

pain connection

helping people with chronic pain and their families

Pain Care Reform

The Health Care Reform Act was signed by President Obama a year ago in March 2010 with great fanfare. Most of the publicity surrounding this legislation has focused on the controversial issue of mandating health insurance. However, for people with pain, this Act contains a little known but immensely important section instructing the National Institutes of Health to address the current state of the science with respect to pain research, care and education. It requests exploration of approaches that advance the field of pain care. The mandate was passed to the prestigious Institute of Medicine (IOM), which created a special Committee to prepare a detailed report.

The Committee is presently holding a series of meetings, some closed and some open to the public. At the meeting held in Washington, DC on January 4, 2011, presentations were made to the Committee by members of advocacy groups, including Gwenn Herman, Executive Director of Pain Connection, and Malcolm Herman, director of Pain Connection. In her presentation, Gwenn Herman addressed the serious issues confronting people suffering from chronic pain and stressed the need for a multi-modal approach to pain care. She informed the Committee that in order for people in chronic pain to develop a good quality of life, every aspect of their lives must be treated so that they can begin the healing process. The current medical model does not properly address the needs of people with pain. A multi-disciplinary approach is required. All modes of treatment need to be considered by the treating physician, which includes the use of complementary alter-

native medicine, proper nutrition, and cognitive therapy. Medications are only one component of a patient's treatment plan. Gwenn emphasized that chronic pain needs to be taught as a specialty to medical students in medical schools and continuing education must be made a requirement for practicing physicians.

In his presentation, Malcolm Herman stressed the need for the Committee to consider the subject of pain not just from the point of view of physicians, but also from the point of view of their patients, the people with pain struggling to find appropriate care on a daily basis. He talked about the deep divide between physicians and pain patients which constitutes one of the major obstacles to effective pain care in this country. He pointed out that this divide is highlighted by the composition of the Committee, which suffers from a critical under-representation of people living with pain. In fact, fifteen of the eighteen members of the committee are physicians.

The IOM is scheduled to deliver its formal report to Congress in June 2011.

The official mandate of the Committee is as follows:

1. Review and quantify the public health significance of pain including the adequacy of assessment, diagnosis, treatment and management of acute and chronic pain in the United States. This effort will take a comprehensive view of chronic pain as a biological, biobehavioral, and societal condition.
2. Identify barriers to appropriate pain care and strategies to reduce such bar-

In This Issue:

Pain Care Reform	1
Board Members Meet With Senator Jamie R. Raskin	2
New Board Members Elected	2
New Board Member— Kim Thompson	2
Jon Greenberg Dedication	3
Ellen Weiss Steps Down	3
MLK Community Service Day	3
Membership	4
Cannabis Debate	4
Painless Acrostic Puzzle	5
Reduced Price for Manual	6
New Grant	6
Live Conference Calls	7
Filling the Gaps in Pain Care	7
Speaker Series	8
Opportunities for Giving	8
United Way Campaign	8
Painless Acrostic Answers	8
News Updates	8

- riers, including exploring the importance of individualized approaches to diagnosis and treatment of pain.
- Identify demographic groups and special populations, including older adults, individuals with co-morbidities, and cognitive impairment, that may be disparately undertreated for pain, and discuss related research needs, barriers particularly associated with these demographic groups, and opportunities to reduce such barriers.

- Identify and discuss what scientific tools and technologies are available, what strategies can be employed to enhance training of pain researchers, and what interdisciplinary research approaches will be necessary in the short- and long-term to advance basic, translational, and clinical pain research and improve the assessment, diagnosis, treatment and management of pain.
- Discuss opportunities for public-private partnerships in the support and conduct of pain research, care, and education.

Further information can be found on the IOM website www.IOM.edu.

Malcolm Herman

We all look forward to seeing the Senator in September, when we can get an update on his proposed legislation and other State Senate activities which may be concerned with the treatment of chronic pain.

Pain Connection Elects New Officers

The following have been elected to the 2011 Pain Connection Board of Directors: Neil Goldstein, President; Sharon Barrett, Vice President; Malcolm Herman, Secretary; Rohit Saran, Treasurer; Mary French, Director; Dr. Michael Sitar, Director; Mandy David, Director and Kim Thompson, Director.

New Board Member—Kim Thompson

As of January 2011, Kim Thompson became a member of the Board of Directors of Pain Connection.

Kim teaches weekly classes for the City of Gaithersburg Recreation Department. She teaches Gentle Movement Classes for Pain Connection and gives presentations for the Pain Connection Speakers' Series. She also speaks Mandarin and has presented on movement and pain management to several area Chinese community groups and Chinese health fairs. Kim is a frequent participant at Pain Connection Live and she will host the call on May 5. You can find her online at her blog: www.KimsConnections.com

Kim Thompson had a very physical childhood including a great deal of dance and then martial arts. In early adulthood, a vehicle accident left her with ten years of low back and neck pain. She tried the usual rounds of health professionals, but still had pain. When regular Yoga practice finally brought relief, she became committed to

Board Members Meet With Senator Jamie R. Raskin

On February 4, 2011 Neil Goldstein, President of Pain Connection Board of Directors and Gwenn Herman, Executive Director, met with Senator Jamie B. Raskin at his office in Annapolis. Senator Raskin represents Montgomery County in the State Assembly and is the champion of legislation to legalize medical use of marijuana in the State of Maryland.

During the meeting, Pain Connection agreed to work with the Senator's staff on researching and drafting new legislation to have insurance companies reimburse costs for additional treatments of chronic pain such as acupuncture, biofeedback, and massage therapy.

Senator Raskin was invited to participate in the Pain Connection course to be given in recognition of Pain Awareness Month in September. Barring any conflicts in his schedule, Senator Raskin agreed. Pain Connection also invited the Senator to be an honorary member of the Board, to which the Senator agreed.

Upcoming Meetings

Pain Connection has been changing the formats of its programs to provide the latest and best possible services to the pain community.

FILLING THE GAPS IN PAIN CARE

Fridays, 1 April–20 May, 9:45 a.m.–12:00 p.m.

Must register and be interviewed.

Fee required. See <http://www.pain-connection.org/updates/fillingthegaps.html>

“PAIN CONNECTION LIVE” CONFERENCE CALLS

1st Thursdays, 1:30–2:30 p.m. EST
3rd Thursdays, 7:00–8:00 p.m. EST
Registration is required for each call. For more information, email info@painconnection.org or call 301-231-0008.

BIOFEEDBACK CLASS

7910 Woodmont Avenue, Suite 1309
Bethesda, MD 20814
Reservation is required.
3rd Mondays, 1:00–2:30 p.m.

SUPPORT GROUP

Kaplan Center for Integrative Medicine

6829 Elm Street, Suite 300
McLean, VA 22101
2nd Wednesdays, 1:30–3:00 p.m.

SPEAKERS SERIES

Holiday Park Senior Center

3950 Ferrara Drive
Wheaton, MD 20906
240-777-4999 (directions only)
Selected Mondays, 1:30–3:00 p.m.

This Issue of the Pain Connection Newsletter is Dedicated to Jon Greenberg December 1, 1956-January 7, 2011

Jonathan Joseph Greenberg passed away in Silver Spring, MD on January 7, 2011 after a long illness. He is survived by his loving and devoted wife, Ellen Weiss, mother-in-law, Linda Laiks, his parents, Hannah and Richard Greenberg, brothers David/wife Jayne McElfresh, Donald/wife Robin Sandenburgh and many loving nieces, nephews, cousins, and Uncle Marvin Spiro.

Jonathan, a third generation Californian, earned a Bachelor of Science degree in Earth Sciences at the University of California, Santa Cruz. After graduating, he worked as a geologist at the US Geological Service. He then went on to work as a geologist in the private sector where he fulfilled his love of adventure. Friends and family enjoyed hearing tales about his harrowing experiences measuring ocean depths in the Arctic Region. Jon's lifelong interest in environmental influences on Public Health came to the fore. He earned a Master's Degree in Public Health at Yale University. His work experience, enhanced by his academic training, led to a position with the Environmental Protection Agency in Washington, DC. After several good years he moved on to his last position working in private industry as Director of Environmental Policy.

The residual effects of spinal cord surgery forced Jon's retirement and compromised his beloved outdoor activities. He had been a marathon runner, long distance bicyclist, hiker, wilderness adventurer, and an avid fisherman. Jon joined Pain Connection's first meeting at the Davis Library in 1999. He became a sponsor to other people with chronic pain by sharing his experiences. Jon was honored at Pain Connection's 5th Anniversary Symposium for re-creating himself into an expert wood artist. He created a home shop which became his haven—a place where he developed expert skill turning wood into objects of art. Jon, with his great sense of humor and human kindness will be greatly missed by his loving family and many friends.

studying and exploring movement and bodywork.

Kim has completed trainings in Yoga, Feldenkrais®, Bones for Life®, Sounder Sleep™, Cranio-Sacral Therapy and more. She blends these movement and bodywork modalities to meet the needs of her individual clients and the participants in her group classes. Movement sequences in her classes are designed to meet you where you are when you walk through the door. With good alignment in mind, she guides you through movement sequences to become more comfortable, overcome physical frustrations, and leave feeling better.

Ellen Weiss Steps Down From Board

Ellen Weiss first contacted Pain Connection on behalf of her husband Jon

in 1999. Jon attended our first support group. Ellen then became very involved and joined Pain Connection's board of directors. She served for seven years as President from 2003 to 2007. She was Vice President from 2007 to 2009 and Secretary from 2008 to 2010.

Ellen utilized her expertise from working at the International Center for Research on Women, Washington, DC in HIV/AIDS research and programs. She helped Pain Connection by assisting in writing grants, working on policy and strategic planning. She worked on the newsletter, helped with fundraising and participated in our educational film. She spoke at each symposium and was a panel member talking about how chronic pain affects family members.

Ellen was devoted to her husband Jon. We will miss her and wish her well.

Pain Connection Participates In Martin Luther King Community Service Day

Pain Connection was one of over 50 non-profits who participated in the "2011 Day of Service and Volunteer Fair" that was held January 17th at the Bethesda North Marriott Hotel and Conference Center in honor of the legacy of Martin Luther King.

Pain Connection had a great table near the entrance to the convention center's ballroom and it was manned by Gwenn Herman, Executive Director of Pain Connection, Pain Connection's President Neil Goldstein, Gail Cheek and Cordelia Goldstein.

Many individuals stopped by the Pain Connection display, took literature dealing with the organization and 16 people signed to receive further information about Pain Connection and volunteer.

Membership

We Need You! Chronic pain is still a new and developing field in medicine and mental health.

We Need You! There still is not enough awareness by the public to try and solve this debilitating problem.

We Need You! Chronic pain is not pressing on the minds of government, foundations and private donors.

We Need You! In order to support and further develop out programs.

Take a Stand! Help solve this pressing problem, become a member and grow with us!

Join Pain Connection Today!!!

- Your payment of a \$40.00 annual membership fee may be made in the following ways:
- Credit card on-line through our secure server.
- Check mailed to Pain Connection with completed application form.
- Fax your completed application and credit card information to 301-231-6668.
- Through Network For Good which is a secure service. Please also send in an application form for our records.

Your membership benefits include:

- DISCOUNTS of up to 25% with local wellness providers
- Monthly notices of support group meetings and the Professional Speaker Series by mail, email and/or phone call
- Chronic Pain resources
- Pain Connection's newsletter
- Contact information for your local support leader (on request)
- Health care practitioner referral list for your geographic area (on request)

Montgomery County Executive Isaiah Leggett visited Pain Connection's table.

Gateway Drug or Pain Reliever, Cannabis Will Always Be the Same

Hash, blunt, grass, pot, green, koosh, Mary Jane, ganja, refer, sinsemilla, weed, cannabis, and mull. There are hundreds of odd ways to say marijuana. Yet as outsiders, objective outsiders, there seem to be less than a hundred different reasons why people use marijuana. In middle school and high school health classes, we learn that marijuana is an incredibly harmful and illegal drug that penetrates through every atom of one's body, causing not only physical but emotional harm. They tell us that pot falls into the hands of those who fall prey to peer pressure and those who cannot motivate themselves. In college, we see even more people getting high for no reason. Yet what do we think of those who really need it to numb physical pain that realistically cannot be numbed by any pills, acupuncture, herbs, or even morphine?

Fourteen states in America allow cannabis use for medicinal purposes only. As the argument continues to persistently spark polemic debate, the American youth becomes more hostile toward opponents, and opponents become less understanding toward the drug-associated youth. In addition, the federal government turns a blind eye to the fact that marijuana can benefit chronic pain sufferers. The truth is that cannabis can be used to allay a variety of illnesses that cause lingering pain such as multiple sclerosis, fibromyalgia, HIV/AIDS, and cancer pain. Benefits include the prevention of nausea and vomiting for patients undergoing chemotherapy. Marijuana also promotes an appetite for AIDS patients. It can help decrease inner eye pressure for those suffering from glaucoma. Smoking pot has an analgesic

effect on those who have neuropathic pain—the THC acts as a pain reliever.

While pot contains many advantageous qualities that can support pain sufferers, it also can be quite dangerous. Do not forget, it is a drug, and drugs not only affect the way we feel but also how we think and how we react to the effects. To give a brief scientific explanation, THC in pot, a chemical molecule that produces the high all pot users look forward to, binds to specific neurological receptors which alter mood and sensation. THC talks to our presynaptic neurons (junctions in which neurons send signals to each other), spreading the notion that a message has been sent when in actuality, it has not. Overall, pot enters the mind not with the intention of creating sense, but with the intention of creating such confusion that life's troubles seem to be undeniably suppressed. With THC inhibiting the release of specific neurotransmitters, the sensations of sedation and euphoria come to replace a mood that wants nothing but to be changed. Thus, we can see a cycle of dependency begin for those who find an unhealthy and consistent reliance on the drug to relieve whatever pain it is they are experiencing.

Opponents of pot try to point out a correlation between lung cancer and cannabis inhalation. However, there are no consistent patterns seen. Many studies were conducted on the topic and the results all vary. The correlation that stands out most is tobacco smoke and lung cancer. Marijuana can be dangerous for the lungs, though. For example, some people smoke joints combining weed and tobacco. This supports the argument against pot that it can be a gate-way drug. Tobacco is known as a gate-way drug and opens the path to other dangerous drugs. Pure marijuana, on the other hand, is less likely to lead to other drugs like cigarette smoking does. And again, inhaling any drug is not good for your lungs.

PAINLESS ACROSTIC PUZZLE *Created by Neil Goldstein*

Start by answering as many of the CLUES as possible. Then transfer those letters to the correspondingly numbered squares in the diagram. You'll then begin to see words and phrases starting to form in the quotation. If you see, or guess at, a word in the quotation, transfer those letters to the corresponding CLUES blanks. Continue. Persist.

By working from the diagram to the answer words and back again, the quotation will take form. When you're finished (pat yourself on the back), the first letters of the WORDS read in order from top to bottom will spell out the name(s) of the author(s) and a reference to the source of the quotation. Only black squares indicate the end of a word (not the end of a line). Words may wrap around from one line to the next. Punctuation marks are not included in the quotation.

Looking up answers or asking for help from family members is not cheating. ENJOY!

1	Q	2	K	3	V		4	H	5	R	6	D	7	L	8	I	9	V	10	K		11	T	12	A	13	V	14	M		15	U	16	K	17	B	18	D	19	J				
20	C	21	L		22	J	23	M	24	I	25	P	26	A		27	K	28	P	29	I	30	C	31	E	32	D	33	A	34	J		35	E		36	E	37	M					
38	H	39	P	40	U		41	E	42	N	43	V		44	J	45	A	46	P	47	G	48	T		49	C	50	M	51	B	52	D	53	T	54	E	55	U	56	H				
	57	U	58	Q	59	T		60	D	61	C	62	S	63	I	64	E	65	M	66	G	67	B	68	R		69	R	70	I		71	N	72	L	73	D	74	K					
76	W	78	Q	77	R		78	V	70	H	80	N	81	A		82	F	83	N	84	J	86	I	86	I	87	I	88	B	80	A	00	H	01	I		02	U	03	H				
94	M	95	S		96	T		97	S	98	K	99	S	100	F		101	U	102	G		103	N	104	C	105	T	106	J	107	F	108	M	109	L	110	Q							
111	V	112	K		113	J	114	H	115	V	116	N	117	B	118	L	119	Q		120	B	121	E	122	L	123	G	124	Q	125	A	126	K	127	J	128	I	129	F	130	T			
	131	K	132	W		133	P	134	N	135	U		136	P	137	W	138	E	139	A	140	G	141	K	142	O	143	D		144	H	145	D	146	P	147	O	148	R					
149	K	150	J	151	R	152	S		153	J	154	V	155	Q		156	A	157	R	158	F	159	N	160	D	161	L		162	W	163	C	164	G	165	I								

CLUES

WORDS

- A. Feeling when pain subsides _____
45 12 26 125 89 81 33 139 156
- B. Ran off to marry _____
117 88 51 17 67 120
- C. Remember again _____
20 104 61 49 30 163
- D. Wild duck _____
145 60 52 143 160 6 32
- E. Attraction _____
35 36 41 121 64 31 54 138
- F. Shaving mishaps _____
129 107 158 100 82
- G. Delivers a line, perhaps _____
102 164 140 123 66 47
- H. "Goodbye and good _____"
38 93 114 56 79 90 4 144
- I. Chinese omelet dish (3 wds) _____
63 86 87 165 128 24 70 29 85 8 91
- J. Ship guides _____
150 113 106 127 22 153 44 19 84 34
- K. Habitual TV watcher (2 wds) _____
141 149 16 10 2 27 74 126 98 131 112
- L. Youth lodgings _____
72 7 118 21 109 161 122

M. Boxes

- 108 65 23 94 37 14 50
- N. Of epic proportions _____
134 159 103 83 42 116 80 71
- O. Enthralled _____
73 142 18 147
- P. Overflow _____
146 39 133 136 46 25 28
- Q. Colony members _____
58 124 155 76 119 1 110
- R. Irving's Crane _____
148 77 5 151 69 157 68
- S. "Cool it!" _____
99 95 62 152 97
- T. Labor Day events _____
11 53 105 96 59 48 130
- U. "Far out!" _____
57 92 55 15 101 40 135
- V. Steadfastly resolute _____
9 154 111 43 3 78 13 115
- W. Snack _____
75 132 162 137

Answers to the Painless Acrostic Puzzle can be found on page 8 (back page).

Reduced Price: Great Bargain for \$25.00

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.

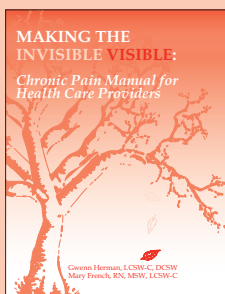
Written by Gwenn Herman and Mary French, who each have more than 25 years of experience as health providers and also live with chronic pain, the 262-page manual examines a wide range of topics including:

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

"Ms. Herman's 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 or call 301-231-0008.



Marijuana could be labeled as a gate-way drug and a dangerously mood-altering form of addiction, yet its illegality also promotes more unethical activity. The majority of money spent on pot is not through growing and producing pot, but through smuggling it. Still, if pot were legalized, smuggling would be crossed off the list and replaced with strict government regulation. Pot would need to be managed closely. More specifically, physicians would need to be trained to help others learn how to use pot for there are many different ways. The legalization would lead to many economic and social changes—how much to charge for pot, who really is suffering from chronic pain. The costs and benefits are quite endless.

Several states, such as California and Washington, have already legalized marijuana for medicinal use only. Yet some states are grappling with the issue and not giving up. Take In Maryland for example. Maryland lawmakers in the house and senate have presented bills this year that call for the legalization of marijuana for medicinal purposes. Delegate Dan K. Morhaim (Baltimore County) and Senator David R. Brinkley (Frederick County), a former cancer patient, have both made appeals to the O'Malley administration to think harder about those who suffer from serious, painful illnesses. However, Gov. Martin O'Malley and the rest of his administration argue that the proposal made by Del. Morhaim is not clear, and fails to specify the number of dispensaries, quantity of marijuana, and types of conditions marijuana can help mollify. Both Del. Morhaim and Sen. Brinkley, even with this unfortunate blow to their proposal, are not giving up.

The legality of marijuana will always be an issue. Whether used because of peer pressure, an outlet from emotional stress or a way to cope through serious chronic pain, marijuana will never be used for one specific reason. A drug so popu-

lar nowadays, even if only allowed for medicinal purposes, will still be used in other ways as well. There will always be those who stand their ground and keep a distance while some watch from the distance with eyes either disapproving or nervously conflicted. In reality, the way and the reason one uses drugs cannot be universally changed, but by federal law, anything can be put down on paper.

Mayan Herman

Nonprofit Advancement Fund Awards Pain Connection Grant

Small and midsize nonprofits, especially those with budgets under 1 million dollars, often lack extra resources to participate in training opportunities; yet, require the skills to establish and maintain fiscally sound organizations. Pain Connection was invited to attend an informative and engaging free, two day, financial management retreat hosted by the Maryland Nonprofit Advancement Fund (NPAF).*

The retreat was designed to assist small nonprofits to create financially sustainable organizations by working with participants to analyze their organizations' financial statements for both short and long term planning, create budget reserves, establish appropriate internal financial controls and processes, manage restricted funding, and identify fiscal responsibilities of staff and board members.

The retreat was the first step in a multi-tiered approach of the "Financial Management Back-Office Initiative" launched by the NPAF. Retreat participants could apply to be part of a cohort of 10 participants to receive a mini-grant for individualized and intensive financial management assistance for up to 7 months. Pain Connection was honored to be selected among the many organiza-

tions that applied for this part of the initiative. Pain Connection envisions this opportunity as a mechanism to ensure that their organization has financially sound management systems to enhance their ability to meet the needs of the pain community.

*The NPAF is a funding collaborative housed at The Community Foundation for Montgomery County, a regional affiliate of The Community Foundation for the National Capital Region.

Sharon Barrett



“Pain Connection Live” Conference Calls

The “Pain Connection Live” conference calls program, launched in January, is open to people with chronic pain, family members, significant others, health care professionals and concerned individuals.

Conference calls are led by Gwenn Herman, LCSW-C, DCSW, Founder and Executive Director of Pain Connection. Participation in the conference call is free. Standard long distance charges apply to the phone call. The conference calls are not taped.

Each “call” has a topic dealing with different ways of coping with chronic pain and developing new skills. Participants have the option to discuss the topic or remain silent. Breathing techniques and guided imagery are taught in the last 15 minutes of each call.

Afternoon calls are held on the first Thursday of the month from 1:30–2:30 p.m. EST. (Next dates: May 5, June 2)

Evening calls are held on the third Thursday of the month from 7:00–8:00

p.m. EST. (Next dates: May 12, June 9)

You must register for each call in which you want to participate. For more information, email info@pain-connection.org or call 301-231-0008.

Conference DIAL-IN NUMBER:
(610)214-0000
Participant ACCESS CODE: 171649#

After dialing in and entering the access code, we request a first name or you can be silent.

Filling the Gaps in Pain Care

“Filling the Gaps in Pain Care” is an 8-week program which took place this spring. Because of its success, it will be offered again in the fall. It is designed for people with pain and their families to improve their ability to manage chronic pain more effectively in collaboration with their health care providers, resulting in an increased sense of well-being and improved quality of life.

Evidenced-based practice tailored to meet the needs of people with pain

- One-on-one individual assessment
- Mind body skills
- Vital self care skills
- Learn about complementary and alteranative approaches including mindfulness-based practice, biofeedback, guided imagery, nutrition/herbs, gentle movement, acupuncture, massage
- Treatment planning
- Family and social interactions
- Self advocacy that works!



Pain Connection at the Kensington Book Festival: Malcolm Herman, Neil Goldstein and Gwenn Herman

Class description

Even before classes begin participants meet with one of our clinicians for individual assessment. Each week the two hour class, paced for people with pain, includes both didactic and experiential skill building modules with an emphasis on participants utilizing their own internal healing abilities. Clients learn skills to manage pain each week.

Cutting edge features

- Treating chronic pain is complex and affects people physically, emotionally, cognitively, socially, spiritually and environmentally.
- Caring licensed clinicians, many who have personal experience with pain
- Small groups to increase individual attention and support
- Significant others are included
- Weekly sessions and daily practice of learned skills
- Outcome criteria is measured and impact is assessed for pain intensity, physical and emotional functioning
- Cost-effective program that can complement and enhance other treatment

Montgomery County Speakers Series

The 2011 Pain Connection's Speaker's Series held at Montgomery County's Holiday Park Senior Center is well underway. Lee Blank, LMT, with Massage Associates spoke January 24th on "Physical and Emotional Benefits from Massage Therapy". Carol Joy Loeb, RN, CMP®, VAHT® presented "Come Relax, Enjoy and Listen to Music from the Harp" on February 28th; and Patty Feulner, CMT, Certified Qi Gong instructor presented "Increase Your Energy, Improve Your Balance and Overall Health with Qi Gong" on March 28th. All programs were well attended.

Future programs in the series include:

May 23—Dr. Michael April, Psychiatrist and Pain Specialist, "Diagnosing and Treating Pain"

June 27—Mary Lou Bowers, RN, LCSW, and Gail Waldman, "Feeling Stressed? Learn How to Relax with Body Meditation"

September 26—Paula Mintzies, DSW, LCSW, "Learn to Use the Relaxation Response and Energy Medicine"

All presentations are held from 1:15–2:15 p.m. at the Holiday Park Senior Center, 3950 Ferrara Drive, Wheaton, MD.

Opportunities for Giving

There are many ways that you can donate a gift to help create further services and support our center:

- Charitable gift annuity agreement between you and The Community Foundation;
- Gifts of life insurance;
- Will beneficiary designations;
- Trust funds;

- Retirement plan assets; and/or
- In honor of a birthday, anniversary, holiday, graduation or in memory of a loved one.

We also take vehicle donations.

United Way Campaign

Our United Way National Capitol Area Campaign designation is #8695. Our United Way 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.

Painless Acrostic Answers

Authors: (Gwenn)HERMAN (and Mary) FRENCH: CHRONIC PAIN

Quote: "The chronic pain support group provides a forum for those isolated and alienated by chronic pain, struggling with a lack of services to address disruptions to the physical, emotional, and social self."

A. Happiness, B. Eloped, C. Relive, D. Mallard, E. Affinity, F. Nicks, G. Flirts, H. Riddance, I. Egg foo young, J. Navigators, K. Couch potato, L. Hostels, M. Cartons, N. Historic, O. Rapt, P. Outpour, Q. Nudists, R. Ichabod, S. Chill, T. Parades, U. Awesome, V. Intrepid, W. Nosh

News Updates

Designated Founders for contributions of \$100 and over

United Way, Neil Goldstein, Rohit Saran, Sharon Barrett, Nancy Magnusson, David Greenne, and Joseph Ruby.

The Population Council and an Anonymous Donor made contributions in the memory of Jon Greenberg.

Thank you volunteers!

Many thanks to volunteers Ellen Moran, Sherry Hutchinson, Cordelia Goldstein, Gael Creek, Neil Goldstein, Sharon Barrett, Kim Thompson, Dr. Michael Sitar, Malcolm Herman, and Mary French who help keep Pain Connection programs growing.

There are 76 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, psycho-social support, skills-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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Gwenn Herman, LCSW-C, DCSW

Board of Directors
Neil Goldstein, President
Sharon Barrett, Vice President
Rohit Saran, Treasurer
Malcolm Herman, Secretary
Mandy David, Director
Mary French, Director
Dr. Michael Sitar, Director
Kim Thompson, Director

Honorary Board Member
Senator Jamie R. Raskin