luciana D. Campbell and one special uncle James C. Campbell.*



Joyce Faison

Joyce Evon Spain, the youngest daughter of Mr. Frank and Mrs. Louise Spain, began her earthly journey on **October 22, 1953**. She departed this life on **May 8, 2022**. Born and raised in Conway, Joyce completed her education in Horry County



1953 - 2022

Schools, attending both Whittemore and Conway High. Joyce was married to Mr. Leroy Jackson, they had one daughter, Syreeta. Later in life, Joyce reunited with her high school sweetheart, Carl Faison (Chuck) and they thought it was destiny that they had reconnected after so many years. They both thought "marriage" was the only option. They were wed soon afterwards. Her mother and father, Mr. & Mrs. Spain, her big sister Mary, and her little brother Chucky smiled as Joyce took her wings and soared to be with them. *Her husband, Carl Faison, her daughter Syreeta her grandchild, Autumn, her brother Frank Charles Spain, Jr, her sister Carrie Letha (Chris) Pitts and a multitude of friends and family will continue to honor her legacy.*



Vernia Vereen

On **May 11, 2022**, God called his servant, our loving mother, grandmother, sister, aunt, and cousin **Deaconess Vernia L. Vereen**, to her earthly rest. She graduated from Chestnut Consolidated High School and made her home in Connecticut



1943- 2022

for many years. Vernia was married to the late Elder Devon Vereen, and through this union, they were blessed with seven devoted children. Sherry Vereen of Little River, SC; Tyrone Vereen (Marshelia) of Longs, SC; Brenda Vaught (Todd) of Fayetteville, NC; Tanya Knight (Charlie) of Woodbridge, VA; Arron Vereen of Little River, SC; Wayne Vereen (fiancé Kimone) of Sandy Springs, GA; Stephen Vereen (Nicole) of Longs, SC. She reared her sister's children Kristal Isbell who proceeded her in death, *Tiffany Randall (Christopher) of Little River, SC; Brittany Dozier of Huntsville, AL; and Kimberly Dozier of Killeen, TX, one uncle, Arthur Bellamy of Little River, SC; one brother-in-law Wilbur Vereen (Gloria) Charlotte, NC and three sisters-in-law, Ruth Smalls of Middleton, CT, Helen Williams of Norwalk, CT and Geraldine Vereen of Longs, SC; seventeen grandchildren, thirteen great-grandchildren, a host of nieces, nephews (many of which she helped raise), and friends who loved and cared deeply for her.*



LaQuinton Laster

Mr. LaQuinton Laster was called home on **May 26, 2022** in Sumter, South Carolina. LaQuinton Donell Laster was born in Miami, Florida on **May 5, 1986**, to the late Johanna Marie Taft and the late Ray Laster. He attended Lorris High



1986 - 2022

School and later got his GED. LaQuinton worked with Renaissance Inn in Myrtle Beach, South Carolina as a houseman. He was also very active with his community, he worked the Vision Walkers in Sumpter, South Carolina. Working with the Vision Walkers was his passion because he loved to help his community. He loved people, family, and most off all he loved his kids. He would help anyone that was in need, and he did it with a smile. Anytime you see him he had a smile on his face. He was loved by many. *LaQuinton was preceded in death by his mother Johanna Taft, father Ray Laster, and his paternal and maternal grandparents. He is survived by 12 siblings and 5 children. He also has a host of nieces, nephews, aunt, uncles, and cousins.*



Laura Dean Turner

Ms. Laura Dean Turner, daughter of the late Willie "Boy" Turner and Gracie Lee Maye, was born **June 21, 1952** in Conway, SC. She departed this life on Monday, **May 9, 2022** at the home of her niece. She was member at St. Paul Missionary Baptist Church in the Homewood Community of Conway, SC. She was educated in Horry County Public Schools. She was a homemaker. To know her was to love her. *She leaves to cherish her memories, one aunt, Bobbie Jean Nelson; two brothers: Lawrence Turner (Peggy) of Bristol, TN and Larry Turner of Conway, SC; one sister, Lula Mae Turner of Conway, SC; nieces: Letha Finch (Demarcus), Cathy Tucker, Josephine Turner, Wilhemina Turner, Margo Turner, Bobbie Ann Nelson; and, Don J. Tucker preceded her in death; great nieces and nephews, Aisha Tucker, Dontae Hollingsworth, Ashanti Hollingsworth, Latavia Hollingsworth, Don Brown, Audrina Brown; special friends: Margaret Pugh, Gabriel Pugh, Pshanda Pugh and a host of other nieces, nephews, cousins and friends.*



1952 - 2022



McKiever

Jennifer Annete Johnson

Jennifer "Annette" Johnson passed away unexpectedly on **May 7th, 2022**, at the age of 44, after complications from pneumonia. Born to Fred and Nina Johnson (both deceased) on **September 11, 1977**, Jennifer was born with Cerebral Palsy and had health issues all her life. Jennifer attended Conway School systems and received a certificate from Conway High school. After Elder Nina Johnson passed, Jennifer began living with her Aunt Mae in Bucksport, SC. Our family was not expecting the loss of Jenn so soon. We are devastated by this loss and will feel the absence of Jennifer forever. She was the sweetest/kindest/most loving soul and a joy to be around. She loved to laugh and go for rides. Jennifer had a beautiful smile, and she was ready to share it with you every day. She will be forever missed. *Jennifer will always be remembered by Aunt Lizzie Mae (Bucksport), three Brothers, Fred (Missouri), Jason, Jack and one sister Tracy (all of Conway). She also leaves to mourn her passing, two Nieces, Tracia and Jasmyn and three nephews Kerwin, Quinten and Sterling, honorary sisters, Lydean (NY) and Lena (Bucksville), and a host of other relatives and friends too numerous to count.*



1977 - 2022



McKiever

Jackie Mitchell

Mr. Jackie Mitchell was born to the late Wally Mitchell and Janie Purvis Mitchell on **September 15, 1948** in Brooklyn, NY. He attended school in Andrews, SC. He was a member of Alpha Holiness Church. For most of his life Jackie worked in the hospitality field at Carolina Winds, The Sheraton, Mr. Mitchell was preceded in death by his son, Reginald Mitchell, two grandsons, Baby Mitchell and Durell Henry, a grand-daughter, Camille D. Mitchell and a brother, Butch Mitchell. On **Saturday, March 27, 2022**, he took his eternal rest to be with the Lord at home surrounded by his loving family. *Left to mourn and cherish his loving memories are his wife, Rose G. Mitchell of Myrtle Beach, SC; two daughters, Jacqueline (George) Lindsey of Trenton, FL and Tyra (John) Mitchell McCoy of Columbia, SC; a son, Jason R. Mitchell of Myrtle Beach, SC; a sister, Gwendolyn Mitchell; a brother, Harold Purvis both of Jamaica, NY; one granddaughter, Kimberly (James) Bovill; nine grandsons, Derrick, Franklyn, Eric and Dameon Herriott, Jarrell, DaShawn and Jaylen McCoy, Anzo Muli and David I. Mitchell; twenty-six great-grandchildren; three adopted grands; two god children; a host of nieces, nephews and other relatives and friends.*



1948 - 2022



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Anna Clay Keith

Anna Clay passed away unexpectedly on **May 10, 2022** at the age of 67, after complications with her heart. Born to Clay Glenn and Fannie Baker (both deceased) on **February 17, 1955** in Orangeburg, SC. At the early age, Anna moved to Aynor, SC where she attended Aynor High School upon getting married to the late Jack Keith, Sr., Georgetown, SC and having children. Anna was preceded in death by two sisters: Ruthie Boneaparte and Fannie Charles and her brother and best friend, the late Clay Glenn, Jr. *Anna leaves to carry on her legacy three sons, Jack (Chirlene) Keith, Jr, Kenya (Nina) Keith and Robert Keith, II; one daughter, Latangler Keith all of Conway, SC; sixteen grandchildren, whom were the joys of her life: Jacquir, Jacob, Jackson, Nevaeh, Jack III, Destiny, Miracle, Harmony, KJ, Robert III, Kenya, Jamaría and DJ; Anna's honorary grandchildren: Joshua Eaddy, Destiny Ford and Daria Hemingway and her first great grand is expected in September. Anna leaves behind 3 brothers: Lewis Glenn of DC, Otis Glenn of Florida, Allen Glenn of SC; one sister, Linda Parker of SC along with a host of nieces, nephews, cousins, other relatives and dear friends. Special friends: Ms. Ann Graves, Ms. Edna, Ms. Nancy Baker, Mrs. Eva Lee, Ms. Barbara Jean, Ms. Seannie and Ms. Veannie are Anna's sisters-in-law that she loved dearly.*



1955 - 2022



McKiever

Virginia Robinson

On **Saturday, April 30, 2022**, *Mrs. Virginia Lee Robinson* transitioned into glory to be with the Lord. Virginia was born to John Wesley Thomas, Jr. and Loraine Miles on **November 13, 1937**, in Marion, SC. She was preceded in death by her parents; her brother, Bethel Thomas; her sister, Anna G. Quillens; her special sister-in-law, Vater Wheeler; and her beloved niece, Galen Rose. She attended Bethlehem #1 Missionary Baptist Church in Conway, SC where she faithfully served in the Senior Missionary Ministry and the Pastor's Aide Ministry until she became ill. *She leaves to cherish her memory : three children, Donald Robinson, Conway , SC ; Kevin Robinson (Annetra), Jacksonville , FL; and Tonia Graham (Darwin), Junction City, KS; one sister, Gloria Gerald Florence, SC ;three beloved nieces, Addie Leonard, and one special brother-in-law James Gerald, Florence, SC ; one brother, John Wesley Dingle, Eartha Simmons (Leroy), and Vernica Randall (Charley) of Maryland, and a host of grandchildren , great-grandchildren ,great-great grandchildren , and other relatives, and friends.*



1937- 2022



Betty Pearl Lewis

Betty Pearl Lewis was born to the late James P. Lewis and the late Jerrie Griffin Lewis on **October 19, 1943**, in Horry County. She departed her life on **May 6, 2022**, at Grand Strand Regional Medical Center. Betty received her former training in Horry County and was a 1962 graduate of Chestnut Consolidated High School. She rejoined Mt. Calvary #2 Missionary Baptist Church. Betty's parents and seven siblings, Reatha, Bowen, Ulysses, Bennie, Elwood, Lee Jasper and Juanita, preceded her in death. *She leaves to cherish her memories: her son, Sean Smith, of the home. Grandchildren, Naomi Santiago, and Brandon Smith, along with their mother, Taina Santiago. One sister, Annie C. Bellamy, Jacksonville, NC. A special nephew, Willie H. Gore. Also, to cherish her memories are her nieces, nephews, the family of the late Thelton & Jonnie Mae Gore and a host of other sorrowing relatives and friends. She also spoke fondly of her classmates, Mack Bellamy, Deacon Linwood Grissett, Lee A. Evans and Carolyn Gore.*



1943 - 2022



In Loving Memory of Matthew and Beatrice Rhue



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