

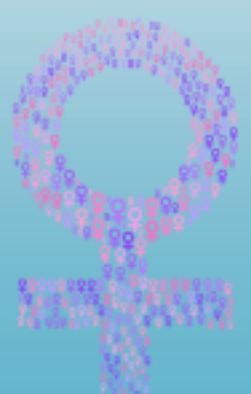
COOK COUNTY MWCCS Newsletter



MACS/WIHS COMBINED COHORT
2026

MWCCS celebrates Women's History. In our nation's 250 years, there have been amazing discoveries, research and medical achievements made for and on behalf of women. This issue will highlight some of those ground-breaking contributions to healthcare for women and some notable pioneers who helped make an impact in women's healthcare throughout history.

Freedom of Choice	Cardiovascular Disease in Women	HPV and Cervical Cancer Research
Peri/Menopause Health	Safe Birthing Practices	Cardiovascular Research for Women
Pap Smears	Reproductive Health/Birth Control	Menstrual Health/products
Osteoporosis Prevention/Treatment	Safe and Legal Abortion Rights	Advancement in Post Partum Health
Mammogram/Breast Cancer Research	Women's Liberation	Family Planning Technology
Women in Medicine/Healthcare	Women Research Inclusion	#MeToo Movement



Achievements in Women's Healthcare

This July, our country celebrates 250 years of independence. In our 250 years, there have been amazing discoveries, advancements and research that impact the lives of women. We take a look at the timeline of some of these historic achievements in healthcare for women.

1849
Dr. Elizabeth Blackwell

1st woman to receive a medical degree- established the Woman's Medical College in New York. Went on to provide education/training for women across the US and Europe.



1864
Dr. Rebecca Lee Crumpler

1st African American woman to receive a medical degree, also a nurse/author and had one of the first medical publications written by an African American.



1850(s)
Florence Nightingale (nurse)

Revolutionized modern nursing/ established link between sanitation and survival rate/founded the 1st professional nursing school.



1920
Andromache "Mary"
Papanicolaou

Technician and wife to Dr. George Papanicolaou, the physician who developed the "pap" smear testing. Mary self-collected vaginal samples for 21 years, recruited others for her husband's research into identifying pre-cancerous cells.

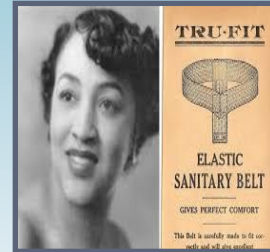


Achievements in Women's Healthcare

1954

Mary Kenner

African American inventor of the elastic sanitary belt to secure sanitary pads.



1970

Dr. Helen Rodriguez Trias

Pediatrician/Women's Health-Rights Activist/Founder of the Committee to End Sterilization abuse—mostly aimed at non-consented tubal ligations of Black and Brown women.



1990

Dr. Mary-Claire King

Discovery of the BRCA1-inherited genetic mutations that can cause breast and ovarian cancer.



1993

Dr. Nannett Kass Wenger

One of the first physicians to focus on cardiovascular disease in women, helping to establish guidelines to help prevent CVD in women.



1993/1994

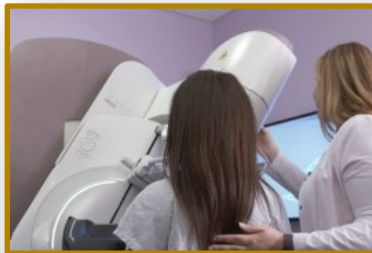
Women's Interagency HIV Study
(collective
co-Principal Investigators)

Federally funded study to investigate the impact of HIV in women.



Other Notable Historical Moments in Women's Healthcare

1840(s) Invention of the Vaginal Speculum	1909 Invention of the 1 st IUD
1882 Invention of the diaphragm	1923 Estrogen discovery leads to mapping of menstrual cycles and the eventual study of menopause
1896 First commercial menstrual care products introduced	1916 Development of the first birth control pill and later opening of the 1 st birth control clinic/known as Planned Parenthood
1930/1940 Tampons and menstrual cups invented	1942 Introduction of HRT Medicines



1966-1969 Early mammogram machines in the advancement of detecting breast cancer	1973 Roe V. Wade legalized and allowed for safe access to abortions
1984 The National Black Women's Health Project (Black Women's Health Imperative) addressed reproductive and general health of Black women	1986 The National Latina Health Organization by and for Latinas focused on health issues.
1990(s) NIH/The Society for Women's Health Research and others led the movement for the inclusion of women in medical research	1991 CDC National Breast and Cervical Cancer Early Detection Program
1992 FDA approval of Depo-Provera for injectable birth control	1994 Postpartum mental illness formally included in the DSM-IV as a medical condition requiring treatment
2006—2009 FDA approved 1st and 2nd HPV vaccines	2024 FDA approved self collection for HPV/Cervical Cancer



Fibroids: What You Need to Know

Many women are afflicted with uterine fibroid tumors, some without even knowing they have them. Fibroids can cause a range of problematic outcomes. It's worth learning about this common problem affecting women's health.

The first thing to know is that fibroid tumors are almost always benign (non-cancerous). This does not, however, mean that fibroids are always harmless. The tumors grow in or on the walls of the uterus and are sometimes small enough not to cause discomfort. But often, uterine fibroids cause several harmful symptoms, such as:

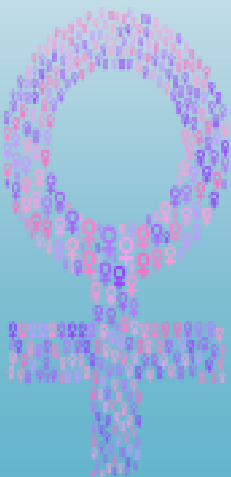
- Heavy menstrual bleeding or painful periods
- Longer or more frequent periods or bleeding between periods
- Frequent urination or the inability to empty your bladder
- Constipation or feeling pressure on your rectum
- Pain, in the lower back or stomach or during sex
- Fullness, bloating or enlargement of the abdomen causing you to look pregnant



Healthcare professionals are unsure what causes fibroids, but evidence suggests that hormonal, genetic and environmental factors might be key. A high percentage of women will develop the tumors during their childbearing years, but some are at higher risk. Black women are disproportionately likely to develop fibroids, often at earlier ages, and are more prone to require treatment. Other risky characteristics include:

- Family history of fibroids (such as a mother or sister)
- Obesity/Diets high in red meat
- High blood pressure
- Early onset of menstruation or later onset of menopause

Treatment, if any, for fibroids depends on the severity of symptoms. Some factors contributing to treatment decisions are the number, size and location of the fibroids. There are both surgical and non-surgical options.



Fibroids: What You Need to Know

These are most common non-surgical treatments:

- Over the counter medications such as acetaminophen (e.g. Tylenol) and ibuprofen (e.g. Advil) may relieve minor pain from fibroids
- Iron supplements are often prescribed when anemia develops from heavy bleeding caused by fibroids
- Several birth control methods, such as contraceptive pills, injections and IUDs can curb fibroid-related heavy bleeding or cramps
- Gonadotropin-releasing hormone (GnRH) agonists may temporarily shrink fibroids

Sometimes, the consequences of fibroids are so severe that surgical treatments are used. Considerations such as the size, location and number of fibroids as well as expectations about future pregnancies influence which type of surgery is recommended.

Women hoping to maintain fertility might pursue a surgical Myomectomy procedure to remove the fibroids. But there are several other approaches to fibroid surgery. They include:

Hysteroscopy – this procedure involves a thin, flexible scope that is inserted through the vagina and cervix into the uterus to cut away and remove fibroids

Laparoscopy – a provider makes several small incisions in your abdomen to utilize using a laparoscope to remove fibroids

Laparotomy – in this procedure a larger incision is made in the abdomen to remove fibroids

Hysterectomy – this procedure, which removes the uterus, cures fibroids because they can't grow back

Uterine fibroid embolization – a radiologist inserts a small catheter into your uterine artery or radial artery to inject small particles which block the flow of blood from the artery, resulting in shrinking the fibroids

Radiofrequency ablation (RFA) – this treatment, recommended for those who haven't reached menopause, used microwave (RF) energy to treat fibroids

If you are suffering from uterine fibroids, you're not alone. Talk to your provider about the available options that fit your specific health needs.



ClinCard Expiration Update

MWCCS has been using the ClinCard Visa debit card to compensate study participants since Visit 104. Most of the ClinCards originally distributed between October 2023 and February 2024 expire **September 30, 2026**.

Going forward, active ClinCards with new expiration dates will be required in order to continue receiving compensation for MWCCS study visits.

MWCCS participants will be required to contact ClinCard customer service to order a replacement for expired debit cards. New ClinCards will not be provided by MWCCS once your current card expires.

Here are the steps to follow to get a new ClinCard:

- Check the expiration date located on the back of your ClinCard to see if it's still valid.
- Call ClinCard customer service at **866-952-3795** the month before your current card expires. For example, for the **February 28, 2027** expiration date, you may call and request a new card in **January**.
- The MyClinCard App, (available in the Apple Appstore and the Google Play Store), can also be used to order a replacement for an expired card.
- A new ClinCard will be mailed to you. **Note:** the card will come to the address that MWCCS has on file, so be sure your address is updated.
- When the new ClinCard arrives, within an estimated **10 to 12 business days**, call customer service to retrieve your new personal identification number (PIN).



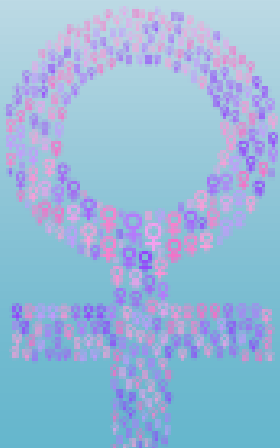
ClinCard Expiration Update

Here are answers to some Frequently Asked Questions:

Is there a fee when I order a new card to replace an expired one? No! There is no fee to replace an expired card. However, there may be a \$6.50 fee to replace a lost card. MWCCS staff can advise you if you're not sure.

Will the balance on my expiring card be transferred to my new card? Yes! Any remaining funds will be immediately available on a new card.

Can I change my PIN? Yes! When you receive your new ClinCard, a PIN will already be assigned to it. Once you call customer service and retrieve your new card's PIN, you can follow additional prompts to change it.



Rideshare Do's and Don'ts



MWCCS appreciates the continued contributions of all of our participants and we are committed to making attending your study visits as convenient as possible. To this end, we have partnerships with the ride-share companies Uber and Lyft to offer round-trip transportation to participants who choose not to drive.

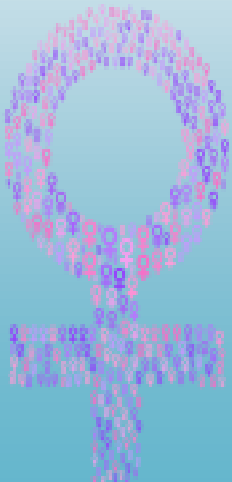
In order for this process to run smoothly, we require clear communication between MWCCS staff and participants receiving a ride. Here is what you need to keep in mind:

Make sure staff has your current phone number. For Uber rides, we need to be able to contact you by phone to relay real-time information about vehicle arrivals and updates. For Lyft rides, we require it for real-time text updates.

Mention any obstacles near your pick up address (e.g. construction or unavailable entrances), because staff might have to direct a driver to your precise location.

MWCCS staff set up rides for participants who are ready to walk out of the door, because drivers may not wait. Participants who can't be outside to accept their ride quickly (e.g. because you aren't dressed), should advise staff not to call for the ride until they're ready.

Notify staff if you have any mobility issues (e.g. use of canes, use of walkers, requiring extra time for stairs etc). MWCCS staff can advise drivers and choose more spacious cars when we set up the ride so everyone knows what to expect.



Rideshare Do's and Don'ts

If you use a wheelchair, tell staff before your appointment. We can't guarantee a wheelchair accessible vehicle, but we have a better chance of securing one when we know ahead of time. We can also order a larger vehicle if needed.

Tell MWCCS staff if you need to travel to your visit with a young child. Children under 8-years-old cannot legally ride in an Uber or Lyft without a proper safety or booster seat. If you don't have an approved child seat, we can't offer a ride.



MWCCS staff take steps to make the ride-share as safe as possible, including providing participants with the make and model of the expected vehicle as well as license plate information. Never accept a ride if these details don't match. For added safety, study participants should always wear a seatbelt.

Courtesy should always be expected of ride-share drivers and the participants in their cars. Rudeness can ruin the ride. If there are any problems with a trip, advise MWCCS and we will follow up.



Text Message Reminders!



Many of you may have noticed that when MWCCS sends out automatic texts to remind participants of their upcoming visit, the message will say that the appointment is with **Dr. Audrey French.**

This is because Dr. French is a researcher who serves as the principal investigator for our health study. However, Dr. French is also a physician who regularly sees patients at the Ruth M. Rothstein CORE Center clinic near our office.

This wording has led some participants to mistakenly assume that the text reminder is for a CORE Center visit instead of their MWCCS study visit.

Be advised that all text message reminders for appointments with Dr. French are for your upcoming MWCCS study visit. If you would like to stop receiving these texts, simply let MWCCS staff know.

Thank you!



READ/WATCH/LISTEN (Staff Picks)

Whether you want to hit the beach with a book or veg in front of the TV, we have some suggestions for how to pass the time.

What to Read (Books/Magazine Articles)

Our Pick!

The Starter Ex: a novel by Mia Sosa

Vanessa Cordero has a crazy side gig -- latching onto a woman's crush and being so horrible to him, that her client looks like a dream girl by comparison. Jason Torres is a commitment-phobe that needs a disaster girlfriend to get his matrimony minded mother off his back. Lisa, Vanessa's younger sister, has her sights set on Jason and thinks her big sis can use her usual tricks to help her land him. What can possibly go wrong? This flirty and spicy tale is the latest from the reigning queen of rom-coms.

(available in paperback/Kindle/Audible)



What to Watch (TV/Movies/Online)

Our Pick!

Man on Fire: a TV series

Ex-Special Forces mercenary John Creasy battles Brazilian bad guys and extreme PTSD to protect a young witness. The magnetic Yahya Abdul-Mateen II steps into shoes once filled on the big screen by Denzel Washington in a new 7-part streaming series based on A. J. Quinnell's best sellers.

(available on Netflix)



Have a Listen (Music/Podcast)

Our Pick!

To Whom This May Concern: an album by Jill Scott

Jilly from Philly is back! The neo-soul princess' latest effort combines cosmic R&B with influences as varied as jazz, big band and even diva disco – but it's all tied together with Scott's smooth vocals and intimate spoken word.

(available on Spotify, Apple Music, YouTube Music/streaming services)



The 13th International AIDS (IAS) Society Conference on HIV Science

The 13th International AIDS (IAS) Society Conference on HIV Science took place last July 13th – 17th in Kigali, Rwanda. Conference attendees gathered to discuss the latest in HIV research, with an emphasis on African-led science. Advancements in HIV care research and the impact of recent global funding cuts were also topics of discussion. Study participant and MWCCS local and National Consumer Advisory Board (CAB/NCAB) member Marta Santiago, attended the conference and describes it as a life-changing experience.

“I never imagined I would have this rare opportunity to visit our WIHS sister clinic! During the adolescent portion of the tour, we were invited to partake in one of their musical tunes. The WE-ACTx for Hope Clinic reminded me of the early years of our Cook County Woman and Children Clinic. It was like stepping into a time warp,” Ms. Santiago said.

“That was one beautiful week of my life,” — Marta Santiago

MWCCS Principal Investigator Dr. Mardge Cohen has traveled back and forth to Africa many times to help serve the people in need of HIV care. In 2004 Dr. Cohen successfully co-founded the Women’s Equity in Access to Care and Treatment for HIV or WE-ACTx, which was initially intended to help women left infected from sexual violence during the 1994 genocide. Today, WE-ACTx partners with the Rwanda organization WE-ACTx for Hope Clinic in Kigali to provide comprehensive HIV care that incorporates services such as mental health, nutrition and income generation to local families.



The 13th International AIDS (IAS) Society Conference on HIV Science

Despite challenges caused by funding cuts, such as a significant drop in HIV viral load testing in some African regions, there was cause for optimism discussed during the IAS Conference. There were key presentations covering treatment advancements, such as research on broadly neutralizing antibodies (bNAbs). And the fact that Rwanda has surpassed UNAIDS 95-95-95 target of people who know their HIV status (96%), those who are in HIV treatment (98%) and those in HIV treatment who are virally suppressed (98%).

WE-ACTx for Hope clinic coordinator Chantal Benekigeri invited Dr. Cohen, Ms. Santiago and others from MWCCS along with students from Chicago's Latin school to fellowship over dinner. Ms. Santiago says that the clinic board members were very welcoming. Along with the conference, Ms. Santiago gushed about meeting the women of Ineza, a collective of local craftswomen and an exciting trip to Volcanoes National Park to see silver-back gorillas. "That was one beautiful week of my life," Ms. Santiago said.

