

2010 Legal and Public Notices

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STATE OF SOUTH DAKOTA
COUNTY OF YANKTON: SSIN CIRCUIT COURT
FIRST JUDICIAL CIRCUITIn the matter of the
Name Change of
REGINALD ROBERT JACOBS,
A minor child**CIV 11-552**
NOTICE OF HEARING

Pursuant to SDCL 21-37-4, notice is hereby given that a Petition of Name Change, wherein Brandon Bruder and Jenny Bruder request to change the name of Reginald Robert Jacobs to Reginald Robert Bruder, will be brought on for hearing at 10:00 o'clock A.M. CST on the 1st day of November, 2011, at the Yankton County Courthouse, located at Yankton, South Dakota.

Dated at Yankton, South Dakota this 17th day of September, 2011.

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STATE OF SOUTH DAKOTA
COUNTY OF YANKTON: SSIN CIRCUIT COURT
FIRST JUDICIAL CIRCUIT

IN THE MATTER OF THE
ESTATE OF

CLARENCE E. BENCK,

Deceased.

PRO. 11-45
NOTICE TO CREDITORS

Notice is given that on October 5, 2011, LYNN DIANE STREMBACH, whose address is 1116 E Tyler Ave, Eau Claire, Wisconsin 54701, was appointed as personal representative of the estate of Clarence E. Benck.

Creditors of decedent must file their claims within four (4) months after the date of the first publication of this notice or their claims may be barred.

Claims may be filed with the personal representative or may be filed with the clerk and a copy of the claim mailed to the personal representative.

Dated this 5th day of October, 2011.

David D. Knoff
KENNEDY PIER &
KNOFF LLP
322 Walnut Street - PO Box 37
Yankton, SD 57078
(605) 665-3000
Attorney for
Personal RepresentativeJODY JOHNSON
Yankton Co Clerk of Courts
410 Walnut Street - Suite 205
Yankton, SD 57078
(605) 668-3080LYNN DIANE STREMBACH
1116 E Tyler Ave
Eau Claire, WI 54701
(715) 832-5766
Personal Representative**Consumer Borrowing
Dropped \$9.5 Billion
In August**

WASHINGTON (AP) — Consumers slashed their borrowing in August by the most in 16 months. The drop suggests many worried about taking on new debt while the economy slumped and the stock market fluctuated wildly.

Fewer people used their credit cards. And a measure of demand for auto and student loans fell.

Total borrowing dropped \$9.5 billion in August, the Federal Reserve said Friday. In July, borrowing increase \$11.9 billion.

Americans have been struggling all year with high unemployment, meager pay raises and pricier goods and gas. That has depressed consumer spending, which fuels 70 percent of economic growth.

In August, consumer confidence tumbled to a two-year low, and retail sales were flat. The weak economy, along with gridlock in Washington and heightened concerns over Europe's debt crisis, rattled financial markets.

New Cancer Test Advice Overturns Dogma

BY LAURAN NEERGAARD
AP Medical Writer

WASHINGTON — Men finally may be getting a clearer message about undergoing PSA screening for prostate cancer: Don't do it.

They may not listen. After all, the vast majority of men over 50 already get tested.

The idea that finding cancer early can harm instead of help is a hard one to understand. But it's at the heart of a government panel's draft recommendation that those PSA blood tests should no longer be part of routine screening for healthy men.

The U.S. Preventive Services Task Force examined all the evidence and found little if any reduction in deaths from routine PSA screening. But it did conclude that too many men are diagnosed with tumors that never would have killed them and suffer serious side effects from resulting treatment.

That recommendation isn't final — it's a draft open for public comment. But it goes a step further than several major cancer groups including the American Cancer Society, which urges that men be told the pros and cons and decide for themselves.

The new advice is sure to be hugely controversial. Already some doctors are rejecting it.

"We all agree that we've got to do a better job of figuring out who would benefit from PSA screening. But a blanket state-

ment of just doing away with it altogether ... seems over-aggressive and irresponsible," said Dr. Scott Eggener, a prostate cancer specialist at the University of Chicago.

In the exam room, explaining the flaws in PSA testing has long been difficult.

"Men have been confused about this for a very long time, not just men patients but men doctors," said Dr. Yul Ejnes, a Cranston, R.I., internal medicine specialist who chairs the American College of Physicians' board of regents.

He turned down his own physician's offer of a PSA test after personally reviewing the research.

"There's this dogma ... that early detection saves lives. It's not necessarily true for all cancers," Ejnes said.

That's an emotional shift, as the American Cancer Society's Dr. Len Lichtenfeld voiced on his blog on Friday.

"We have invested over 20 years of belief that PSA testing works. ... And here we are all of these years later, and we don't know for sure," Lichtenfeld wrote. "We have been poked and probed, we have been operated on by doctors and robots, we have been radiated with fancy machines, we have spent literally billions of dollars. And what do we have? A mess of false hope?"

Too much PSA, or prostate-specific antigen, in the blood only sometimes signals prostate cancer is brewing. It also can mean a benign enlarged prostate or an infection. In fact, most men who undergo a

biopsy for an abnormal PSA test don't turn out to have prostate cancer.

Screening often detects small tumors that will prove too slow-growing to be deadly — by one estimate, in 2 of every 5 men whose cancer is caught through a PSA test. But there's no way to tell in advance who needs treatment.

"If we had a test that could distinguish between a cancer that was going to be aggressive and a cancer that was not, that would be fabulous," said Dr. Virginia Moyer of the Baylor College of Medicine, who chairs the task force, an independent expert group that reviews medical evidence for the government.

About 1 in 6 U.S. men will be diagnosed with prostate cancer at some point in their life. Yet the cancer society notes that in Western European countries where screening isn't common, 1 in 10 men are diagnosed and the risk of death in both places is the same. In the U.S., about 217,000 men are diagnosed with prostate cancer each year, and 32,000 die.

Why not screen in case there's a mortality benefit that studies have yet to tease out? The task force outlined the problem with that:

—Up to 5 in every 1,000 men die within a month of prostate cancer surgery, and between 10 and 70 more suffer serious complications.

—At least 200 to 300 of every 1,000 men treated with surgery or radiation suffer incontinence or impotence.

—Overall, Moyer said 30 percent of men who are treated for PSA-discovered prostate cancer suffer significant side effects from the resulting treatment.

Among the questions sure to be raised during the public comment period are how doctors should advise men with prostate cancer in the family or black men, who are at increased risk.

PSA testing also is used to examine men with prostate symptoms, and to check men who already have had prostate cancer. The new recommendation doesn't affect those uses.

Congress requires that Medicare cover PSA tests, at a cost of \$41 million in 2009. Other insurers follow Medicare's lead, especially in light of conflicting recommendations.

Nor does the new recommendation mean that men who want a PSA test can't have one. If the rule is adopted — something the government will review once the task force hears comments and finalizes its guidance — it would just advise against doctors pushing it routinely.

"The truth is that like so many things in medicine, there's no one-size-fits-all," said Dr. Michael Barry of Massachusetts General Hospital who heads the Foundation for Informed Medical Decision-Making that backs ways to help patients make their own choices.

AP Medical Writer Lindsey Tanner in Chicago contributed to this report.

Reunion

From Page 1

dents) a continuity of patients ... and a continuity of curriculum," said Lori Hansen, who is dean of the Yankton program. "Their learning is more focused on what they're seeing every day in the clinic or hospital."

Friday night's reunion was really a victory celebration of sorts. It marked the success of a program that faced a lot of doubters and skeptics back in 1991.

"It took two years of planning with the program, and it did take quite a bit of convincing of the faculty to change to this model" of medical education, Hansen recalled. "Physicians in the Yankton community had previously taught medical students in a traditional model. They really took a leap of faith to switch to this model of medical education."

The program was also dismissed by some as radical because the students directed it. Each student would have the en-

tire year to complete the program's goals and directives in any manner and at any pace the student chose, Hansen said. There were no scheduled lectures unless the students requested them.

The pioneering first students of the program were eager for the challenge. "The first couple of years," Hansen admitted, "there were very brave students who entered into this unknown model."

Jeff Johnson was a member of that pilot 1991 class. He was a nontraditional student who was looking for the best learning experience possible.

"I was a little older and felt motivated that I could do it and that this would be the right experience for me," he said.

Bryan Larson was also a nontrad when he entered the Yankton program in 1994. "I had seven years between college and medical school, and I wanted to get every single ounce out of my medical education," he said. "I had a lot of hunger for the knowledge, and I looked at this program thinking, 'This is where I'm going to get my time.'"

"I think you had to have more

discipline for this. I think in the traditional model, when you're given eight weeks to study, you get everything gobbled up and then you forget about it. But here, we had to parse in a little bit of this, this, and this."

What did Larson's fellow medical students studying under traditional programs think of taking on the Yankton model? "(They said) 'You're nuts,'" he laughed. "Even our classmates who went up to Sioux Falls or Rapid City (for their third-year training) would take pause in what we were doing."

Hansen said the goal of the program is to turn medical professionals into "lifelong learners."

"Medicine changes all the time. There's always new research that comes out, new data, new treatments that are available," she said. "Physicians have to keep up on the literature and make changes in their practice."

The Yankton model has been hailed, in part, because it is at once both student-centered and patient-centered.

"It's patient-centered in the fact that the students see patients (or) a panel of patients hopefully throughout the entire

year," Hansen said. "(The student) could really be an advocate for the patient."

For the students, the program compels them to expect the unexpected, Larson said.

"It was amazing. (The patients) would start out with one problem but then they might share something different, or as you follow them through the different specialties, you have to start boning up on endocrine and other processes."

"Weekly, we'd sit around the table and present patients to each other ... and we would share what we would learn out of that patient's experience with other students, and they would likewise share their experience. You pick things up different than from a rote fashion."

The success of the program is unquestioned, Hansen said.

"Evidence has shown this is a great learning model for medical students," she said. "The evidence is out there; the research has been done. In a lot of ways, students do much better in this program. They're more satisfied with their education because they get to know their patients

better ... (and they're) better trained."

Hansen said 225 students have gone through the program in its two decades of existence.

The program's success can be measured by those who study it and seize upon its methods. Hansen noted that a few years after USD started its Yankton model, Harvard started a similar program with an almost identical student schedule. She said that one-fourth of the medical schools in the country have sent representatives to Yankton to see the model function on a daily basis.

The program has also been a boon for Yankton. Many of the students who went through the program have returned to the community as doctors or educators. In fact, Johnson is now part of the Yankton faculty.

"A lot of the faculty here are former students," he said.

Thus, there was a lot to celebrate Friday.

"It is a great model for education," Hansen said, "and all students can be successful in this program."

Pipeline

From Page 1

ise you," Voudouris told Orenstein, who shook his head no.

"Nobody's against alternative energy. You can't just turn the switch off" and end U.S. dependence on oil and other fossil fuels, Orenstein said.

Orenstein, of Rockville, Md., said he has been out of work for two years. He hopes to get a job building the pipeline if Calgary-based TransCanada wins U.S. approval of the \$7 billion project.

The 1,700-mile Keystone XL pipeline, which would travel through Montana, South Dakota,

Kansas, Nebraska and Oklahoma, has become a flashpoint in the debate over the Obama's administration energy policies.

Supporters say the pipeline could significantly reduce U.S. dependence on Middle Eastern oil, while environmental groups say it would bring "dirty oil" that requires huge amounts of energy to extract and could cause an ecological disaster in case of a spill.

TransCanada CEO Russ Girling said Friday he is surprised at the uproar the project has generated.

"I did not expect this to become a lightning rod of the debate between fossils fuels and alternative fuels" Girling said at a separate news conference before a State Department hearing on

the project. TransCanada won approval of a similar pipeline three years ago with little opposition.

Environmental activists, religious groups and young people inspired by the protests against Wall Street flocked to Friday's hearing, where they denounced the pipeline as an example of corporate greed and environmental destruction.

Activists conducted a sleep-in Thursday night, allowing dozens of pipeline opponents to move to the front of the line at Friday's hearing, which was attended by more than 800 people.

The environmental groups want "to make sure that money isn't the only thing talking at this hearing," said Maura Cowley, co-director of Energy Action Coal-

tion, an anti-pipeline group. "There is too much at stake here to let Big Oil push its way to larger profit margins."

More than a thousand pipeline opponents, including actress Daryl Hannah and activist Bill McKibben, were arrested this summer at protests in front of the White House.

Environmental groups have asked President Barack Obama to intervene on the project, charging that the State Department is biased in favor of the pipeline. The groups said Obama should push the State Department aside and personally make a decision on the pipeline plan.

State Department spokeswoman Victoria Nuland said officials were reviewing emails regarding the Keystone XL proj-

ect, adding that she was confident the review would "show broad engagement with the government of Canada, with industry, with (non-governmental organizations), with the environmental community, with public interest advocates on all sides of this issue."

The State Department has authority over the pipeline because it would cross the U.S. border. Officials have promised a decision by the end of the year.

Girling, the TransCanada CEO, said the high-profile protests against the project were a net positive. The company proposed 57 steps it says will make the pipeline safer than its initial proposal.

CBO Estimates \$1.3 trillion Deficit For 2011

WASHINGTON (AP) — A government report released on Friday predicts that the federal budget hit a near-record \$1.3 trillion in the just-completed fiscal year.

The figure matches last year's deficit tally but shows slight improvement over a record set two years ago.

The Congressional Budget Office analysis is in line with previous estimates but offers yet another re-

minder of the government's precarious fiscal position — just as a congressional supercommittee is working to produce at least \$1.2 trillion in deficit savings over the coming decade.

The 2009 record deficit of \$1.4 trillion was registered as the country struggled through a recession and was in the midst of the Wall St. bailout. Continuing weakness in the economy has kept tax revenues

low. The revenue picture did improve in 2011 as individual income tax receipts rose 22 percent to \$1.1 trillion, CBO estimated.

The economy is being weighed down by higher oil prices, an economic slowdown in Europe, and continuing weakness in the housing sector. As a result, corporate income tax receipts dropped by 6 percent.

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