

## Upcoming Events

### LIVE CONFERENCE CALLS

Afternoon calls are held on the:

- 1st Thursday each month 1:30-2:30pm EST
- 3rd Tuesday each month 1:00-2:00pm EST

Evening calls are held on the:

- 2nd Thursday each month 7:00-8:00pm EST
- 4th Tuesday each month 6:30-7:30pm EST

**Virginia Support Group**-March 9, 1:30-3pm

**DMV Support Group**-March 14, 1-2:30pm

**NCCPPP Meeting**-March 18, 12-1:30pm  
Free with lunch included

**Speaker Series**-March 21, 1-2:15pm

**Pain Warriors 8 Week Group** (for military, veterans, and significant others)-March 29 on Tuesdays, Frederick, MD

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# pain connection

helping people with chronic pain and their families

## A Closer Look At The Affordable Care Act How It Will Affect Your Practice

by Bill Reddy, L.Ac., Dipl. Ac.

The Patient Protection and Affordable Care Act (ACA) became law in March 2010 ushering in a slightly different world view than the "business as usual" healthcare model America was currently operating within. The salient points that affect AOM professionals and positively affect the American public include:

**Section 5101:** The definition of the healthcare workforce was originally defined as "MDs, DO's and Allied Health Professionals" and the Integrated Healthcare Policy Consortium, now known as the Integrative Healthcare Policy Consortium (IHPC), and other stakeholder groups worked through Senator Harkin (D-Iowa) to modify it to read "*All licensed healthcare professionals*," which allowed our profession to be officially part of America's future healthcare system.

**The Patient-Centered Outcomes Research Institute (PCORI)** was one of the 159 new agencies, offices and/or programs born out of the ACA. PCORI is focusing on evidence-based research to assist people

in making informed healthcare decisions, including Complementary and Alternative Medicine.

**Section 2706:** Non-Discrimination in healthcare. This key sentence in this section is "*A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law.*"

Section 2706 will take effect on January 1st, 2014. However, nothing in section 2706(a) prevents "*a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures.*" How does this translate into everyday English? It means that we, as a profession, may *still* be discriminated against in terms of how much we get reimbursed compared to our "reasonable and customary" service charges, but will NOT get discriminated against based on the letters after our names (L.Ac., OMD, DOM, AP, etc.). Insurance companies are required to reimburse according to CPT code, not the practitioner performing the particular procedure. This

provision also doesn't require plans or issuers to accept all types of providers into a network (another loophole for insurance companies to capitalize on). In the *Huffington Post* article, entitled: *Non-Discrimination: A 'Big Honking Lawsuit' to Advance Integrative Medicine and Health?* published June 3rd, 2013 author John Weeks wrote, "*The law was hailed as a breakthrough for integrative treatment. Consumers could access licensed acupuncturists, massage therapists, naturopathic doctors, chiropractors and home-birth midwives. Medical specialists could more comfortably refer for complementary services knowing that doing so would not require patients to pay cash. A critical barrier keeping patients, doctors and systems from exploring optimal integration via inclusion and referrals would be history.*"

Unfortunately, just because this section is "law" doesn't mean individual states will enforce it. In a recent meeting in late March 2013 of the Advisory Group on Prevention, Health Promotion and Integrative and Public Health, section 2706 was discussed as one of the many issues regarding the implementation of the Affordable Care Act. Jeffery Levi, PhD, Chair of the National Prevention Council wrote a letter to Regina Benjamin, MD, MBA, Surgeon General of the United States, containing the following

summary statement:  
*"The Advisory Group endorses the appropriate use of the healthcare workforce as defined in Section 5101 of the ACA. Thus we request that HHS issue guidance to states regarding compliance with Section 2706 of the ACA and its relationship to all plans offered through the states' health insurance exchanges."*

Furthermore, IHPC is developing a new website, which will have a toolbox for non-discrimination provision implementation information, which will be helpful for state and national provider associations. In the meantime, IHPC is uploading information about Section 2706 to the home page and news section of its website, [www.ihpc.org](http://www.ihpc.org). Currently, an excel spreadsheet of U.S. States has been developed, listing points of contact (insurance commissioners, etc.) and other critical information to be used to ensure proper implementation of section 2706. The US Department of Health and Human Services (HHS) recently released some Frequently Asked Questions (FAQ) related to the ACA, where one question specifically pertained to the non-discrimination provision: *Will the Departments be issuing regulations addressing PHS Act section 2706(a) prior to its effective date?* No. The statutory language of PHS Act section 2706(a) is self-implementing and the

Departments do not expect to issue regulations in the near future. PHS Act section 2706(a) is applicable to non-grandfathered group health plans and health insurance issuers offering group or individual health insurance coverage for plan years (in the individual market, policy years) beginning on or after January 1, 2014.

Until any further guidance is issued, group health plans and health insurance issuers offering group or individual coverage are expected to implement the requirements of PHS Act section 2706(a) using a good faith, reasonable interpretation of the law. For this purpose, to the extent an item or service is a covered benefit under the plan or coverage, and consistent with reasonable medical management techniques specified under the plan with respect to the frequency, method, treatment or setting for an item or service, a plan or issuer shall not discriminate based on a provider's license or certification, to the extent the provider is acting within the scope of the provider's license or certification under applicable state law. This provision does not require plans or issuers to accept all types of providers into a network. This provision also does not govern provider reimbursement rates, which may be subject to quality, performance, or market standards and considerations. The departments will work together with employers, plans,

issuers, states, providers, and other stakeholders to help them come into compliance with the provider nondiscrimination provision and will work with families and individuals to help them understand the law and benefit from it as intended. The Partners for Health of the IHPC raised some concerns about the language above that may be subject to interpretation. The second to last sentence of the second paragraph states *"This provision does not require plans or issuers to accept all types of providers into a network."* This could pertain to non-licensed practitioners such as naturopathic physicians (currently licensed in 17 states). This sentence seems a bit contradictory to the "non-discrimination" aspect of the directive when it's basically stating that plans or issuers are not required to accept "all types" of providers. Another concern had to do with the term "network." Does this mean that insurance companies can make entire categories of providers eligible only for an "out-of-network capacity?" That surely is discriminatory. The final sentence in the guidance reads as follows: *"This provision also does not govern provider reimbursement rates, which may be subject to quality, performance, or market standards and considerations."* Here is what the providers fear: 2706 doesn't say anything about market standards. HHS' language could create a loophole. It invites insurers to cut reimbursement rates for

certain categories of providers who are delivering the same services as other provider types. Deborah Senn, JD (former insurance commissioner for Washington State) voiced the collective IPHC issues in a letter to Susan Johnson, Director of HHS Region X, stating *"We are concerned that issuing guidance that is not crystal clear and may contradict the law simply invites insurers and state regulators to interpret 2706 in a way that undermines the clear intent of the law."*

Ms. Senn also wrote a document summarizing Frequently Asked Questions (FAQ) for IHPC to inform their Partners for Health about section 2706. This FAQ addresses the top 14 questions practitioners may ask about the impact of 2706 on their practices, and is considered a "living document" and will be updated as new information emerges from HHS. It can be found on the American Association of Acupuncture and Oriental Medicine website ([www.AAAOMonline.org](http://www.AAAOMonline.org)) under Public Policy and on the home page of the IHPC website ([www.IHPC.org](http://www.IHPC.org)).

#### FAQs

##### **Q1. Why is the nondiscrimination provision important?**

A1. The nondiscrimination provision provides a unique opportunity to create affordable access to CAM providers for their patients. Full interpretation

and implementation of the nondiscrimination provision would benefit patients and community health as a whole, reduce costs, and incidentally, benefit providers.

##### **Q2. When does the nondiscrimination provision go into effect?**

A2. The nondiscrimination provision goes into effect on January 1, 2014. Enrollment in "Exchange" plans can start in October, 2013.

##### **Q3. What types of health plans does it cover?**

A3. The nondiscrimination provision minimally applies to market-based healthcare plans and insurance plans bought on the "health insurance exchanges," meaning, any insurance plan in your state. That also includes any self-insured plan in your state (aka. ERISA) which are generally administered by large companies such as Boeing, Microsoft, Safeway, etc.

##### **Q4. Are "non-grandfathered plans" covered?**

A4. The passage of time and plan changes will most likely answer questions about grandfathered plans.

##### **Q5. What types of CAM and integrative health care providers does it cover?**

A5. It covers any state licensed or state certified healthcare provider. This generally means the inclusion of chiropractors, M.D.'s, naturopathic physicians, acupuncturists, massage

therapists, osteopaths, optometrists, nurse practitioners and licensed or direct entry midwives and podiatrists, as long as they are licensed by the state.

**Q6. How does the nondiscrimination provision work?**

A6. Here's the first and most important sentence of the nondiscrimination provision: *"A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law."*

When a CAM provider treats any health condition covered in an insurance plan, the CAM provider is eligible for reimbursement, so long as that provider is licensed by his or her state and can treat the condition within that provider's scope of practice.

Example #1: Suzy Smart has a backache that needs treatment. Treatment of back pain is covered by her health insurance plan. She can choose an orthopedist, an osteopathic physician, a naturopathic physician, a chiropractor, an acupuncturist, or a massage therapist so long as the provider is licensed in their state and back treatment is within his/her scope of practice.

**Q7. Some people think that the nondiscrimination provision will cause an increase in "services" and, therefore, an increase in cost. Is that correct?**

A7. The use of the word "service" is often ambiguous in an insurance context. More importantly, the nondiscrimination provision is about giving patients choice in selection of a health care provider. In fact, full implementation of the nondiscrimination provision is likely to reduce, not increase, cost. Many studies demonstrate treatment and care by CAM providers is more cost-effective than conventional medical care. It should be noted that the nondiscrimination provision does not require the addition of "services," although it is important to note that nothing in the law prohibits the addition of a service. An insurer does not have to include every CAM provider in its network; however, it must include enough CAM providers to serve the population. The technical term for this is "network adequacy." A handful of states (or less) have an "every willing provider law," which would apply to all qualified providers in the state with such a law.

**Q8. Does that mean that every procedure a CAM provider does will be covered by an insurer?**

A8. Although the nondiscrimination provision gives patient access to CAM providers, every procedure

within the scope of a CAM provider's license might not be covered. Insurers have several ways to eliminate coverage of a procedure. For example, a procedure can be excluded because the insurers consider it not medically necessary, not clinically efficacious or "experimental." Conversely, insurers should not be allowed to use these categories of exclusions to defeat the purpose of the nondiscrimination provision.

**Q9. Will I be reimbursed at the same level as an MD?**

A9. There is nothing in the ACA that sets physician or provider fees. The insurers set reimbursement fees subject to any state law. The following sentence in the nondiscrimination provision addresses the fee issue stating only that an insurer is not prohibited from establishing varying rates based on quality and performance: *"Nothing in this section shall be construed as preventing a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures."*

It is unlikely that the Department of Health and Human Services, the federal agency most responsible for implementing the ACA, will get involved in the reimbursement issues, notwithstanding the above language.



**Q10. What if I practice in a state where CAM providers are not licensed?**

A10. The nondiscrimination provision will not apply to CAM providers that are not licensed by the state in which they practice.

**Q11. Will all CAM providers in my area be covered by the health plans?**

A11. The nondiscrimination provision is not an "every willing provider" law. That type of law means that an insurer has to take every qualified provider into its network. The nondiscrimination provision addresses this:

*"This section shall not require that a group health plan or health insurance issuer contract with any health care provider willing to abide by the terms and conditions for participation established by the plan or issuer."*

**Q12. Who's responsible for implementing the nondiscrimination provision on a state level?**

A12. The implementation details will vary from state to state with the Department of Insurance in a state often taking the lead. IHPC hopes to assist state associations with understanding what agencies have oversight in the various states and what materials will be helpful throughout the implementation.

**Q13. What negative results could occur during the implementation of the**

**nondiscrimination provision?**

A13. Several states have had experience with a state law that is similar to the nondiscrimination provision and sometimes insurers will try to cap the number of visits, lower reimbursement rates, remove the service altogether, or use other strategies to limit the implementation of non-discrimination policies. But it's important to note that making access to a CAM provider difficult violates the letter and spirit of the nondiscrimination provision.

Further, as noted above, by limiting the number of CAM providers, insurers may be violating "network adequacy" laws on both the state and federal level. The first line of defense is to educate decision-makers about the nondiscrimination provision and make your state association's voice heard.

**Q14. How can IHPC assist my state association in ensuring that the nondiscrimination provision is implemented properly?**

A14. IHPC will be in communication with the national associations for the participating CAM professions to assist with implementation efforts around the country. IHPC plans to assemble an implementation kit for each of the states suggesting how to reach out to policymakers, insurers and other stakeholders in your state responsible for implementing the ACA as well as how to ensure a smooth and

successful implementation. Elaine Wolf Komarow, LAc, MAc, Past President of ASVA and former Director of the AAAOM, writes at [theacupunctureobserver.com](http://theacupunctureobserver.com) that we should all stay aware and involved in the future of U.S. healthcare by going to [www.IHPC.org](http://www.IHPC.org) and clicking on the Action tab on the horizontal menu to sign up for action alerts (which occur a few times per year) by choosing Take Action E-list.

**Is the National Pain Strategy Still Alive?**

by Malcolm P. Herman

In April 2015, The Department of Health and Human Services (DHHS) released the draft National Pain Strategy, which was stated to be the first-ever comprehensive, population-level strategic plan to advance pain research, education, care and prevention. The plan was developed in response to the imminent need to transform how pain is perceived, assessed and treated in America and was based upon the Institute of Medicine report *Relieving Pain in America*. That report was published in 2011. Pain Connection was one of the founding members of the Consumer Pain Advocacy Task Force (CPATF), a coalition of seventeen national consumer organizations and advocacy groups, which was created in 2014 specifically to promote, support and monitor the implementation of the National Pain Strategy.

In May 2015, during the period for public comment on the National Pain Strategy, CPATF called for the Department of Health and Human Services to take two essential steps in order that the strategy would be implemented: firstly proactive development of a federal oversight body and secondly immediate commencement of the budgeting process so that the Department would be in a position to implement the plan as soon as it was approved and the final version released. Over 2000 letters were submitted to DHHS in support of CPATF's request. Unfortunately, many months have passed since then and during that time there has been a resounding silence from the DHHS. The pain community is still waiting for release of the final report, but there have been no signs of life.

Pain Connection continues to strongly support the implementation of the National Pain Strategy, which was unique in its treatment of pain from an interdisciplinary and multimodal standpoint. By way of reminder, the report stated as follows: understanding the significance of health problems in a population is a core public health responsibility; prevention of acute and chronic pain needs greater emphasis throughout the health care system; chronic pain is a biopsychosocial condition that often requires integrated, multimodal, and interdisciplinary treatment; most of the health profession's education programs have yet to

give the subject of pain adequate attention; great disparities exist in the general population's access to pain care; and finally people with pain are too often stigmatized in the health care system and in society, which can lead to delayed diagnosis or misdiagnosis, bias in treatment, and decreased effectiveness of care. The National Pain Strategy is crucial to the treatment of chronic pain and is essential to the health and welfare to millions of people with pain throughout the United States. Pain Connection repeats its call for the publication of the final report and its immediate funding and implementation.

## New Blog

One of Pain Connection's interns, Melissa Fisher, has started a blog to reach those with chronic pain. Throughout the spring semester, she will be blogging about current news surrounding the National Pain Strategy. This blog will spread awareness and help empower individuals with chronic pain by keeping them up to date on the pending legislation, which will hopefully be implemented and funded!

You can visit the blog by viewing this website:  
<http://yourpainyourstory.edublogs.org/>

## 16<sup>th</sup> Anniversary Celebration

by Sharon Barrett



### *Second Annual Pain Connection Fundraiser*

On Sunday, October 4, Pain Connection celebrated 16 years of providing services to individuals and families living with chronic pain. This was the second year that Pain Connection hosted its fundraiser and silent auction at the Winery in Olney. Word spread about last year's fundraiser because this year's event raised more funds to support the programs that Pain Connection conducts. Providers, individuals with chronic pain, Board Members and others interested in learning more about Pain Connection laughed and shared stories, tasted different wines and enjoyed light refreshments that were donated by different organizations who believe in the mission and vision of Pain Connection. We thank all individuals who were able to attend this event and also those who could not be there but generously donated. It is because of individuals like you that allow us to be successful.

## NCCPPP Update

by Alison Bennett

The National Coalition for Chronic Pain Providers and Professionals is thriving in 2016! We invite all individuals, organizations and businesses that serve chronic pain patients to join us and experience our amazing networking and educational offerings, as well as opportunities for promotion and advocacy. Our one-year membership rates are incredibly affordable so please register at our website [www.nccppp.org](http://www.nccppp.org):  
Individual: \$25.00  
Non-profits: \$50.00  
For profit business: \$75.00  
Students: \$10.00



Dave Thomas, NIDA, National Pain Strategy Update

Our General Meetings in 2015 provided lots of connection and relationship-building as well as inspiring speakers like Bridget Hughes, L.Ac. NBCCCH speaking in September on “A Heart-Mind-Body Approach to Pain.”

In December Dr. Luke Tian spoke about Traditional Chinese Medicine treatments for pain, including Chinese herbs.



Speaker: Dr. Luke Tian, Chinese Medicine and Acupuncture

In November the Founding Members met and decided to transition to a different organizational structure that would include new members, so we transitioned our governance to the “NCCPPP Organizing Committee.” By agreement of the current committee membership, the NCCPPP Organizing Committee will have ten representatives from the general membership and is open to anyone who is a member. The committee will meet 5 times a year. January 4<sup>th</sup> was the first meeting and other dates in 2016 are: March 6, May 2, Sept 12, and November 7. If you would like to join the organizing committee or add agenda items for the meetings, please email Lisa Marie Price [[lisamarie@acupuncture-answers.com](mailto:lisamarie@acupuncture-answers.com)]

Activities for 2016 also include updating the website to include a membership directory so that the public can access member providers, organizations and businesses. We will also be developing a newsletter to keep our members in the loop about advocacy efforts, events and networking opportunities. We are working on developing guidelines for local chapters to form around the country. Please contact us if interested in developing a local chapter in your area!

## Committee Roles for 2016:

*Chair and Membership:* Lisa Marie Price (until June 2016)

*Membership Co-Chair:* Lee Blank

*Speaker Coordinator:* Sharon Barrett

*Networking Extravaganza Coordinator:* Lee Blank

*Facilities/Lunch Coordinator:* Linda Kuserk

*Treasurer:* Gwenn Herman

## 2016 General Meeting Schedule

March 18 - Jean-Paul Pinzon, D.O. Palliative Care Specialist –  
*Newest Findings in Pain Treatment*  
- Lunch noon- 1:30 pm  
Fee: Free with lunch included.

June 17 Breakfast - 8:30 to 10:00 AM [Speaker TBD]  
September 16 – Networking Extravaganza 5:30 to 7:00 PM [note time change]

December 2 - Breakfast 8:30 to 10:00 [Speaker TBD]

General Meetings will include a meal and networking for the first 45 minutes and a speaker for the second 45 minutes. We will begin a Sponsorship Program for our general meetings this year. For \$250 a business or provider can sponsor a meeting. They would be permitted to display signage, advertising materials and have 5 minutes at the meeting to



introduce their practice/business and answer questions.

The September Networking Extravaganza is to be a “Speed Networking” meeting. Please stay tuned for more details!



by Teresa Shaffer

Over the last couple of months it has been an honor to be a part of the collaboration between The Pain Community and Pain Connection regarding the Pain Connection Live conference calls. I had been trying to work out the logistics to start a phone pain support group in my area. While brainstorming one day with my colleague at The Pain Community, Micke Brown, it became clear that Gwenn Herman at the Pain Connection had already done exactly that with the Pain Connection Live Conference calls. My colleagues and I had attended the calls in the past and enjoyed them greatly. The volunteers at The Pain Community have always envisioned working collaboratively with other pain related organizations for the common good of people living with pain instead of competing with the many organizations out there. We have held the belief that combining resources and efforts would be the best way to reach more people with pain with a variety of services. The Pain Connection Live calls seemed like a natural fit

because The Pain Community's involvement would double the number of calls per month bringing the total to four.

I have had the great pleasure of hosting the two Tuesday calls for The Pain Community that is held on the 3rd and 4th Tuesdays of each month. It has been an absolute joy to meet and interact with those who attend these calls. We are all on a pain journey, for some of us we live with pain, for some they have a loved one or friend who lives with pain. It really doesn't matter because we all have that important key element in common “chronic pain.”

People who are living with pain have already experienced the emotional impact of feeling isolated, frustrated, lonely, cut off from family and friends and the stigma that comes along with living with pain. The live support calls gives everyone a safe place to discuss all these feelings and also discuss the lack of available healthcare for people with pain. It has been a great honor to meet these incredible folks who have attended the calls I have hosted. It has never ceased to amaze me how we can sit and talk like we have known each other for years because we have so much in common. Having lived with pain for 20+ years, I have learned so much and I share in hopes of helping those on these calls. It would be wrong not to say that those who call in have helped me also. I have been advocating and volunteering in

the chronic pain arena for many years and nothing has made me happier than reaching out and being able to help someone on a pain journey. It has been my hope that those who attend these calls know that they are not “alone.” I want them to know that there are people like myself who want nothing more than to reach out and give them a place to talk, a place to cry, a place to vent and a place where they can feel “normal” again. It has been an honor to be able to host two of the Pain Connection Live support calls each month and I want to publically thank Gwenn Herman for giving me the opportunity to continue doing what has become a lifetime mission, helping others who live with pain.

**Afternoon calls** are held on the:

- **First Thursday** each month  
1:30 - 2:30pm EST
- **Third Tuesday** each month  
1:00 - 2:00pm EST

**Evening calls** are held on the:

- **Second Thursday** each month  
7:00 - 8:00pm EST
- **Fourth Tuesday** each month  
6:30 to 7:30pm EST

**Please register for each call if you would like to participate:**  
<http://www.painconnection.org/support/regconfcall.html>

## Corporate Sponsorship

Irene Lukoff, Development Officer, helped further Pain Connection's Corporate and



Foundation Sponsorships and Individual Donor Outreach, by providing her valued expertise in the area of grant writing and fundraising.

To improve Pain Connection's delivery of vital resources and services to the community, a two-page overview and funding needs document was sent to various grant-making entities, foundations, corporations and individual philanthropists to seek much needed operating support to keep Pain Connection growing and thriving. Pain Connection has grown into a beacon of hope and healing for people with chronic pain not only locally, but also regionally.

Participants include: The Bradley Charitable Fund, The Community Foundation for the National Capital Region, Purdue Pharma LLC, United Way, Pfizer, Combined Federal Campaign, Collegium Pharmaceutical, Inc., Bravelets and private donors.

## **New Board Member**

Patricia Green  
pgreen786@aol.com



**Director: Patricia E. Green,**  
MS Public Relations, Kogod

School of Business Administration, American University, Washington, DC, MA Social Work, Community Organization and Social Planning, Virginia Commonwealth University, Richmond, VA, BA Sociology, Virginia Union University, Richmond, VA., and founder of The Patricia Green Group, LLC, Montgomery County, MD. She has 30 plus years PR and cause marketing expert, has managed campaigns integral to asthma, breast cancer, and other health conditions; has shown the relationship between poverty, poor eating habits, and chronic health conditions, led train-the-trainer initiatives in underserved urban and rural communities and conducted focus group research integral to providers and patients, and lectures at the university level on the following subjects: Community Organization and Social Planning, Sociology, Anthropology, Organizational Communications, and the Black Experience. Term of office September 2015-2017.

## **Pain Connection and Health Fairs**

by Neil Goldstein

Pain Connection does its best to disseminate information about chronic pain – and the ways in which people with chronic pain, and their families, can improve the quality of their lives. One of the ways we do that is by participating at Health Fairs throughout the Washington metropolitan area. By doing so,

we make ourselves available to answer questions, provide literature, and refer those interested to other sources of assistance. In 2015 and 2016, we attended several of these Health Fairs. Among them were the Martin Luther King Volunteer Fair, Elder Abuse Health Fairs, and the Combined Federal Campaign kick-offs. We encourage you to attend these Health Fairs in 2016.

If you do, stop by our table and say hello. If you're a Federal employee, don't forget our CFC number is 62705.

## **Still On My Journey... But Getting Closer to My Destination**

by Anne Smith

On Wednesday, January 20, 2016, on one of winter's blustery days, I had a wonderful opportunity to meet with an extraordinary human being, Mr. Steve Goldstein of the Bethesda Magazine. While I cannot share the details of our interview since it is not published yet, I can share a few insights that I learned about myself because I found myself vulnerable enough to share my story of chronic pain and in hearing myself speak, I learned I had made major progress since first connecting with the Pain Connection Support Group. I want to thank Steve for his time, which led me to this amazing epiphany of insight about my journey and

final destination.

First, I learned that life has the ability to put us on roads that we would not have necessarily ventured down on our own and oftentimes, these roads have limited exit ramps, which means we have to either stay the course or pull over to the side of the road. Sometimes pulling over may mean that we have to regroup, change a tire, and if possible refuel but it could also signal, for some, their desire to not drive another mile on the road of chronic pain and they pull over and give up. These are the people I want to encourage in my writings. I want to emphatically say to you “Please do not give up!” “Please keep going!” “Please stay the course!” “Your journey is not just about you but it is about that next person that you will encounter on your road of chronic pain.” I can personally tell you that had I not been put on this road of chronic pain, I would not have met some of the most fascinating, amazing, strong, courageous people, all of whom have inspired me to pick up my mat and walk. These people were my inspiration when I had none to find. So please, I implore you, do not give up because soon, on one of your exits, you will encounter a person at their wit’s end who is desperate to connect, to understand, to make sense of the beginning stages of their journey on this same highway. Second, I learned that remaining on the road of chronic pain, gets us more comfortable in the new vehicle

(i.e. body) we have to drive on this journey. We will start to learn what type of fuel works best for our vehicle (food), when it is time to pull over our vehicle for maintenance (rest and recuperation), what to do when our car runs out of gas (running on empty energy), and most importantly, how to survive a crash in our vehicle (taking our bodies too far). When we become more comfortable in the new vehicle we are driving, we pay attention to it more, what it needs, how it needs it, when it needs it and where it needs to be parked because we cannot park our vehicle just anywhere. Care and caution need to be exercised when searching out our next parking spot. This means that in our new vehicle, we might not be able to go to a three-hour movie and sit for the duration but it could mean that we rent a movie and have control over how long we sit in the comfort of our home. Bottom line, our new vehicle (post-pain body) has a new instruction manual in the glove box so we need to get familiar with it before we drive it like our old vehicle (pre-pain body).

Lastly, on my journey of chronic pain, I have learned that I am getting closer to my final destination. This destination is a place that many of us pain warriors speed right by in our quest to relieve ourselves of the pain immediately or we are stuck somewhere in the grief cycle of pain that we

completely miss the exit for this destination. I know because I drove past this exit many times despite all the highway signs pointing me here.

I learned that missing this exit early on means that I have to endure more of the journey without the very things I need to make the journey better for myself. So after tripling back to this exit, I took a leap of faith and took it. Then and only then was I exposed to the best rest stop on my journey. This first rest stop was acceptance. Interestingly enough, I also found that I could not access the other exits that follow acceptance until I took the first exit. I could see the highway signage that showed me there were other exits ahead but without paying my toll at acceptance, the rest of the exits were closed to me. But the great thing was that I could see the signage and it clearly showed me that my future exits were serenity, calmness, peace, understanding, tolerance, patience, and love.

So now having seen this new section of the highway, the destination I am getting closer to is loving me in my new vehicle, bright and shiny with all of my bells and whistles. I made one modification though to my vehicle’s horn. When I press it, my mouth opens and I share my story of hope and encouragement to those needing to hear it.

#TootYourHorn

## What Do You Do?

by Mary Beth Lewis

*"What do you do?"*

These seemingly innocent words make me cringe a little. As a person with a chronic pain disorder, there is no straightforward answer. In our culture, many people are caught up in their jobs, and they equate you to your occupation. Some jobs have extra clout--like doctors and executives; others are often looked down upon--such as garbage collectors and janitors. But none of these jobs tell you the value of the individual. It doesn't reveal a person's character. It's merely a snapshot of how he/she makes a living. Having a disability that prevents me from working outside the house, I often pause when asked what I do. I feel like the real answer is something some people don't want to hear. Chronic pain is a topic that can be uncomfortable to discuss. I'd just like to be able to mention it casually, and not kill the mood.

After a brief pause, my typical reply is: "I tutor a student in English as a second language." Which is true. I do volunteer 4 hours per week. It's the most "work-like" answer I can give. But it only encompasses a small segment of my life. It fails to describe the frequent physical therapy, doctor and other appointments I attend. It doesn't portray my challenges or the strength required to "just keep swimming." So, the question

remains. What do I do?

Here's the real answer: I work hard caring for my family and myself. I continue to learn new ways to manage my pain. In addition, I juggle multiple medical appointments, and spend a few hours a week volunteering at a job I love. I can't explain all of this to everyone I meet and that's okay.

## My Path Through Pain

by Kay Gilley

Out on a pre-dawn run in April 1989, I stepped on a large waterlogged sugar-pinecone when coming down a steep hill in the rain. In the split second during which I lost my balance and tumbled head over heels down the hill, my life changed. Seconds before I was the 40 year-old woman who ran 50 miles a week and biked and climbed mountains on the weekend. In short order after the fall, I needed help dressing myself. My struggle with chronic pain that began that day was as steep an uphill climb as my fall had been downward, and it continues to this day.

Besides seriously scraping my palms, elbows, and knees, as I rolled over and over down the hill, I turned ribs and damaged discs, one of which would eventually become infected six years later, resulting in my neck breaking "spontaneously." The doctors would tell me that the raging infection came

precariouly close to turning me into a quadriplegic *if* I lived, and for a harrowing 48 hours that was a very big *if*.

The physical pain was blinding much of the time, and despite one of the best sports medicine doctors and several physical therapists in his globally renowned clinic, little seemed to help. At one point, my physician said, "I think traditional medicine has done all it can do for you." The words took my breath away. I couldn't live like this, I thought.

However, he followed, "AND, I think you can be in a lot less pain." He shared a list of alternative therapies that were circumspect in the early 90s: massage, meditation, acupuncture, reiki, psychotherapy, Trager, Alexander technique, sound and color therapy, shamanic extractions and soul-retrieval, Hands of Light therapy, and a host of other therapies. I began grasping at every straw I could find. On a business trip to China I even saw a Chinese doctor where I received "analgesic plasters" and a belt with "magnetic material" for me to wear while sleeping.

As a long-timer runner, I was addicted to endorphins ("**endogenous morphine**") a natural morphine-like substance, produced by the body as a result of vigorous exercise. Without the stimulation which running produced, I fell into depression. Not only was I struggling



physically, but emotionally as well. The meditation helped lift my mood. Drifting in on the regular breaths of the meditation were the seeds of change. In truth almost every one helped...a little. The biggest change I made was to change my mind in several ways.

First, I knew I needed a coping strategy for the immediate time, and then I needed a long-term approach to get me through the 26 years since my fall. Intuitively, I knew even from the beginning that I would have to open my mind, try things that I might have ridiculed before, and be less concerned about what others thought than I was about living my life in the best way I could.

In the initial months of my struggle with pain, I was preparing for graduate school. I knew that I had to continue. I had put my academic pursuits off for 20 years, and somehow I knew that if I let my pain stop me, I'd never go back. Since sitting was agony, I visited all my professors before classes began and told them that I might have to stand for all or parts of their classes. I would do so from the back to be less disruptive, but I didn't want to leave class.

My physical therapist worked with me to find a way that I could complete the thousands of pages of reading that I would have to finish in the next two years. Using a sleeping bag for the outside, she crafted a roll

about 14 inches in diameter which I would place under my ribcage and torso, allowing me to lay on my belly and read. My alternate position required that I lay with my back flat on the floor with my legs straight up along a wall. For two years those were the positions that allowed me to do all that reading.

The second thing that I quickly recognized was that my commitment to fitness had to continue in some form. I needed to get those endorphins flowing again. Even though I really found swimming very boring, it was something I could do with little pain. I showed up at the pool a little after 5 a.m. and swam for 45 minutes before heading to the university most days.

The third "short-term" strategy was to stay connected to friends and family. I was spending up to six hours a day doing physical therapy exercises and with graduation school, it would have been easy to say I was too busy. But, the people in my life lifted my mood. They would remark about my progress even when I couldn't see it.

The long-term strategy to getting better wasn't as easy to craft and in truth was probably the result of many small decisions that I made along the way to be responsible for making myself get better. My little trip off my body's natural drugs—the endorphins—made it clear to me that I didn't want to depend on drugs, and so even

as much pain as I was in, I would only take pain medication when I absolutely couldn't endure it any longer.

## About the New Interns



**Kristen Mstowski, Melissa Fisher,  
Ornella Gomez**

### **Kristen Mstowski**

I am currently a Public Health Science major at the University of Maryland, College Park at the Universities of Shady Grove. I plan to graduate with a Bachelor of Science degree in May 2016. I have always loved the health field and am eager to begin my career in public health. I would like to get into public health administration and possibly work for or manage in a hospital setting. I work at a Gastroenterology office as a medical office assistant where my love for the health field has grown. As an intern at Pain Connection, I will be assisting in the communications and social media outreach of people who have chronic pain. I will be working on developing a campaign to reach the younger audience, such as college students and military veterans, and discover how chronic pain affects them daily.



## Melissa Fisher

I am studying public health science at the University of Maryland and will be graduating this May. Upon graduating I would like to take a break from school and pursue a career in either health policy, health management or epidemiology. Hopefully working in the field for a couple years will help me determine what I would like to specialize in and from there I will obtain a Master's degree. Until then, I look forward to finishing my last semester as an undergraduate and interning for Pain Connection where I will concentrate on The National Pain Strategy.

## Ornella Gomez

I am senior at the University of Maryland, College Park. I am a Public Health Science major and will be graduating with the spring class of 2016. Post graduation, I intend to earn my Master's in Health Policy and become a physician. As an intern at Pain Connection, I am in the process of developing "BOLD" a youth track program that is geared towards young adults with chronic pain. The experiences and opportunity gained from interning will enable me to be to help others in my career.

## Thank You Volunteers!

Alison Bennett, Paula Mintzies, Micke Brown, Teresa Shaffer, Nikki Richman, Kim Thompson, Lee Blank, Linda

Kuserk, Julie Litten, Linda Berg Cross, Rachel Noble Benner, Cordelia Goldstein, Neil Goldstein, Sharon Barrett, Malcolm Herman, Elsie Ferguson, Frances Stanford, Irene Lukoff, Kimberly Ho, Patricia Green, Danielle Fang, Barbara Stone, Kristen Mstowski, Melissa Fisher, and Ornella Gomez.



Pictured above:  
Malcolm Herman,  
Esq. Pain Connection  
Board Member



Pictured above: Lee  
Blank, Massage  
Associates, LLC,  
owner and massage  
therapist with a client

## Rockville Rewards



Rockville Rewards is a collaborative effort among local schools, non-profits, businesses and the Rockville Chamber of Commerce. They make shopping more rewarding for customers, bring new and repeat customers into local businesses, while local non-profits earn money to support needed programs. By purchasing a Rockville Rewards card, you can support local businesses, access unlimited discounts, and help raise money for Pain

Connection! 100% of all sales go to the non-profit of your choice. Cards are on sale for \$10 online and through our local non-profit partners. Pain Connection and Massage Associates, LLC collaborated for the Kick Off. Massage Associates, LLC has been a strong supporter of Pain Connection throughout the years.

## View more details at

[www.rockvillerewards.com](http://www.rockvillerewards.com)

## Buy your card at

<http://www.painconnection.org/updates/rockvillerewards.html>

## Combined Federal Campaign Designation

Our Combined Federal Campaign designation

is #62705. Please designate us on your donor card at work or when making a donation! Also, tell your co-workers, family, friends and neighbors.



## Donate Your Car to Pain Connection

Pain Connection has made arrangements with a company called CARS (Charitable Auto Resources) to enable us to accept donations of vehicles in an efficient and cost effective manner. If you have a vehicle (car, truck, RV, boat, motorcycle, or other) you no longer want or need, please



consider donating it to Pain Connection. To learn more, call CARS at 877-537-5277.

### Give a gift!

#### Nature Print Cards

Original Nature Print Cards created by local artist, Myra Mensh Patner, are now on sale. Patner donated these brilliantly colored cards to Pain Connection as a fundraiser to support its free programs.

One can buy them all year round as gifts or use them yourself. One might even want to frame them—people often do. Printed directly from ferns, Queen Anne's Lace, hickory and oak leaves and more, the intensely colored cards are sure to be a balm for anyone you care about.

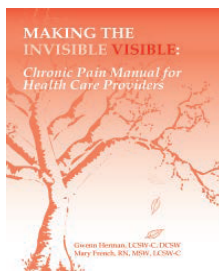
For single cards: \$3.00 plus \$0.46 shipping per card and 6% MD sales tax (if applicable).

For a special package of 4 cards: \$10 plus \$1.50 shipping and 6% MD sales tax (if applicable).

We will send the cards directly to you as soon as we receive your order. To see all eight different notecards, go to [www.painconnection.org/updates/cards.html](http://www.painconnection.org/updates/cards.html)

### Making the Invisible Visible: A Chronic Pain Manual for Health Care Providers

Pain



### Connection's Making the Invisible Visible: A Chronic Pain Manual for Health

Care Providers is a comprehensive and unique publication that contains up-to-date information on chronic pain, exercises and handouts for developing coping skills and strategies, and insights and experiences of chronic pain sufferers and their families. Written by Gwenn Herman and Mary French, who each have more than 25 years of experience as health providers and also live with chronic pain, the 262- page manual examines a wide range of topics including:

- Myths and misconceptions about chronic pain clients
- Psychosocial effects of chronic pain
- Pain Connection's Support Group Model
- Complementary and alternative treatments

*Ms. Herman and Ms. French's firsthand exposure to the difficulties of getting healthcare providers to properly recognize, diagnose and treat chronic pain makes this an excellent resource for both professionals and patients.*

Dr. Gary Kaplan, Founder and Medical Director of The Kaplan Center for Integrative Medicine

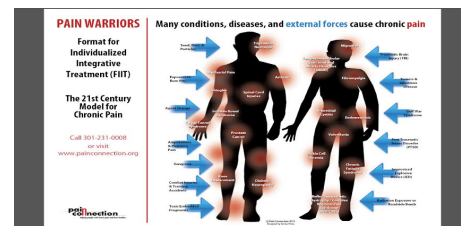
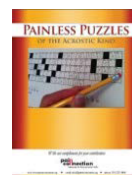
The book is \$25.00, plus \$5.00 shipping and handling fees plus tax. To order, go to [www.painconnection.org](http://www.painconnection.org) or call 301-231-0008.

### Pain Awareness Month Symposium, From Research to Clinical Practice

Pain Connection's Pain Awareness Month Symposium, From Research to Clinical Practice DVDs are still available. If you missed the symposium you can see presentations by Dr. Gary Kaplan, Osteopath, Pain Specialist, Kaplan Clinic, "Treating Depression and Chronic Pain" and Dr. Alan Pocinki, Internist, Chronic Fatigue Syndrome (CFIDS) Specialist, "Developing an Individualized Treatment Plan for Chronic Fatigue Syndrome." Cost for both DVDs: \$30 non-member \$25 member. For one DVD: \$20 nonmember \$15 member.

### Painless Puzzles, Volume 2

For donations of \$25 or more, donors will receive a free gift of the second volume of Painless Puzzles of The Acrostic Kind, created by Pain Connection Board member Neil Goldstein. The book contains 52 acrostic puzzles originally published by the Tribune Media syndicate and edited by the Quote-Acrostic guru Charles Preston. Donation forms are available from our website Donate now and receive the book as our thanks!



There are 100 million Americans suffering from chronic pain who are not receiving the treatment they need. Many fall between the cracks in their own private health insurance, workman's compensation, and disability benefits. Others are helpless because of a lack of insurance.

Pain Connection's mission is to help people with chronic pain improve their quality of life, decrease their sense of isolation and take a more active role in their treatment. We do this by providing information, psychosocial support, skill building and training to people with chronic pain, their families and health care providers.

Pain Connection is a 501(c)(3) human health service agency and was incorporated in 1999.

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