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A recent encounter with my 11-year-old returning from one of my favorite places of retreat, the neighborhood bookstore, gave me the opportunity to look at life through a different lens. She turned to me and asked me to look at a quote that she found intriguing from one of her favorite series, *Coraline*, that went like this: "Fairy Tales are more than true: Not because they tell us that dragons exist, but because they tell us that dragons can

be beaten." The thought touched an innermost part of my being as I drew the connection between the quote and life. We all have our fantasies or fairytales about how life should be or turn out, about work, people, events, and relationships. Within this classroom called life, emerges those dragons, that we sometimes see as larger than they really are. Through faith in ourselves and living a life of purpose, we do defeat those "dragons." To our readers, advertisers supporters. we hope that you too will Defeat those Grendels or dragons that serve as barriers to experiencing our greater good.

"Have a happy Autumn."

All the best, **Joslyn Wolfe**
Publisher, Focus on Women Magazine

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Focus Women ON Women MAGAZINE

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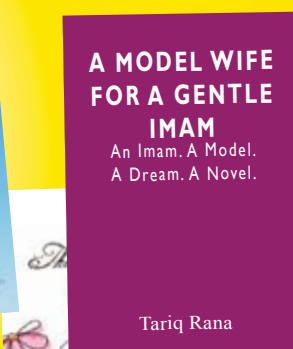
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The Affordable Care Act & Adolescents

By: Diane Pilkey, Laura Skopec, Emily Gee, Kenneth Finegold, Kerent Amaya, ASPE and Wilma Robinson, Office of Adolescent Health

Abstract: This ASPE Issue Brief describes provisions in the Affordable Care Act that impact adolescents such as the prohibition on pre-existing conditions denials and expansion of Medicaid coverage. The brief also includes data on the eligible uninsured adolescent population ages 10-19. The brief was developed collaboratively between ASPE and the Office of Adolescent Health.

Over 42 million adolescents (ages 10 to 19) live in the United States, making up roughly 14 percent of all Americans.[1] About 9.8 percent of youth ages 12-17 lack health insurance. [2] The health care needs of adolescents are different from those of adults and children. Although adolescents are generally healthy, access to health care, preventive care, and health education is important to ensure continued health throughout their lives.[3] The behavioral patterns established during the second decade of life help influence not only the current health status of adolescents, but their risk for developing chronic diseases into adulthood. For example, adolescents who are obese are more likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke,

several types of cancer, and osteoarthritis.⁴ In addition, there are significant disparities in outcomes among racial and ethnic groups for adolescents. In general, adolescents and young adults who are African American, American Indian or Alaska Native, or Latino, especially those who are living in poverty, experience worse outcomes in a variety of areas (obesity, teen pregnancy, tooth decay, and educational achievement) compared to adolescents who are White or who are more economically advantaged.

An estimated 9.8 percent of adolescents ages 12-17 lack health insurance and 4.7 percent have no usual source of health care.² Adolescents are worse off than younger children in both respects. [5] The Affordable Care Act includes several provisions that are expected to improve health and access to health care for adolescents. An estimated 4.2 million uninsured adolescents ages 10-19 will be eligible to gain health care coverage under the Affordable Care Act beginning January 1, 2014. [6] While states have new opportunities to expand Medicaid eligibility for adults (including adolescents ages 19 and older) with income up to 133% of the

Federal Poverty Level (FPL), all states must cover children up to age 19 with family incomes below 133% of the FPL through the Medicaid program.[7] About 40 percent of these eligible uninsured (U.S. citizens and legal immigrants) adolescents are non-Latino White, 35 percent are Latino, and 16 percent are non-Latino African American (Table 1). An estimated 2.2 million (53 percent) are male and 1.9 million are female, and 776,000 (19 percent) live in rural areas of the United States (data not shown). The estimated share of youth ages 10-19 that are eligible uninsured varies from 2.3 percent in Massachusetts to 17.8 percent in Texas

UNITED STATES ELIGIBLE UNINSURED AGES 10-19 BY RACE AND ETHNICITY, 2011

Race/Ethnicity	Total Number	Percentage of Eligible Uninsured
White (Non-Latino)	1,691,000	40.3%
Latino	1,464,000	34.9%
African American (Non-Latino)	649,000	15.5%
Asian (Non-Latino)	178,000	4.3%
Multiracial	126,000	3.0%
American Indian/ Alaskan Native	76,000	1.8%
Hawaiian/ Pacific Islander	7,000	0.2%
Total	4,192,000	100.0%

Select Coverage and Benefits Provisions of the Affordable Care Act

The Affordable Care Act includes provisions intended to improve access to health insurance coverage and ensure that such coverage provides essential health benefits for adolescents and young adults. Several of these provisions are already in effect for most plans, including requirements to cover preventive services without cost-sharing, a prohibition on pre-existing condition exclusions for children under age 19, a prohibition of lifetime or restrictive annual limits on essential health benefits, and coverage for dependents ages 19-25 on their parent's health insurance plan. Sev-

eral others, including the opportunity for states to expand Medicaid, coverage of essential health benefits, and the ability to get coverage through the new Health Insurance Marketplace with access to premium tax credits will apply for plan years beginning on or after January 1, 2014. Taken together, these provisions ensure that adolescents will have access to health insurance that covers benefits particularly important for this population.

Preventive Health Services with No Co-Pay

Health promotion, disease prevention, early intervention, and timely treatment of conditions can improve the health status of adolescents and reduce the incidence of chronic conditions in adulthood. The Affordable Care Act (adding new Section 2713 to the Public Health Service Act) seeks to make prevention affordable by requiring most private health insurance plans to cover recommended preventive services without cost-sharing, meaning not subject to deductibles or co-pays/coinsurance. The Affordable Care Act identified specific sources for these recommendations for preventive services, including the United States Preventive Services Task Force's recommendations with an "A" or "B" rating, the Advisory Committee on Immunization Practices, and guidelines supported by the Health Resources and Services Administration (such as Bright Futures for children and adolescents and the guidelines for women's clinical preventive services). Recommended preventive services and screenings are now covered with no out-of-pocket costs, including immunizations, behavioral assessments for adolescents, obesity screening, FDA-approved contraception and patient education counseling, and sexually transmitted infection (STI) prevention counseling and screening for sexually active adolescents. In a national survey, about ten percent of youth ages 12-17 reported any illicit drug use in the past month and eight percent reported cigarette use in the past month.[8] An estimated 31 percent of children ages 10-17 are overweight or obese.[9] Teenagers are more likely to have an unintended pregnancy than older females. Among women ages 19 and younger, more than 4 out of 5 pregnancies are unintended.[10]

Prohibition of pre-existing conditions denials

An estimated 25 percent of all children between the ages of 12 and 17 have special health care needs. For example, about 11 percent of adolescents 12-17 have Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) and 10 percent have asthma.⁹ The Affordable Care Act (adding new Section 2704 to the Public Health Service Act) prohibits denial of coverage for pre-existing conditions. For plan or policy years beginning on or after September 23, 2010, group health plans, group health insurance coverage, and non-grandfathered individual health insurance policies may not deny or limit coverage for children under the age of 19 because of a pre-existing condition. For plan or policy years beginning on or after January 1, 2014, group health plans, group health insurance coverage, and non-grandfathered individual health insurance policies may not deny or limit coverage for any enrollee because of a pre-existing condition.

Dependent Coverage Expansion

As of September 23, 2010, the Affordable Care Act (adding new Section 2714 to the Public Health Service Act) and its implementing regulations provide that new or renewing plans in the individual and group markets are required to cover dependents ages 25 and younger if they offer dependent coverage. This applies to young adults even if they are married, not living with their parent and/or not financially dependent on their parent. Grandfathered



group health plans may exclude coverage of a dependent that has access to eligible employer-sponsored coverage. As of December 2011, 3.1 million young adults (ages 19-25) had gained coverage under this provision.

Medicaid/Children's Health Insurance (CHIP)

The Affordable Care Act (Section 2001) requires maintenance of the pre-Affordable Care Act Medicaid and CHIP eligibility levels for children 18 and younger through 2019. In addition, the Affordable Care Act requires all states to provide Medicaid coverage for children ages 6-18 with incomes at or below 133 percent of Federal Poverty Level Guidelines beginning January 1, 2014. Beginning January 1, 2014, the Affordable Care Act (Section 2004) also generally makes current and former children in foster care eligible for Medicaid until they turn 26.

Essential Health Benefits

For plan or policy years beginning on or after January 1, 2014, non-grandfathered individual and small group market insurance plans must cover benefits in ten categories of services and items included in the definition of essential health benefits (EHBs). The ten categories include: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care (Section 1302 of the Affordable Care Act and Section 2707(a) of the Public Health Service Act). In addition, the Affordable Care Act prohibits annual and lifetime limits on coverage of essential health benefits.

Some benefits particularly relevant to adolescents include:

- ◆ Pediatric dental and vision services must be offered for children up to age 19. Based on the 2011-2012 National Survey of Children's Health, an estimated 19 percent of adolescents ages 12-17 had oral health problems in the 12 months prior to the survey and 2 percent had vision problems.
- ◆ Habilitative services are particularly relevant for children and adolescents with developmental disorders. Mental health and substance use disorder services, including behavioral health treatment, are subject to federal parity requirements. Based on the 2010-2011 National Survey on Drug Use and Health, about 994,000 youth ages 12-17 (4 percent) needed but did not receive treatment for alcohol use in the past year and 1,070,000 youth (4.3 percent) needed but did not receive treatment for illicit drug use in the past year.

Other Relevant Affordable Care Act Initiatives

In addition to coverage and benefit provisions, the Affordable Care Act includes several other provisions aimed at improving health and healthcare access among adolescents. These include funding for school-based health centers, teen pregnancy prevention programs, home visiting programs, a childhood obesity demonstration project, and the expansion of community health centers.

School-Based Health Centers

School-based health centers provide medical care, mental health services, and oral health care and / or preventive services through nearly 2,000 schools nationally.[13] The Affordable Care Act (Section 4101) appropriated funds to school-based health centers to address capital needs. Through this grant program, the Department of Health and Human Services (HHS) provided \$200 million in 2010-2013 for construction, renovation, and equipment. By December 2012, a cumulative total of 520 awards were made in 47 states, the District of Columbia, and Puerto Rico. Information is available at <http://www.hrsa.gov/ourstories/schoolhealthcenters/>.

Childhood Obesity Demonstration Project

This demonstration project, supported by the Affordable Care Act (Section 4306), aims to address childhood obesity, which has both immediate and long term effects including diabetes, heart disease risk factors, and obesity as an adult.[4] Based on 2007-2008 data, an estimated 10 percent of children ages 2-5 were obese and about 20 percent of children ages 6-11 were obese.[15] Administered by the Centers for Disease Control and Prevention, the project targets children ages 2-12. The program targets children covered by CHIP. Information on the project is available at: <http://www.cdc.gov/obesity/childhood/researchproject.html>.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

The Affordable Care Act (Section 2951) created the MIECHV program which seeks to support families, including those of adolescent mothers, and improve outcomes for children

Health Insurance Marketplaces

The Health Insurance Marketplace will provide a new, simplified mechanism to obtain coverage in the individual market beginning in 2014. Families with household incomes between 100 to 400% of the Federal Poverty Level (FPL) who are not eligible for Medicaid or CHIP may qualify for new tax credits to make premiums more affordable. In addition, any plan available to adults must be available for child-only enrollment for children under the age of 21. Open enrollment begins on October 1, 2013 for coverage as soon as January 1, 2014.



Teen Pregnancy Prevention

In 2011, the teen birth rate for ages 15-19 was 31.3 live births per 1,000 population, or 329,797 births. This is the lowest rate since 1991; however, disparities in teen birth rates persist. In 2011, the teen birth rate for Latinos was 49.4 per 1,000, 47.4 per 1,000 for Non-Latino African Americans and 36.2 per 1,000 for American Indian and Alaska Natives, compared to a rate of 21.8 per 1,000 for Non-Latino Whites and 10.2 per 1,000 for Asian Americans and Pacific Islander teens. The Affordable Care Act supported continuing efforts to prevent teen pregnancy through three programs cited in the Act:

- ◆ Personal Responsibility Education Program (PREP). This program created by the Affordable Care Act (Section 2953) is administered by the Administration for Children and Families (ACF) at HHS. PREP projects are required to replicate effective, evidence-based program models or substantially incorporate elements of projects that have been proven to delay sexual activity, increase condom or contraceptive use for sexually active youth, or reduce pregnancy among youth. The programs must be medically accurate and place substantial emphasis on both abstinence and contraception for preventing pregnancy and sexually transmitted infections. Fifty-two states and territories received funding in FY 2012. Information is available at: <http://www.acf.hhs.gov/programs/fysb/resource/prep-fact-sheet>.
- ◆ Abstinence Education. The Affordable Care Act (Section 2954) restored funding for the Title V State Abstinence Education Grant Program (AEGP) administered through ACF, providing funding to States and territories for abstinence education, and where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity. Projects focus on those groups at

risk for a teen pregnancy. Thirty-nine states and territories received funding in FY 2012. Information is available at: <http://www.acf.hhs.gov/programs/fysb/resource/aegp-fact-sheet>.

- ◆ **Pregnancy Assistance Fund.** Administered by the Office of Adolescent Health (OAH) at HHS and established under the Affordable Care Act (Section 10212), this program provides a seamless network of services to expectant and parenting teens, women, and families to allow them to: (1) Complete high school or postsecondary degrees; and (2) Gain access to health care, housing, child care, and other supports. The program also seeks to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking. In July of 2013, OAH competitively awarded 17 new grants to states and tribes for a four year period. Information is available at: <http://www.hhs.gov/ash/oah/oah-initiatives/paf/home.html>.

KEY PROVISIONS OF THE AFFORDABLE CARE ACT RELEVANT TO ADOLESCENTS

<i>Provisions</i>	<i>In Effect</i>
Medicaid/ CHIP	
Maintenance of pre-Affordable Care Act Medicaid and CHIP eligibility levels for children younger than 19	March 23, 2010 through September 30, 2019
Expanded Medicaid eligibility to 133 percent of Federal Poverty Guidelines for children ages 6-18	January 1, 2014
Required Medicaid continued coverage for some current and former children in foster care ages 25 and younger	January 1, 2014
Private Insurance	
Recommended preventive services with no deductible or co-pay	Plan years beginning on or after September 23, 2010[16]
Women’s preventive services with no deductible co-pay	August 1, 2012
Prohibition on pre-existing conditions	Plan years beginning on or after September 23, 2010 (under 19); January 1, 2014 (all ages)
Expansion of dependent coverage (19-25) under parent’s health insurance	Plan years beginning on or after September 23, 2010
Guaranteed issue of health insurance regardless of applicant’s health status or other factors	Plan years beginning on or after January 1, 2014[18]
Essential Health Benefits	
Coverage of pediatric services, including dental and vision, to age 19	Beginning on or after January 1, 2014[19]
Mental health and substance use coverage, with federal parity requirements	January 1, 2014
Prohibition of lifetime limits on coverage on essential health benefits	Plan years beginning on or after September 23, 2010
Prohibition of annual limits on coverage of essential health benefits	Plan years beginning on or after January 1, 2014[20]
Health Insurance Marketplace (Exchanges)— New, transparent mechanism to shop for affordable coverage. Tax credits for eligible households below 400 percent of Federal Poverty Guidelines, for those not Medicaid/ CHIP eligible.	January 1, 2014

through home visiting programs. Administered by the Maternal and Child Health Bureau at the Health Resources Services Administration (HRSA), the program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. Families voluntarily choose to participate in the program which seeks to improve maternal and child health, child health and development, parenting skills, school readiness, family economic self-sufficiency, and coordinated referrals for other community resources and supports. As of March 2013, awards have been made to support programs in 53 states and territories. Information is available at: <http://mchb.hrsa.gov/programs/home-visiting/>.

Community Health Centers

To help adolescents and adults without access to a usual source of care, the Affordable Care Act (Section 10503) invests in Health Centers. Approximately \$11 billion was appropriated over 5 years for operation, expansion, and construction of health centers throughout the nation. About \$9.5 billion was provided to (1) Support ongoing health center operations; (2) Create new health center sites in medically underserved areas; and (3) Expand preventive/ primary health care services. By the end of this fiscal year, approximately \$5 billion in Affordable Care Act resources will have been invested in health centers. Information on locations of health centers is available at: <http://www.healthcare.gov/using-insurance/low-cost-care/community-health-centers/index.html>. Because of the Affordable Care Act, more Americans will have access to affordable health insurance coverage. For adolescents, the Affordable Care Act expands health insurance coverage, increases access to comprehensive benefits, and places greater emphasis on prevention and wellness.

The Affordable Care Act

Addressing the unique health needs of adolescents



Over **42 million** adolescents ages 10-19 (**14%** of all Americans) live in the United States.¹



An estimated **9.8%** of adolescents ages 12-17 lack health insurance and **4.7%** have no usual source of health care.²

The law requires all states to cover children up to age 19 with family incomes below 133% of the FPL* through the Medicaid program.



The Affordable Care Act will improve health and access to health care for adolescents



Adolescent vaccination rates **increased from 2006 to 2011**, although the rate of increase differed by vaccine.⁴

The law requires coverage of many preventive services for adolescents, including immunizations, with no co-pay.



An estimated **19%** of adolescents ages 12-17 had oral health problems in the past 12 months and **2%** had vision problems.³

The law requires many plans to cover ten categories of health benefits, including pediatric dental and vision services for children up to age 19.



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More information on adolescents and the Affordable Care Act can be found at

http://aspe.hhs.gov/health/reports/2013/Adolescents/rb_adolescent.cfm

For more information on adolescents visit the Office of Adolescent Health website

<http://www.hhs.gov/ash/oah/>

SOURCES

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* Federal Poverty Level

The Health Care Law Protects Adolescents

- ▶ Children under 19 cannot be denied coverage due to a pre-existing condition
- ▶ Children who were in foster care are generally eligible for Medicaid until age 26
- ▶ Young adults can stay on their parent's health insurance plan until age 26
- ▶ Starting January 2014, annual and lifetime limits on essential health benefits are prohibited

More choices. More control. Better health.

An important part of the law is the new Health Insurance Marketplace. Starting January 1, 2014, the Health Insurance Marketplace will provide private health insurance coverage for adolescents not eligible for Medicaid or CHIP and without access to affordable employer coverage. Families of four with a household income between \$23,550-94,200 (or for individuals, \$11,490-45,960) will get a break on costs. Families will be able to find insurance that fits their needs and budget—all in one place.

Learn more about the law at HealthCare.gov
Get ready for the Health Insurance Marketplace at signup.healthcare.gov

LASTING Transformation: A Guide to Navigating Life's Journey *by Dr. Abby Rosen*

STRUCTURED METHODOLOGY FOR TRANSFORMATION: Psychologist offers strategies integrating spirituality and psychotherapy

LASTING Transformation by Dr. Abby Rosen takes readers on a journey to experience the process of transformation, which can result in powerful, positive change that is permanent. Our life's journey provides us with many opportunities for self-knowledge, self-love, and deep soul-wisdom.

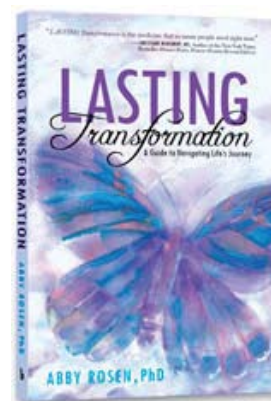
The road map outlined in LASTING Transformation gives specific guidance for this journey. Dr. Rosen shares the experience of her 39-year pilgrimage integrating psychotherapy and spirituality. She offers important insights and effective strategies for developing conscious communication, which leads to strong, fulfilling relationships. Each chapter includes real client experiences that show the process of behavioral change and lasting transformation, humorous cartoons, and practical exercises that together provide a road map to help you navigate the sacred journey of your life.

Stage One of this book presents practical tools and step-by-step skill development for identifying the unconscious patterns that one develops for protection, which may unintentionally create the pain that the pattern was developed to avoid. This process results in greater self-awareness, which leads to more conscious communication, connection, and intimacy. Stage Two gives a manual for meditation and practices from many different traditions, so that the reader can try out different spiritual disciplines to find a path that feels right to them.

"My approach is very different than others out in the market, so if someone wants to explore different approaches, LASTING Transformation gives the guidance that is needed," said Rosen. "It has a psycho-spiritual approach that incorporates both personality and soul, which is rare, and these approaches are interwoven throughout the book."

Through a captivating read, LASTING Transformation touches on important themes including:

- ∴ Narcissistic, Critical, Controlling and Domineering Personality Disorder (NCCDPD) —why celebrities like Mel Gibson, Tiger Woods, and Jesse James are raging, having affairs, and breaking up their marriages.
- ∴ The polarization of the sexes could be mitigated by learning the tools for more conscious relationships that help us to grow.
- ∴ The book teaches meditation, breath work, and other strategies to alleviate anxiety that is inherent in our society.
- ∴ Discovering the ultimate purpose of our lasting transformation – to be of service in our world: to go from self-serving to the Serving Self.



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"This book is a reflection of my own personal journey and my life's work as a Transpersonal Psychologist. The lessons I've learned and the wisdom I've gained are delineated, so the reader can learn from my experiences," adds Dr. Rosen.

"LASTING Transformation is the medicine that so many people need right now." - CHRISTIANE NORTHRUP, MD

Author of the New York Times Bestseller Women's Bodies, Women's Wisdom (Revised Edition)

About the Author:

Dr. Abby Rosen is cofounder and director of InnerSource, Inc., A Center for Psychotherapy and Healing in Annapolis, MD, where she is a licensed psychologist in full-time practice who has worked with individuals and couples for thirty-six years.

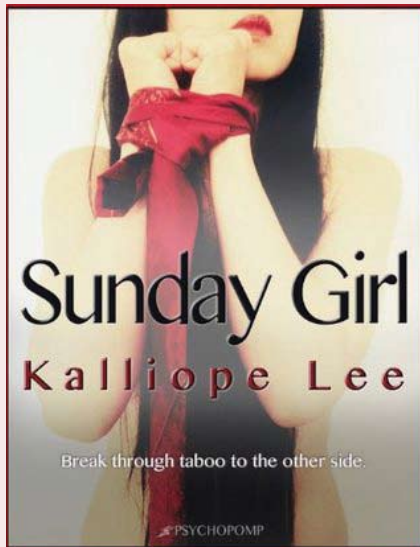
Throughout Rosen's life, she has woven the threads of psychology and spirituality into a rich tapestry of professional and personal experience. She received her doctorate from California Institute of Integral Studies in 1981, during which time she co-coordinated the San Francisco Siddha Yoga Meditation Center for three years. Rosen spent a year studying meditation and Eastern psychology in India, and helped coordinate the Seventh International Transpersonal Psychology Conference in Mumbai, India, in 1982.

Rosen was director of the Marriage Family Counseling Clinic in San Diego, has written a newspaper column called Dear Dr. Abby, and hosted a cable-TV show called "All about Women and the People in Their Lives," which addressed a variety of medical and psychological topics.

Sunday Girl

by Kalliope Lee

Traumatic wounds that haunt
the blood for generations...



'SUNDAY GIRL' CHANNELS KOREA'S TURBULENT, TROUBLED PAST

New novel hits on Korea's
historical scars with searing
insight and stunning prose

Author:
Kalliope Lee



<http://www.kalliopelee.com>

Comfort Women. This was the term given to young Korean girls abducted by the Japanese army during World War II to serve as sex slaves for the soldiers. Silenced by shame, it wasn't until 1991 that the first of these comfort women came forward and testified against the army, only to be denied by the Japanese government.

The new psychological thriller *Sunday Girl* by author Kalliope Lee explores the darker aspects of Korea's turbulent history. Blending elements of supernatural and Gothic in a new and modern way, Lee weaves a mysterious, enthralling world with powerful yet poetic images that comment on human trauma, the political history of Korea, Asian family dynamics and concepts of self. The narrative delves not only into the comfort women controversy, but also the colonization of Korea by Japan and the Korean War, bloody civil strife that created a rift between the Korean people and land—a rift that continues tragically to this day.

Protagonist Sibyl is a Korean-American working in Seoul who narrowly escapes being raped when she is saved by her friend Jang-Mee, taking her place as victim. Dissociating from her body during the crime, Jang-Mee comes into communion with a female spectral presence, who shows herself to be a victim within Korea's past of invasion, division and occupation. Convinced that the image is that of a comfort woman from WWII, Jang-Mee seeks her out again. Both Jang-Mee and then Sibyl must struggle through dark psycho-geographies to transcend past and present, self and other and ultimately life and death.

Jang-Mee's body becomes the metaphor for a raped, pillaged, colonized and subsequently divided Korea," explains Lee. "She knows nothing about her roots, as she grew up in the American Midwest, but an inner directive and longing lure her back to Korea. The psychological consequences of the rape in turn prompt her to attempt to connect with Korea's traumatic history and suffering."

In a fascinating parallel to the true perils that still threaten Korea, *Sunday Girl* explores the traumatic wounds that haunt the blood for generations. It ventures boldly into cultural taboos about sexuality and unsentimentally depicts repressive attitudes towards women within the patriarchal culture of Korea.

"This inheritance reminded me of the tragic families of Greek tragedies—like the house of Atreus—where a blood curse is passed down through the generations until it's finally broken through one character's sacrifice and suffering," adds Lee. "In *Sunday Girl*, I reference these classics, directly and obliquely through my characters' dialogue and epic journeying to the Underworld. There are echoes of Orestes and Odysseus and Aeneas in my characters."

The main themes of *Sunday Girl* that readers will find compelling include:

- * An in-depth look at traumatic episodes of Korea's turbulent history
- * Jang-Mee's body serving as a metaphor for Korea, and the connection between the female body and the territory of a country
- * The notion of education – the difference between 'book' learning and what the ancient Greeks called anamnesis, or recollection of the soul
- * The ritualistic, medical, biological, sexual symbolism of blood as it carries our life force and holds the records of our ancestors
- * Where there's blood, there's usually some sort of wound – and the redemption that comes through this suffering

Kalliope Lee studied Classical Literatures and Languages as an undergraduate at the University of Chicago, focusing on Greek Tragedy and Ancient Greek language. She was the recipient of the Presidential Fellowship to study in the PhD program in Classics at Columbia University. She had begun a PhD in the Classics, and received an MA before going on to get her MFA in the Creative Writing Program at NYU.



FIRST DAY ON THE JOB

One of the most difficult days at work is the first day on the new job. What should I wear? Who will I know? What should I say or not say? How will I remember the new faces and responsibilities?

The first day on the job you will have butterflies. A new challenge deserves the butterflies but as Dale Carnegie once said “make sure the butterflies are flying in the right direction”. If the job is similar to your previous positions you only need learn this company’s policy. Your next concern is to navigating your fellow employees and their personalities. This could be harder than you think. It takes time to decipher who has your best interests at heart, who is nosy, who is jealous, who has power, who has pull and who you can go to for information. The more you know about the company, why you were chosen, what your duties will be and how you can help improve the position, the easier this transformation will be.

I would hope you have a company tour of the facility before starting the new position. The new HR Officer can make your first day simple and fun. Your new HR officer would have informed you of the office attire, parking, start time, end time, lunch time, and who you will report to on that first day. I worked in a bank branch and I went out of my way to make employees feel good on their first day. I didn’t get into the job but focused on getting to know each other’s personalities, background, training and goals. In fact the first week my new hire would observe. I left the decision to begin training up to each individual. This gave the employee time to adjust and get a comfortable feeling with the new company.

It is always interesting to see just how each office environment differs. The best advice I could give someone entering a new position is stand back and observe. You don’t want your first impression to be of “chatty Cathy”.

You might not want to go into detail about yourself and your personal life. Trust takes time to evolve. You will have time to feel out who to trust and your fellow employees will have time to gain trust in you.

Don’t be too hard on yourself or have high expectations. If someone informs you of an error take it in stride. Your best reaction is not defensive but acknowledging their comment and continue on. If you don’t understand the problem take it to HR or your immediate supervisor. Fellow employees can be either receptive to you or adverse depending on past politics in the office and their problems with the company.

As far as the job you need to listen to “their” procedures. It is not a good idea to be a know it all or bring your previous training on a new job. You do not know how receptive the company is for suggestions and your first few weeks are not the time to speak up.

All in all enjoy your first few months. You are the “new guy” on the block. Look at the situation as a challenge; listen; read your handbook and take notes on new procedures. The only person you should ask questions is your immediate supervisor or the Human Resources Office. It is the best way to start and retain good relations with your new company.



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The Department of Homeland Security will be hosting a Vendor Outreach Session on October 24 for small businesses seeking to do business with DHS. Agency heads know that DHS needs to set aside more contracts for women. Get details on the event by clicking on the link and downloading a file named “**DHS Small Business Vendor Outreach Session.**”



Find out how to get contracts for your business.

Dept. of State Announces its Overseas Building Operations Meeting

October 9 the the US Dept. of State will host an overseas building operation business outreach. Click the link below for details. Go to the Info You Need Page and download a file “DOS Overseas Building Operations Meeting” with all that you need to sign up.



“Thanks so much for a wonderful workshop. You certainly delivered on everything you promised. It was awesome! Michelle S.- WOSB”

DUANE DEMELLO

THE DENTON MARE

(about Duane DeMello by Bev DeMello:
August 9, 2013)

My husband despised the idea of self-publishing. Even with his seven novels resting solitarily in paper boxes, he'd eschew it. I'm sure if he discovered what I'm doing, he'd question my good sense, demanding, "Why?" I'd tell him for the same reason John Kennedy Toole's mother, after his suicide, felt compelled to shop his unpublished manuscript, *A Confederacy of Dunces*. There are some words worth reading and a story worth telling, even when the publishing gods say no.

Duane's death was sudden. We were out for our usual, early Saturday morning walk, and, twenty minutes into it, he said, "Oh, I'm so dizzy," and collapsed, dead of a major heart attack. The ER doctor told me he suffered, "what we call the widow maker." "Oh, so I'm the widow?" I asked. He nodded, uncomfortably.

One weekend, shortly after his death, I started cleaning out our closets and found it almost unbearable to think that all that's left of him was piled up in those old manuscript boxes. I'm not unrealistic and know how difficult it is to get published by the major houses, and he did, too. Unlike me, however, he never got angry about "the rejection," realizing some make it and some don't. Still, I found myself reflecting on lost dreams, which is one reason I decided to self-publish *The Denton Mare*, his first novel and his master's thesis at the University of North Texas. It also won the "Houston Area Booksellers/Houston Chronicle Fiction Award." One of his FSU colleagues warned me, declaring, "No one cares about dead writers, especially unpublished ones. Won't be easy." She was right.

Duane left behind at least seven unpublished novels and collections of short fiction: *The Denton Mare*, *Texas Gothics*, *Mystic Florida*, *Headshots*, *House of Many Doors*, *Lay Me Down*, and *Hypertext*. He was very close to being published early on, when Ms. Fredrica Friedman, then a senior editor of Little Brown & Co., contacted him personally when she was seriously considering one of his novels. Unfortunately, Little Brown ended up not publishing the book, which was named one of eight finalists for the prestigious Drue Heinz Literature Prize.

Toole's mother probably met the same pompous editors I have in my attempt to promote *The Denton Mare*. Those who say, "We only review books that are **legitimately published**"... "Was your husband somebody?"... "We can't market somebody

Duane DeMello



who's dead!" *The Denton Mare* is about the Texas folk hero, Sam Bass, who was shot by the Texas Rangers and died at age 27 on his birthday. As Duane said, "Sam had his dreams, and I had mine..." What I've found, unfortunately, is that nobody cares much about their dreams, or mine. Or, the scholarship I want to establish. Toole's mother put herself on a personal mission, and she finally found luck with the novelist, Walker Percy. Had he not immediately liked it, I'm sure the manuscript would probably still be in a box today, instead of being a Pulitzer Prize winner. After 23 good years of marriage, I owe Duane, and Sam, at least one more shot out of the box.



Bev DeMello



Old West vividly brought back to life
with Duane DeMello's *The Denton Mare*

ISBN13 (TP) 978-1-4363-0415-3

ISBN13 (HB) 978-1-4363-0416-0

web: www.dentonmare.com



Fact Sheet

What: Inaugural launch of the HabiTown Challenge – a team-focused festival to celebrate building community.

Where: West Shore Park, 401 Light Street
(between the Science Center and the Visitors Center at Baltimore’s Inner Harbor)

When: Saturday, September 28, 2013, 11 a.m. – 5 p.m.
(Rain date: Sunday, September 29 – only in the case of extreme weather)

More about the event...

- This event features live music, food trucks, creativity, competition, raising funds and awareness for Central Maryland nonprofits, and assorted prizes!
- The purpose of the HabiTown Challenge is to demonstrate how communities thrive when nonprofits and for-profit organizations come together.
- Each team is responsible for building a structure that represents some part of a typical town (store, bank, school, house, etc.). Teams will have four hours to complete their structure on site at the festival prior to being judged by a celebrity panel.

Emergency Phone on Day of Event

Contact your team leader in the event of an emergency. For serious matters, contact Event Manager Rachel Hess (Habitat Chesapeake), 973.865.0375, or Beth Laverick, 410.409.7123 (Waterfront Partnership / West Shore Park).

Parking

Public on-street parking is very limited, so plan on parking in a nearby garage or parking lot (cost varies). If you can take public transportation, we highly recommend it. The “fast, free and friendly” Charm City Circulator’s schedule can be located at charmcitycirculator.com.

Move In / Check In

Your team leader is responsible for load-in and has the move-in schedule for your team. If you are not part of the load-in team, report to the event check-in desk upon arrival and you will be directed to your team’s space.



The HabiTown Challenge is all set and ready to go!

Habitat Chesapeake ready to launch inaugural festival aimed at building community

Habitat for Humanity of the Chesapeake is proud to announce the final slate of teams for its first-ever HabiTown Challenge. The festival, sponsored by PayPal, is taking place at Baltimore Inner Harbor's West Shore Park (in the heart of downtown) on September 28, 11 a.m. – 5 p.m. Featuring three live bands, assorted food trucks from The Gathering, a photo booth and other fun activities, this event is free to the public!

With the festival just days away, teams are eager to showcase their talent and enthusiasm, so come out to support each of these 15 team sponsors and their nonprofit partners...

- *Advance Business Systems / Believe in Tomorrow*
- *AmeriCorps Team A*
- *AmeriCorps Team B*
- *Anonymous / Final Salute, Inc.*
- *Brown Advisory / Enoch Pratt Free Library*
- *City of Baltimore Mayor's Office*
- *CohnReznick / Build-A-Block*
- *Cross Street Partners & Design Collective / Habitat Chesapeake*
- *MICA / Community Arts Collaborative*
- *Paul's Place Rising Leaders / Paul's Place*
- *PayPal / Habitat Chesapeake*
- *R2integrated / There Goes My Hero*
- *Transamerica / Junior Achievement*
- *Women Build / Habitat Chesapeake*
- *Wood Shop volunteers / Habitat Chesapeake*

Interested in additional information on The HabiTown Challenge?

Contact Rachel Hess at eventsmanager@habitatchesapeake.org, or visit www.habitatchesapeake.org to learn more!

About Habitat for Humanity of the Chesapeake

Putting faith into action, Habitat for Humanity of the Chesapeake brings partners together to build decent, affordable homes that change lives, empower families and strengthen communities. Habitat for Humanity of the Chesapeake serves Baltimore City, as well as Anne Arundel, Howard and Baltimore County.

Here's how the challenge works:

Here's how the challenge works: Each team will have only four hours to complete their 8' x 8' structure. When all the structures come together at the end of the day, the scene should look like a fantasy version of a typical Maryland town. In the spirit of partnership, each team is promoting their nonprofit of choice. For instance, Advance Business Systems' team, "Little Fighters," is sponsoring Believe in Tomorrow. They are building a firehouse (playhouse) that will be donated to the Believe in Tomorrow campus following the festival. Each team is invited to bring as many of their own supporters to cheer them on as they strive to create the best small town structure possible within the four-hour time limit.

At the end of the day, each team will be judged by HabiTown's four celebrity judges - WBAL's Jennifer Franciotti, Education Foundation Director for Baltimore County Public Schools, Debbie Phelps (mother of Olympic swimmer Michael Phelps), American Visionary Arts Museum's Rebecca Hoffberger and County Executive Ken Ulman. Throughout the afternoon, attendees are invited to visit the celebrity decision-makers in the "judges' lounge," sponsored by Habitat Chesapeake ReStore. Judges will award prizes at the conclusion of the festival. And, while you're there, don't forget to vote for your favorite team for the Peoples' Choice Award.

call (410) 366-1250

Visit www.habitatchesapeake.org

Follow us on:



Preserving one's relationship from outsiders

1. Have you ever had to deal with an overbearing family member?
2. How about a friend who has all the answers but doesn't understand the question?
3. Do you have single friends that give you relationship advice, whether you've asked for it or not?

These are some "red flags" I discuss in "What to do before you say I Do". These are considered red flags if they interfere with your relationship.

I have seen couples torn apart because the son or daughter cannot cut the apron string from the parent therefore having no control over his or her personal life. If this sounds familiar to you there is hope.

First, you and your partner must sit down and agree to the rules for intrusive family or friends. Agree to it, then write it down and place it somewhere where you will both be able to access it quickly. It is very

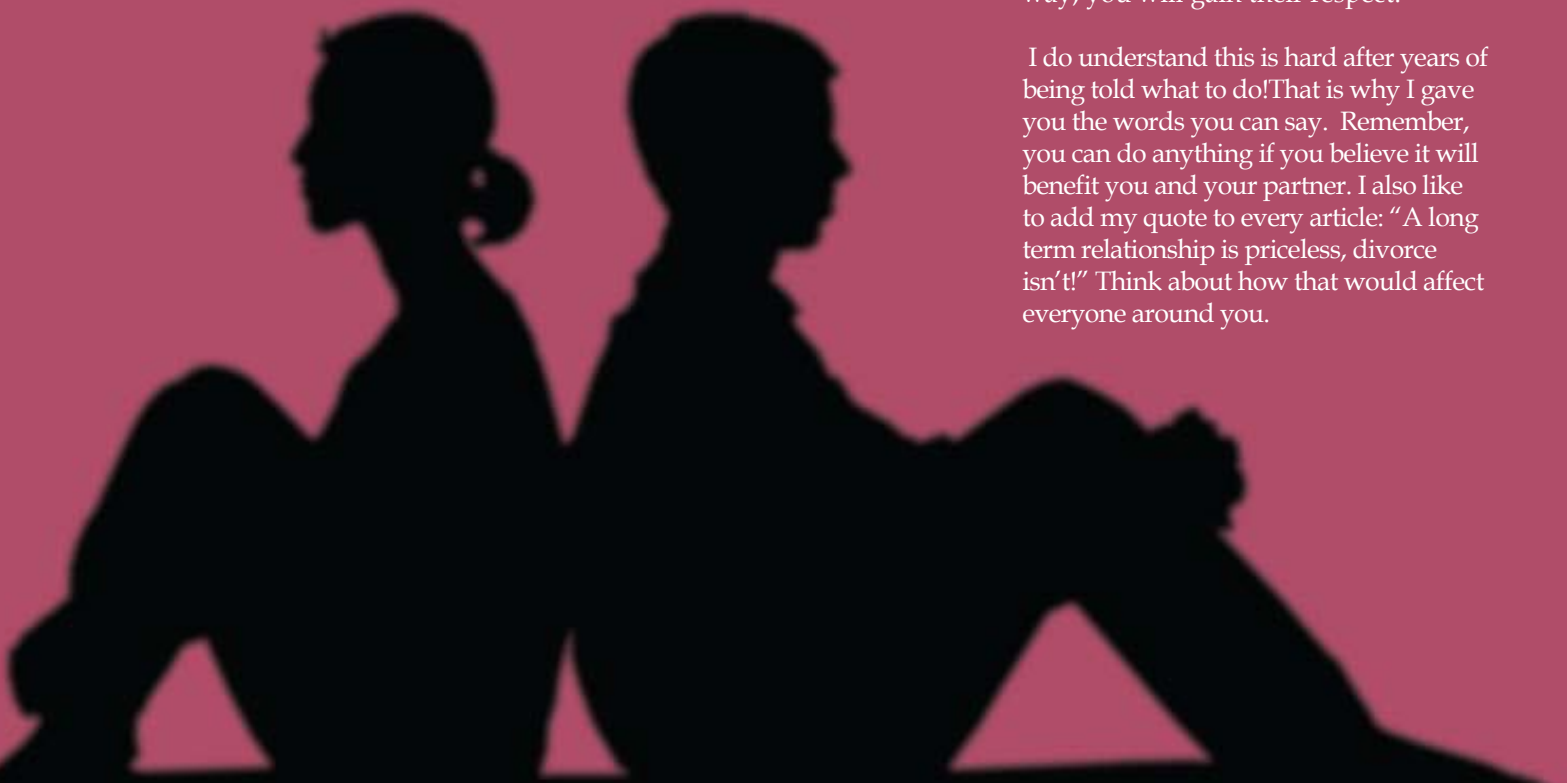
important for both partners to support each other during this difficult exercise but, none the less, it must be done.

Second, talk to the intrusive family member or friend about boundaries. You must be very firm and very clear. Let them know in very simple words that they are causing you problems in your relationship. You will need to tell them that they must call before coming over at least one day before. If you are uncomfortable with that you can do this easily by saying, "I am very busy, let's get together tomorrow at ...". At that point you can tell them face to face that

they need to call one day before stopping over because it is impolite to just "pop in". If they do not, they will not be welcome to visit. Your parents are most likely the worst offenders. You may also want to limit the phone calls too. Some people (usually the daughter but sons have this problem with their parents as well) need to limit the time they spend talking to a parent or family member. It causes stress on the other partner if they feel you are so busy with your family or friend, they may feel ignored or not as important to you as your family/friend is. Here is a very difficult part but critical to the success of your relationship! You must follow through and be consistent in your rules! You cannot slack at all, not even one time! If you do then the intrusive family member/friend will take it as a sign you are not serious!

Next, let the intrusive parent or family member know that if they don't follow your request it shows a great lack of respect for you as a person. By that I mean, they don't care about your feelings or what you need. They may feel they know what you need more than you do. When your partner witnesses you defending yourself and your relationship in a strong and purposeful way, you will gain their respect.

I do understand this is hard after years of being told what to do! That is why I gave you the words you can say. Remember, you can do anything if you believe it will benefit you and your partner. I also like to add my quote to every article: "A long term relationship is priceless, divorce isn't!" Think about how that would affect everyone around you.

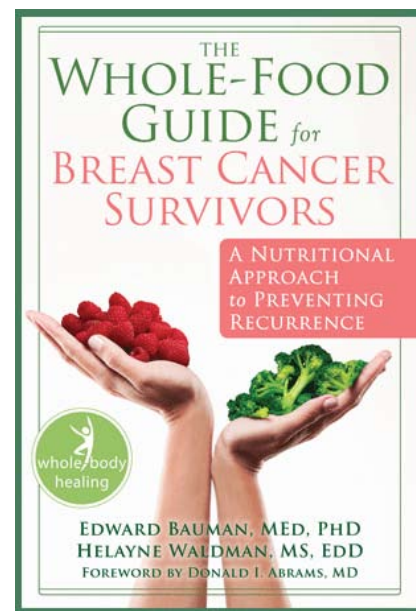


Open Letter to Angelina Jolie from

Author of **THE WHOLE-FOOD GUIDE for BREAST CANCER SURVIVORS**

Did you know you can lower your cancer risk, bite by bite?

Author
Helayne Waldman



“Wow, the world is rocked once again with the news of a woman’s voluntary removal of breasts. While mainstream pundits applaud and gush over the decision as an informed, wise and courageous choice to make, alternative health voices scream that this type of glorification of self-mutilation is ignorant at best, even immoral, perhaps. As the debate rages on, I hope the world will take a moment to realize that you are a grown woman who is entitled to make decisions about your own body (as all women should be) whether the rest of the watching world agrees with you or not.

I believe it would behoove you to understand a lot more about how to do everything possible to prevent breast cancer, and then perhaps use your celebrity status to share the message of true prevention with the rest of the world. After all, if you have a faulty repair gene, you are still at risk for cancer, breasts or no breasts, and what you do from this point forward will have more effect on your own future health, than any operation ever could.

So, Ms. Jolie, if you are reading this, may I suggest you become familiar with the emerging field of science known as epigenetics. Epigenetics teaches us that factors “beyond the control of the gene, known as epigenetic factors, and largely determined by a combination of nutrition, psychospiritual states that feed back into our physiology, lifestyle factors, and environmental exposures, constitute as high as 95% of what determines any disease risk”, according to health writer and editor Sayer Ji.

Food and its myriad of vitamins, minerals and phytochemicals have the power to communicate with our genes in

a powerful and awe-inspiring way. If you find that hard to swallow, check out the work of Dr. Bruce Lipton and others at the forefront of this fascinating new field.

I invite you to learn as much as you can, and I also want to suggest that you consider adding this vital book to your cancer prevention resource library, **THE WHOLE-FOOD GUIDE FOR BREAST CANCER SURVIVORS**. The book starts with epigenetics then moves quickly into exactly which foods and nutrients signal our genes to express themselves, or to remain quiet. And you’ll find lots of practical suggestions for incorporating these wonderful gene-altering foods such as basil, pomegranate and broccoli, into your life. I hope to have the opportunity to consult with you as you travel on your healing path. Please contact me anytime.

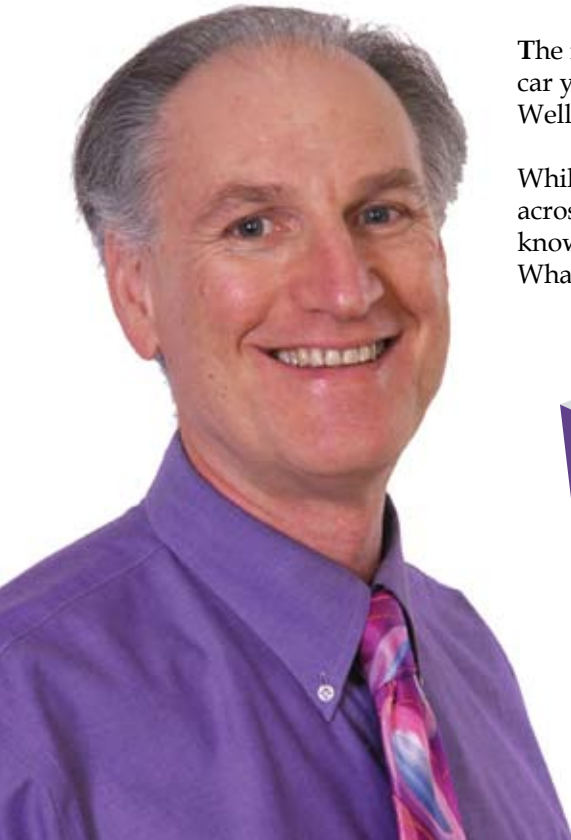
***With love and best wishes to you,
Brad and the gang***

Helayne Waldman, ED.D., M.S., CNE
Co-author, The Whole-Food Guide for Breast Cancer Survivors

please visit
www.wholefoodguideforbreastcancer.com

ARE YOUR COSMETICS SAFE?

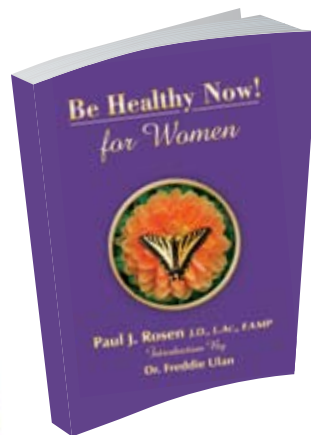
by **Paul J. Rosen, J.D., L.Ac., EAMP**



Paul J. Rosen, J.D., L.Ac., EAMP

The more you look the more you see. Have you ever noticed that when you buy a new car you see more of them on the road? This goes for a blouse or a pair of shoes as well? Well, what I've been noticing a lot more of lately is deception in advertising.

While I was researching for my latest book, *Be Healthy Now ~ for Women*, I came across the title *Toxic Beauty*, a book written by Dr. Samuel Epstein, who is a well-known expert in the field of cancer causing agents. Wow, this book is an eye opener. What jumped out at me?



Warren Publishing, Inc.

ISBN: 9780985309473,

Price: \$9.95

**Available at Amazon.com
or AcuNatural.com**

There are over 10,500 personal beauty and cosmetic products available in North America. Ninety-nine percent of them have at least one ingredient that has *never been tested for safety*.

Now get this: The phrase "*For professional use only*" that we find on so-called higher quality beauty products allows manufacturers to keep any harmful chemicals off the labels. They may still be in the products ~ but just not on the labels.

Finally, the terms "*hypoallergenic*," "*allergy-free*" and "*safe for sensitive skin*" can be placed on products without actual testing and neither the FDA nor any other regulating body even requires the companies to prove their claims.

Now that we've established that we are left almost completely in the dark about product safety and their effects on your health, here is why you should care.

Your skin is the largest organ of your body. And your skin's health is a reflection of the health of your kidneys. This means that if you are having skin problems like psoriasis, acne or eczema you should look to your kidneys as part of the strategy to clean things up.

And speaking of skin, deodorants often contain aluminum to stop perspiration and propylene glycol as a drying agent. Aluminum has been associated with chronic health conditions including chronic bladder problems like interstitial cystitis, Alzheimer's and Parkinson's diseases. Propylene glycol is the main ingredient of anti-freeze ~ the colored liquid you pour into your car's radiator to prevent engine freeze-up. Safety warnings associate propylene glycol with liver abnormalities and kidney damage.

Chemicals and foods called estrogenic are capable of altering your hormone balance and they find their way into beauty products. For those who choose natural products, soy is a common ingredient. Soy is also associated with altering hormone balance and not always in a positive way. But don't tell the soy lobbyists.

So, if you're struggling with menstrual irregularities, stubborn menopausal symptoms, irritability, blue moods, dry skin, thinning hair and fatigue, look no further than your lipstick, face and body creams, soaps and detergents as potential parts of the problem.

Fortunately, there are many safe options. Coconut oil and olive oil for skin care, mineral make up for color and soy-free biodegradable soaps and detergents for house cleaning and laundry are good places to start.

Deception is a marketing norm. We see it every day. And as responsible consumers, we must become knowledgeable about the products we use. For knowing more about the safety of cosmetic and cleaning products.

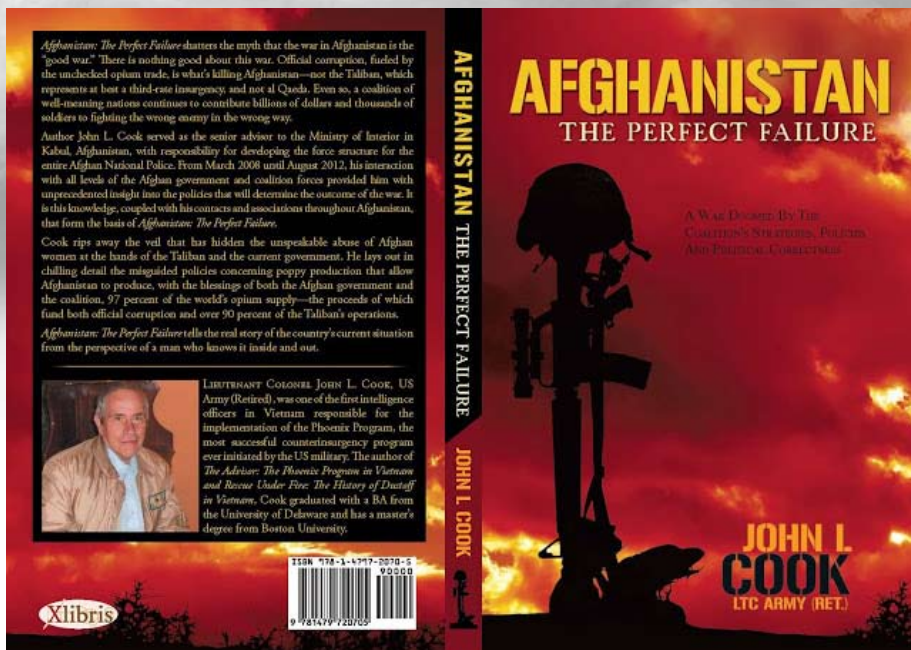
Status Report: Women's Progress in Afghanistan Gets Failing Marks

By John L. Cook,
author of *Afghanistan:
The Perfect Failure*

The war in Afghanistan is now in its 12th year and will drag on for at least two more years, maybe longer, with no real hope of achieving any of the grand goals envisioned by politicians, ambassadors, senior military commanders and various camp followers of all stripes when the adventure started. To say that we have failed at every level is an understatement of the first order.

Against this backdrop, with so much going wrong, we seem to have forgotten one of the key justifications for sending in our Special Forces back in late 2001. Back then, President Bush stated that he had to do three things. The first two, taking down the Taliban and driving out al Qaeda, were accomplished in very short order. And the third objective? What was it, exactly? This is the one neither the State Department nor Defense Department wants to talk about now because this is the one we would like to forget, and for good reason, because the third objective was to improve the lives of women in Afghanistan. Back then, we were all outraged by the treatment of women at the hands of the Taliban. Back then, women had no rights, were treated as property, denied an education, and committed suicide in alarming numbers when the physical abuse became too much to bear.

So what's the status of women in Afghanistan today? Sadly, little has improved for the female half of the population of Afghanistan. Today, Afghanistan has the world's highest suicide rate for women between the ages of 15 and 25. Over 75% of all marriages are still "arranged" which is a polite way of saying they are forced. Every thirty minutes, somewhere in Afghanistan, a woman will die giving birth because there is no one to provide basic midwife skills and male Afghan doctors cannot be bothered by delivering babies. None of these stories make the evening news because they are decidedly not "good news stories" and there is no way to spin them. Rather, the coalition prefers to talk



in grand platitudes about "regional stability" and the importance of creating a "safe, secure and democratic Afghanistan" as if these unattainable goals somehow outweigh the real suffering going on right now.

How did it come to this after so much hope in the beginning? It would be simple to say that the Afghan government, without question misogynistic at its core, refused to use the vast resources we provided to make life better for women, but that would be a lie. The truth is, the coalition sacrificed these women at the altar of political correctness, refusing to hold Karzai and his regime accountable on this most basic human right. In the process, we sacrificed our own humanity.

TOUR OF 'SOUTHERN ITALY THROUGH JEWISH EYES' TO BE LED BY ITALY'S FIRST FEMALE RABBI - PROMISES MANY FIRSTS

**Leader of October Trip: Just As 'At Home' in Sarasota as in Serrastretta Limited
Space Available for Unique Experience**

Participants on this trip won't be surprised when their Sabbath dinner includes challah and cannoli.

Rabbi Barbara Aiello, a first-generation Italian-American who became Italy's first female rabbi and the founder of the first active synagogue in Calabria in over 500 years, is organizing a Jewish Heritage Tour focusing on Italy's deep south. The tour, 'Southern Italy Through Jewish Eyes,' is scheduled for October. Participants can choose either **Part I -- Calabria (Oct. 1-6), or Part II -- Sicily (Oct. 5-10), or the full tour of both regions -- 9 nights -- Oct. 1 -- 10.**

One true 'first' promised on this tour: a Ferramonti Symposium where survivors of that WW II Italian concentration camp will share their emotional stories of conditions and events of the period under Mussolini's rule. Participants will learn first-hand the incredible story of how nearly 4,000 Jewish inmates were saved by Italian soldiers and villagers.

A second 'first' will be the tour of the renovated and expanded synagogue, Ner Tamid del Sud, the first active synagogue in Calabria since Inquisition times, renovated by locals including Rabbi Barbara's family.

Rabbi Barbara, as she likes to be known, describes herself as 'a rabbi in two worlds.' She divides her time between her congregation and a senior adult community in Sarasota, Florida, and officiating at Jewish life cycle events in Calabria. She has also worked in Milan and travels across Italy as a spokesperson for modern, pluralistic Judaism. She has officiated at more than 50 Bar and Bat Mitzvah ceremonies for families from the US, Great Britain, Australia and Asia at Calabria's newly restored synagogue. Rabbi Barbara's father grew up in Calabria, her mother's family hails from Sicily and the former Yugoslavia. She traces her roots to when her ancestors were expelled from Sicily during the 16th century Inquisition.

Asked who might want to take part in this historic tour, Rabbi Barbara says, "Jewish participants will learn about lost and isolated Jewish communities, which can strengthen Jewish identity. It's eye-opening to learn about the tenacity and perseverance of southern Italian Jews who, even though forced into Christian conversion, kept their traditions alive by practicing in secret for centuries."

Others who will be attracted to the trip are Italian-Americans, many of whom have ancestors who emigrated from Sicily and Calabria, regions that once boasted a 50% Jewish population.

The rabbi adds, "Few Italian-Americans know that even though Mussolini aligned with Hitler, Italian soldiers and villagers risked their lives to save Jewish neighbors. The Ferramonti story is a source of pride for Italians who are often embarrassed by the Italian government's participation as a WW II Axis ally. We need to tell that story, that despite the political climate of the time, local Italians thumbed their noses at the government and refused to allow Jews to be sent to their death. Ours will be the first international group to tour the camp."

The journey focuses on some of the oldest places of Jewish presence in Italy and the rebirth of modern Jewish life in Calabria -- the 'toe' of the Italian 'boot,' While the Jewish community of Italy dates back at least to Roman times over 2,100 years ago, their fate changed based on the whims of emperors, popes, kings and dictators.

Part 1 (Oct. 1-6)

- Walking tour of 'Il Timpone' -- medieval Jewish Quarter in Nicastro; Tiriolo villages
- Symposium at Mussolini's Ferramonti Concentration Camp with optional 'March to Survival,' museum tour, meeting with camp survivors
- Visit to Synagogue of Serrastretta; Traditional Calabrese Jewish dishes
- Excursion to Reggio Calabria and Bova Marina archaeological sites; view Jewish artifacts and statues from the ancient Greek period; Reggio's Old Jewish Quarter

Part 2 (Oct. 6-10)

- Siracusa and Ortigia; walking tour of Jewish Quarter, 6th century mikveh, Greco-Roman Archaeological Zone; harbor cruise
- Mt. Etna by cable car; winery visit; Catania Jewish Quarter; Taormina and amphitheatre tour Rabbi Aiello says, "Whatever your background, here's a rare opportunity to see parts of Italy that few tourists visit, and to meet local residents and guest scholars who will share little-known stories and secrets of southern Italy. It truly is a chance of a lifetime - ancient venues that makes for wonderful memories."

For more information, costs and or reservations, contact: Ellen Paderson, Travel Consultant, 508-238-4088

www.smilesandmilestravel.com
ellen@smilesandmiles.comcastbiz.net

Laurie Weiss Howell, 347-240-1244
www.AmalfiLife.com

Author Talk

with Cheryl Villao

As a child who has experienced Mental Illness first hand, what was that like growing up?

As a child, I never really knew that my dad had a mental illness. I thought he was just eccentric and venturesome. The peculiarity of his behavior intrigued me and I so much wanted to have his free spirit and carefree attitude. My mom, however, criticized him and warned me from a very young age that his behavior and demeanor was not acceptable or normal. In retrospect, as I got much older, I realized that the mannerisms and behaviors that I witnessed were all products of his mental illness. The mental illness that ultimately took his life and forever changed my family's.



Cheryl Villao

Author

Pretty Painted Picture...Little Girl Lost

How has it affected you?

Mental illness has affected not only myself but my whole family including the family that my husband and I now have, which includes three small children under the age of eight. The tragedy of my dad's death unfortunately triggered severe depression and ultimately bipolar disease for me personally. It is a daily battle that I struggle with every day. When I look in the mirror, I see my dad. I notice that my actions, thoughts, and ideals are altered with that same plague of uncertainty, confusion, disillusion, and unhappiness that tortured my dad and now myself.

You mentioned that your father suffered from Bi Polar Disorder.

What were his symptoms?

My father's behavior was very erratic. From day to day, you never knew which personality would show itself. One day he would show up in his leather jacket and say that him and his band were going to record an album. The very next day, he would come with bible in hand and say that he was going to change his life and live for God and be a better father and friend. He would disappear for days to weeks at a time with no explanation. He would buy expensive things or gifts for us on one weekend and the next weekend they would be gone. One significant symptom that I remember is excruciating migraines that he suffered with on almost a daily basis. The most noteworthy symptom with someone tormented with bipolar disorder is the extreme "highs" and the extreme "lows" that happen without notice. When you are happy, you are above it all and nothing can bring you down. When you are down, you are in a bottomless pit that tears and tortures your soul. There is no hope. There is no end in sight. There is darkness and no light to be seen.

Did he take medication?

In the years that my dad struggled with mental illness he was on and off several medications. When my dad was diagnosed, it was the mid 80's. The stigma that surrounded mental illness was cruel and ignorant. People that had mental illness were treated poorly, disrespected, and still are today. Unfortunately, the stigma that surrounds mental illness is still all too evident in today's society. An unfortunate side effect of taking medications like these is that once you feel better, you decide that the medication is no longer needed. This happened a number of times for my dad. He would take the medication, get better, and then stop taking it. When the disease would come back in full force, he would turn to drugs to numb the torment in his mind and in his heart.

Was he willing to accept treatment?

My dad was willing to accept treatment, however, he never diligently pursued it. He often got frustrated and sadly turned to drugs and alcohol to try and keep the disease under what he thought was “control”. He was continuously in and out of mental facilities, hospitals, and jail. Regrettably, his last admission into a mental facility was his final one. After a few days of being admitted, he hanged himself with a belt in the boiler room of the mental health facility.

You mention in your book that your father committed suicide. What were you doing and how did you learn of it?

When my dad hanged himself, I was eight years old. The days leading up to the admission in the mental health facility were quite normal. The last time I saw my dad I was visiting him for the weekend. We had spaghetti dinner and laughed like always. The day my mom came to pick us up she had purchased a used car that my two sisters and I were extremely excited about. We ran down the steps to see the new car and for some reason my dad stopped me half way down the stairs. He asked me if I had forgotten something. I looked at him puzzled. He then proceeded to say that I forgot to give him a hug and a kiss. I thought this was odd because he only stopped me not my other two sisters. I ran back up the stairs and gave him the quickest and what would soon prove to be the last hug and kiss that I would ever give him again. Two days later I came home from school and my mom told me my dad got sick and was in a coma in the hospital. A few days after that, I learned that my dad had died. Being eight years old and in grade school I kept hearing rumors that my dad “killed” himself. I got in several fights at school and began to have nightmares. My mom put me in therapy but still nothing was ever discussed about my dad’s mysterious illness. It wasn’t until a family therapy session that the word “suicide” came up yet again. I stopped the session and asked why everyone kept saying that. The therapist looked at my mom and sternly said, “You mean you didn’t tell her?”. That was the end of life as I knew it. It was tainted. It was ruined. It was destroyed.

Do you think you learned behaviors of “omission” from growing up with a dad like him? In other words were there stories you created in your mind about him and about your life that omitted the plain facts about his illness, his behaviors and his impact on you?

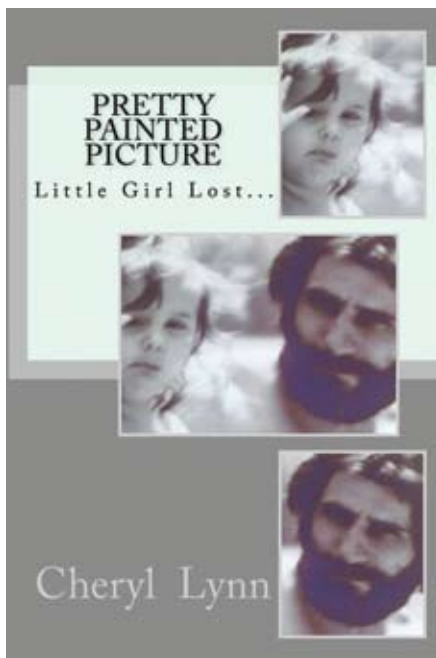
I certainly think that I learned behaviors of “omission” from growing up with a dad that suffered from mental illness. I don’t like to say that I made excuses for his behavior, but in retrospect, I think that most of us did except for my mom. She was one of the only one’s that truly and devotedly tried to help him to the point of exhaustion. Being so young, as I said before, I thought that my dad was fascinating and intriguing. Not ever knowing or realizing he was destroying himself and would ultimately devastate his own family that he loved so dearly.

Were there supports in place for your father and your immediate family as you tried to navigate his illness?

Back in the time when my dad was diagnosed, there was not a significant support group for him or for us; his family. My mom did all that she could for him to get the help he needed and tried to deter the drug and alcohol use and make him seek medical treatment. Other people in my family thought it was just my mom being jealous that my dad moved on with his life after their divorce, but I know in my heart this was never true. He truly, undoubtedly loved my mom until the day he died. He told me every chance he got as I was the closest and favored by him. Several other people of my family failed at giving my dad the adequate and most needed support for his disease. We, as a family, were not cohesive in getting the most ample help that my dad so desperately needed. We failed.

Why did you name your book, *Pretty Painted Picture*? How does the title related to your person and to your life?

There are two main reasons that I named my book “Pretty Painted Picture”. Firstly, this was one of the last songs that my dad wrote and performed. The words of the song haunt me and are on the very first page of my memoir. The second reason that I chose this title is because I thought the title to be ironic as to how we all view life. Life can look like a pretty painted picture, however, if you ever get close enough to a pretty painted picture, you can start to see and pick out flaws that may have been missed the very first time you glanced. But, if you look really hard and really analyze what you are looking at it becomes apparent the picture is not so perfect at all. It is, in fact, imperfect.



Cheryl Villao

Author

Pretty Painted Picture...Little Girl Lost

Some may argue that you have looked tragedy square in the eyes and faced it. How were you able to do so?

The only way I was able to have faced the tragedy of my dad’s suicide and my own diagnosis of bipolar disease was to come to terms with it. My family took no chances this time around and staged and intervention. The intervention changed my life forever. I realized I did not want my three young children to suffer the way that I had and still do. The difference in my situation is that I had a number of people that were counting on me to get well and to take control of this debilitating disease. I owe my life to my husband, my three children who love me unconditionally, and for the intervention that opened my eyes to all of the people I was and could be hurting by not taking the proper care of myself or my disease.

If there was one thing you would like to change about your life, what would it be?

I can honestly say I would not change a thing about my life. The lessons I’ve learned and the unconditional love I have found in my life are my saviors and my greatest support system. I love and cherish them for putting up with all my “ups” and “downs” and for loving me just the way that I am.

If there was an absolute one thing I could change, it would be to just hold onto my dad as tight as I possibly could and not let go until he knew how much his life, his love, and him being my “daddy” meant to me every day and still today. He was my safe place. He was my everything. When I lost him, I never thought I’d find life or love within myself ever again.

How has *Pretty Painted Picture* added to your life?

“Pretty Painted Picture” has added so much depth, perspective, and understanding for not only myself but for others that suffer themselves or have loved one’s that suffer from mental illness as well. This memoir was healing for me. It was my closure. As we all know, when a tragic death like suicide happens there is never any closure. Well I found mine with writing this memoir. I am at peace. And all I wish is for this memoir to bring peace and understanding to others out there that are lost, alone, afraid, and feeling unloved just as I did. We all need each other and this was me opening that door.

Prescription Drug Deaths Rise Among Women



By Kent Runyon, Novus Medical Detox



Kent Runyon (Executive Director)
Novus Medical Detox

Prescription drugs have long been claiming the lives of many individuals – but who becomes addicted has now changed as a growing epidemic of overdoses is now rampant among women. According to the Centers for Disease Control and Prevention (CDC), an alarming 18 women die every day from prescription drug overdose. Studies have shown that women are particularly at risk for prescription drug abuse, for several reasons (1):

- *Women go “doctor shopping.” Females are less likely than men to settle for the first doctor they find, and may shop around until they find a doctor willing to prescribe painkillers for them.*
- *Women are more likely to experience chronic pain—possibly because hormones play a role in sustained periods of pain.*
- *Women are prescribed painkillers for longer periods of time than men, and typically receive higher doses.*

As prescription overdose deaths among women sharply increase, physicians must exercise caution when prescribing and also warn patients of the potential side effects. However, because the withdrawal process for prescription drugs is so difficult, its abusers often avoid detox and rehab programs at all costs—and even turn to alcohol or other drugs when the prescriptions can no longer be obtained.

For example, we recently had a woman at Novus Medical Detox who sang in the church choir, was a stay-at-home mom, had beautiful children and a businessman husband. She was the classic middle class, soccer mom. She had back surgery, which led her to using prescription drugs for the pain. She realized soon after starting the prescription medication that she was in trouble. She did not want to stop initially and then reached a point where she did not believe that she could stop. I remember her telling me her story and saying, “I cannot believe what I am telling you – I am lucky to be alive.” And she was right – she was one of the lucky ones because she found help.

Not only are safe and effective detox centers critical in combating prescription drug abuse in women, but healthcare professionals must also call attention to this very real problem by making patients aware of the side effects and potentially addictive qualities of prescription drugs. By addressing the burgeoning epidemic before it reaches epic proportions, we can begin to help women struggling with addiction overcome their battles and begin living healthier lives.

About Kent Runyon and Novus Medical Detox Center:

Kent Runyon joined Novus Medical Detox with over 20 years of management experience and over 15 years of executive-level experience. He led accreditation teams and is a consultant auditor for the American Correctional Association. He received his Bachelor's degree in Psychology from Ball State University, and later received his Master's degree in Management from Indiana Wesleyan University. He also completed a two-year certified Executive Leadership Program sponsored by the University of Notre Dame, Mendoza College of Business. Novus is licensed by the Florida Department of Children and Families as an in-patient medical detox facility and is accredited by The Joint Commission.

For more information on Novus Medical Detox Center, please visit www.NovusDetox.com



Nearly 6 in 10 uninsured Americans can pay less than \$100 per month for coverage in the Health Insurance Marketplace

A new report released today by the Department of Health and Human Services (HHS) shows that 56 percent, or nearly six in ten of the people who don't have health insurance today may be able to get coverage through the Health Insurance Marketplace for less than \$100 per month.

Beginning on October 1, individuals and families will have a new way to shop for coverage through the Health Insurance Marketplace. They'll be able to compare their options using side-by-side information about price, quality and benefits. With one application they'll be able to see if they qualify for premium tax credits or Medicaid that lower the costs of coverage right away. Coverage through the Marketplace starts as early as January 1, 2014.

“The health care law is making health insurance more affordable,” said HHS Secretary Kathleen Sebelius. **“With more than half of all uninsured Americans able to get coverage at \$100 or less, the health care law is delivering the quality, affordable coverage people are looking for.”**

Of the 41.3 million individuals who are uninsured and eligible for coverage, 23.2 million (56 percent) may qualify for Medicaid, the Children's Health Insurance Program, or tax credits to purchase coverage for \$100 or less per month. The amount an individual will save on premiums depends on their family income and size. Today's report uses data about family income and size from the Census Bureau's American Community Survey to estimate the number of uninsured individuals who will qualify for lower costs on monthly premiums.

Today's report also shows that if all 50 states took advantage of new options to expand Medicaid coverage, nearly 8 out of every 10 people (78 percent) who currently do not have insurance could be paying less than \$100 a month for coverage under the Affordable Care Act. While some states are expanding their Medicaid programs in 2014, other states are not doing so. Under the health care law, states can receive 100 percent federal funding in 2014 to expand their Medicaid programs to cover people with incomes up to 133 percent of the federal poverty level. That's about \$15,800 a year for an individual, or about \$32,500 for a family of four.

To find out more about who will qualify for lower costs on monthly healthy insurance premiums, visit:

<https://www.healthcare.gov/will-i-qualify-to-save-on-monthly-premiums/>

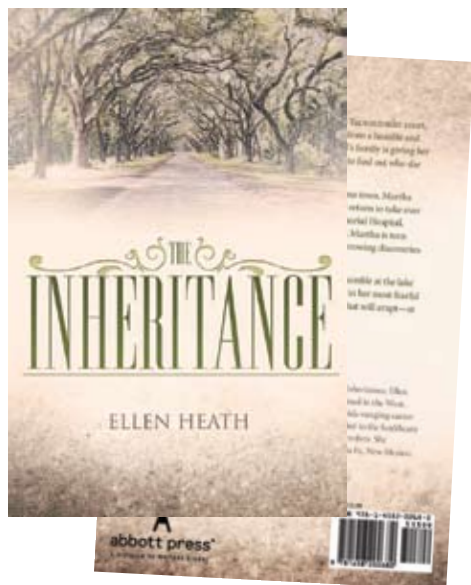
For more information about the Health Insurance Marketplace and to sign up for coverage on October 1,

www.HealthCare.gov

To read today's report visit:

<http://aspe.hhs.gov/health/>

When Was the last Time You Felt Insecure?



The Inheritance

by Ellen-Heath

The Inheritance is the story of a young woman who comes fully into her personal power during an intense, one-week visit in a small Alabama town in 2009. Ellen Heath's second book and first novel is sure to keep you spellbound!

A twisting tale of romance in the south, Ellen Heath's new book caters to women looking for a cozy fall read. A story of a woman going back in time to find out who she is and who she can become in the future, Heath's new book turns southern stereotypes upside down.

Heath's new book touches many hot topics, like healthcare, incest and a challenging family dynamic, among many others. The heroine of the novel, Martha, must learn to stand up for her husband and herself. She draws from her own sexuality and competitive edge to battle the sultry aunt, Edwinna.

"The Inheritance" takes place over one week in a small Alabama town where Martha and her husband, Sam, have gone for the reading of a will. The terms of the will invite them to return and settle in his hometown. However, Martha soon realizes that Sam's aunt, a beautiful sexual predator who has created havoc within his distinguished family for years, will make him her next target. Before the week is up, she will have to tap into the courage and competitive spirit that made her a champion athlete to save her life and her marriage.

"Martha, in the story, is the classic spunky heroine of romance novels. However, she differs in that she has already married a wonderful, handsome man and will now face the challenge of keeping him. Women need a heroine to identify with, to be inspired by, and Martha serves in a very contemporary way," says Heath.

Heath, who has written multiple books on a variety of topics, got her inspiration for "The Inheritance" from her own family many years ago in Alabama. "They were prominent people in a very small town."

Her new book also addresses southern patriarchy, replacing common stereotypes instead with a modern, athletic, inspiring and beautiful woman.



Available Online - Ellen's First Novel

Website:

www.celeryellen.com

5 Ways to Increase Self-Love Using NLP

Sherrie Campbell, Ph.D.



Many of us suffer from negative self-talk followed with devaluing behaviors to support our negativity towards ourselves. What does it really mean to value ourselves? It has nothing to do with ego or an inflated sense of self. When we value ourselves we accept ourselves as human but love ourselves enough to do our best to handle life's challenges with dignity. Dignity is an internal sense of who we are and what we mean in the world...what our value is. To have high value is to have a soft, sweet but powerful sense of who we are. We have a love and exuberance for what we have to offer and the quality of love we are capable of giving and receiving. We must love and believe in ourselves and trust the good is always on its way. Being self-loving is a powerful attractor for all that good. NLP or –neuro-linguistic programming is a mind training system that bases our self-love not as a process of discover, but rather as a process of creation. In other words Happiness is not a given, it is a creation.

1 *Begin with Imagining:* Who do you want to be? What do you believe you are capable of? What do you want? According to NLP if you can imagine it then it already exists in the realm of your possibility. This idea or imagining is the first step toward self-love. Imagining creates positive self-talk.

is how we reprogram the mind from an undesirable state into a state of empowerment. This is how we take control of our thoughts.

hand and toss it up to the Universe for it to be healed and transformed. Repeat this pattern and soon you will have eliminated a limiting belief.

2 *Examine Thinking patterns:* Your brain may be programmed to think negatively but only because thinking negatively is easier. However, the power of one positive thought is enough to abolish and remove negative thinking. If we constantly denigrate ourselves there is no way to love ourselves so we must change our minds and discipline our thoughts to speak positively to us.

4 *Use Anchor Words to Ground You:* When we feel fearful our minds can and do spin totally out of control making up negative stories of doom which “may” happen. This is when we need to make a call-to-action to save us from all our catastrophizing through words that can anchor us into the NOW. We need to tell ourselves “I am surrounded in goodness and light and all that I need is available to me for me to handle this problem.” As we draw on the words, their emotional power and call for the emotions we become grounded again in the now and with a feeling safety and empowerment. Empowerment increases our self-love and trust.

Self-love is all about perception. If we see ourselves negatively that is the experience we will have of ourselves, we will attract negativity to ourselves and we will not find a way to happiness. NLP is what we can use to train our minds towards the positive, endless and limitless possibilities for us in this world. With each fear we confront and put behind us, the more self-love and confidence we will have

3 *Conquering Fear:* Fearful thoughts are our worst enemies. Here is an NLP solution: Imagine a fearful situation. We must let that fear come into our emotional experience. Now we need to envision ourselves as whole, empowered, brilliant and capable. Embrace these emotions and allow them to resonate. We can see that these positive visions begin to eliminate fear and things feel more positive and bright. Allow this new positive emotional experience to wash over the fear and wipe it out. We have now seen we are capable, empowered and ready to solve our problem with positive self-talk and confidence. This

5 *Self-love comes in Releasing Negative/Limiting Thoughts:* Whatever we resist will persist so the best way to release a negative thought is to first embrace it. Once you embrace it emotionally and let it be ask yourself if you think you can let this feeling go. When you answer is yes then determine when you can let it go. Do you still need to feel it and process it or can you let it go now? Once you feel ready to let it go, then pretend to hold that negative thought in your

**Little life message:
If you love yourself, your
life will shift.**

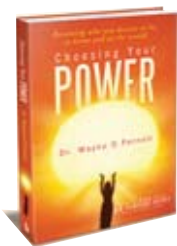
Dr. Sherrie Campbell is an author and a licensed Psychologist with more than nineteen years of clinical training and experience. She provides practical tools to help people overcome obstacles to self-love and truly achieve an empowered life. Click here to get her free article on Five Ways to Make Love the Common Ground in Your Communication. She is a featured expert on a variety of national websites and has a successful practice in Southern California. Receive free insights from Sherrie and to be involved in her Facebook (<http://www.facebook.com/SherrieCampbellPhD>) community of others looking to improve their relationship.

**For more information visit
www.sherriecampbellphd.com**



Dr Wayne Parnell
Author (*Choosing Your Power*)

Speaker, and Certified High Performance Coach who helps leaders (that's anyone who has influence – from soccer moms to a CEOs or both) to find their own voice and define their own success by gaining more clarity, energy, courage, productivity, and influence in their daily lives so that they can truly live life fulfilled. Based in Northern California, Dr Parnell works with individuals and groups internationally.



www.WayneParnell.com

The Sale To The Self

How Societal Norms Pander To The Narcissist In Each Of Us

Look In The Mirror

The elusive search for the ideal is like grasping at water. Rather than hold our hands open under a flowing stream to capture what's right there in front of us, we tend to constantly and ineffectively reach out in a futile effort to grab and hold onto that thread of hope for a fix to our personal flaws. Most people want to get better. They want to feel better. And more important, they want to be noticed for being better.

Ignore That Horrible Chatter

You weigh too much. You've gotten another wrinkle so yeah, you're getting a little older. Oh, and everyone is going to notice that blemish that has shown up again. Stop it! S T O P... just stop. How many years have you been punishing yourself with judgmental lies like that? Actually, the question of how long doesn't matter. What matters is that you stopped for just that brief second, long enough to take a different kind of inventory. Most of us use the mirror as a weapon of judgment against ourselves – our selves.

Stop Shoving!

We've had help, though. The multi-billion dollar businesses of cosmetics, weight loss products and programs, and main-stream media feed us the same drivel. The simple yet powerful messages we hear multiple times a day rings loudly from the time we wake up. We're bombarded with the message that we're

just not good enough. While that message isn't directly stated, isn't it evident when you turn on a television or open a magazine? Have you ever wondered why new clothing lines come out every year? Does it matter that we're seeking the newest, latest, greatest color of phone (even when it may not actually do that much more than the previous model)?

I Want In, Too.

In a world of perfect lighting and digitally enhanced models in the media, we learn what normal is. We are taught to believe that to belong, we must have, do, or be something specific. That sense of belonging is powerful. In fact, as one of the basic human drives, we struggle to stay a part of (vs. apart from) groups of those around us whom we hold in esteem.

We Are All Narcissists.

Because fitting in is so important to us, we stand before the mirror and make judgments with someone else's voice in our heads. The media sells to our sense of self-worth and in an effort to fit in, we purchase products, hoping for the approval we seek from others. What we don't realize is that we're that voice in someone else's head, too. We both see and are seen. We judge and are judged. And we notice when others have what we have or what we're told we "should" have. We look for what is known as social proof that others are on board with that latest, greatest buy. And

when we buy, we offer social proof to others, quietly screaming "I'm all in, join me too."

Belonging Has A Price.

Wouldn't it be great to just be ourselves, individuals who acknowledge and respect the individuality of others? In the quest for feeling better, the sale is made to the narcissist in each of us. We cave in to the notion that others really do have the things or experiences that we each want, and that plays against our desires for individuality.

Take The Antidote.

By being aware of our inner voice every time we make a judgment about ourselves, we can shift into a position of personal power. We, you and I and all the people around us, can each shift and step into our own greatness. Awareness leads to choice and choice leads to freedom. Become aware and change the voice to appreciate the perfectly flawed body and even the level of lifestyle that you currently have. No, you needn't stay trapped there. You can do something about your current state. Your power, yes your personal power in the world, grows when you acknowledge, appreciate, and begin to look for choices. So seek to be better not because everyone else is or has something better, but because by being better, you give the world an exceptionally precious gift: you! There's nothing wrong with believing in yourself. After all, you are pretty incredible.

Mental Health Parity and Addiction Equity Act Compliance



200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2301 Fax: 410-468-2306
Email: pjohnson@mdinsurance.state.md.us
1-800-492-6116 TTY: 1-800-735-2258
www.mdinsurance.state.md.us

Under the federal Mental Health Parity and Addiction Equity Act, large group plans (employer-based plans for employers with more than 50 full-time employees) that offer coverage for mental health or substance use disorders must provide benefits that are comparable to benefits for medical/surgical services. For example, copays, deductibles, limits on the number of visits, and utilization management standards for mental health benefits may not be more restrictive than benefits for medical/surgical services. Individual and small group policies (employer-based plans for employers with 2 to 50 full-time employees) issued on or after January 1, 2014, will also be required to comply with this federal law. If you think that your health insurance carrier has not given you comparable benefits, you have the right to file a complaint with the Maryland Insurance Administration (MIA) or through your carrier's internal appeal process. [1] Complaints filed with the MIA must be received in writing and include a signed consent form.

Maryland Insurance Administration
Attn: Consumer Complaint Investigation
Life and Health/Appeals and Grievance
200 St. Paul Place, Suite 2700, Baltimore, MD 21202

Telephone: 410-468-2260 or 800-492-2260
TTY: 800-735-2258, Fax: 410-468-2270 or 410-468-2260
(Life and Health/Appeals and Grievance)
www.mdinsurance.state.md.us

About the Maryland Insurance Administration

The Maryland Insurance Administration (MIA) is an independent State agency charged with regulating Maryland's \$26 billion insurance industry. For more information about the MIA,

please visit www.mdinsurance.state.md.us or follow us on Facebook at www.facebook.com/MDInsuranceAdmin or on Twitter at [@MD_Insurance](https://twitter.com/MD_Insurance).

The Health Education and Advocacy Unit ("HEAU") of the Attorney General's Office available to assist you in filing a complaint with the MIA or your carrier. You may contact HEAU at:

Office of the Attorney General
Health Education and Advocacy Unit
200 Saint Paul Place, 16th Floor, Baltimore, MD 21202
Telephone: 410-528-1840 or 877-261-8807
Fax: 410-576-6571

You may request a referral to a specialist or non-physician specialist that is not a part of your health insurance carrier's provider panel if:

- i. you require specialized health care services or medical care; and
- ii. your carrier:
 - A. does not have a specialist or non-physician specialist with the professional training and expertise to treat or provide health care services for your condition or disease; or
 - B. cannot provide reasonable access to a specialist or non-physician specialist to treat or provide health care services for your condition or disease without unreasonable delay or travel.[2]

You are entitled to obtain a copy of your health insurance policy or contract. If you would like a copy, you should contact your carrier.[3]

Both the federal Center for Medicare and Medicaid Services, which enforces the law as it affects non-federal governmental plans, and the federal Department of Labor, which enforces the law as it affects private large-group plans, have fact-sheets that provide more information about this law, including what types of plans are required to comply with it. The Center for Medicare and Medicaid Services' factsheet can be viewed at: www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet.html. The Department of Labor's factsheet, along with other helpful information, can be accessed at: www.dol.gov/ebsa/mental-healthparity/Protection/mhpaea_factsheet.html. For more information regarding your rights and obligations under your insurance policy or contract Maryland Insurance Administration's website at www.mdinsurance.state.md.us.



Slow Cooking for Two: Basics, Techniques, Recipes by Award-Winning Cookbook Author Cynthia Graubart

A slow cooker is a perfect kitchen appliance for today's fast-paced lifestyle. For large meals, a slow cooker can be fast and economical. But what if you are single or there are only two of you? How can a slow cooker work for you? Award-winning cookbook author, Cynthia Graubart answers that question with a new cookbook that creates easy and delicious meals designed specifically for two people using a 3 ½ quart slow cooker. *Slow Cooking for Two: Basic, Techniques and Recipes* (August 2013 Gibbs-Smith), is perfect for busy people on the go, newlyweds, empty nesters, small apartment dwellers, and for use in unusual spaces where a slow cooker might be the only appliance available for cooking (i.e., vacation cabin, boat, RV).

This must-have cookbook shows home cooks how to create low maintenance, effortless meals using a smaller slow cooker with recipes running the gamut from soups and appetizers to main meals and desserts. Cynthia's recipes do not call for browning or other additional preparation steps requiring another appliance such as a stove, oven or microwave. Each recipe is designed for two with a little leftover for lunch or perhaps a second light meal or a third drop-in diner. All of the ingredients can be found in local grocery stores, without an extra trip to a specialty store. Cynthia has also included basic instructions for slow cooking and creative methods for 100 recipes, plus tips and techniques.

Recipes found in *COOKING FOR TWO* include: Lime Pot Roast, Cornish Game Hen in Port Wine and Fig Preserves, Mozzarella-



New cookbook provides effortless meals for two using a 3 ½-quart slow cooker.

Slow Cooking for Two: Basics, Techniques, and Recipes

www.CynthiaGraubart.com

Stuffed Meatloaf, Kale and Kielbasa Soup, Foil Pouch Lemon-Dill Salmon, Orange-Glazed Carrots with Tarragon, Spinach Lasagna, Chocolate Soufflé Cake, Banana Bread, Lemon Curd and many more.

And Cynthia debuts a ground-breaking method of recipes using slow cooker liners as cooking bags to cook two different meals in the same slow cooker. She's calling them Double Dinners – a meal for tonight and a meal for later in the week, or for the freezer

Meals for two have never been so easy, convenient or delicious. Cynthia Graubart turns a 3 ½-quart slow cooker into a multi-use cooking convenience.

About the Author

James Beard Award winner Cynthia Graubart is passionate about bringing families together at the table. Co-author of three books, she is also a culinary television producer and cooking teacher. Her previous books include co-authoring *Mastering the Art of Southern Cooking* (2013 James Beard Award), and *Southern Biscuits*, both with Nathalie Dupree. Her first book was *The One-Armed Cook: Quick and Easy Recipes, Smart Meal Plans, and Savvy Advice for New (and not-so-new) Moms*. Cynthia is a member of the International Association of Culinary Professionals (IACP), Les Dames d'Escoffier (LDEI) and has served on the board of the Atlanta Community Food Bank. She and her husband live in Atlanta, GA, and are now empty nesters and regular users of the smaller 3 ½ quart slow cooker.

Mediterranean Chicken Serves 2

The Silver Palate Cookbook defined the 1980s with completely new recipes and tastes, and home cooks everywhere adopted its recipes into their regular repertoire. Chicken Marbella was one of my favorites, which.....



Potato Gratin with Fresh Herbs Serves 2+

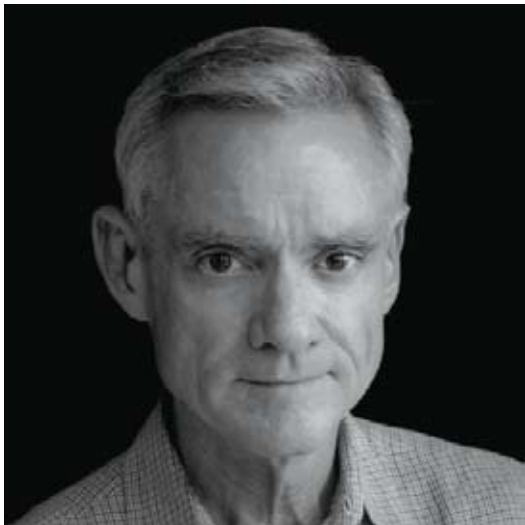
Potatoes in the slow cooker are a boon to the cook. The potatoes soften to the perfect texture for eating and soak up the flavor of the fresh herbs. While a mandolin makes easy work of slicing the potatoes,.....



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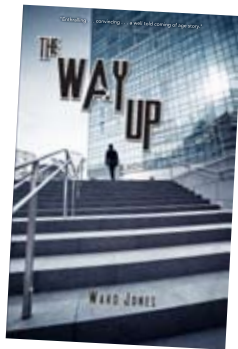
Author Talk

with Ward Jones



Ward Jones

Author - *The Way Up*



What was the most interesting case you encountered?

Most interesting case: The personal injury cases were, because they involved human beings, not bags of coffee, or beams of steel, the most interesting. Like the trial described in *The Way Up*, there was drama in the courtroom in New Orleans--a federal district court since relocated from the French Quarter--when the lives of people were at stake.

Do we take maritime law for granted and do we realize it's impact?

There is less awareness of maritime law than other legal specialties, in part because ports are a world unto themselves. Houston's, one of the nation's largest ports, is unseen by most, being located on the east side of the city, an industrial area on the ship channel that few people visit.

What is Maritime Law?

Maritime law or Admiralty Law: The terms maritime and admiralty are used interchangeably but originally referred to a specific court in England and the American colonies that had jurisdiction over torts and contracts on the high seas, whereas substantive maritime law developed through the expansion of admiralty court jurisdiction to in all activities on the high seas and navigable waters.

Is there special training one has to have?

Specialized training: Maritime law is taught in most law schools. At Tulane, it was of particular interest to students like me, given the port of New Orleans, which during the years, I was there was among the largest in the country.

What are the cases a maritime lawyer is likely to work on?

The kind of cases: There are many, of course, but most stem from three sources: Cargo damage, personal injury, and collision of ships or other navigable vessels. Length of time I practiced maritime law: Four years.

Is there a demand for Maritime or Admiralty Law lawyers?

The demand for maritime lawyers: There is, and will be, in cities with ports of any size, a demand for maritime lawyers.

What advice would you offer someone who is going to practice Maritime law?

What advice would I offer someone about practicing admiralty law: Know that it is both mentally and physically challenging, as described in my book.

What kind of challenges?

Climbing a rope ladder in a business suit, while holding a briefcase, the rope sliding on the side of a tanker the size of a forty story building, but one of them.

In Search of the Lost Self: A Woman's Quest

Insights from author **Eliza Sarah Graham**

A few years back a man asked me, with some distain, "What's so special about women's issues that they need a program?"

I was in South Africa then and the program he was referring to was my **Relocation Adjustment Workshop for Women**.

The "issues" were the consequences a woman suffered when she was uprooted and transplanted every two years with her husband's career demands. With no support system in place, the long-term effects included a sense of isolation, fear and depression, which kicked in about two months after the move. Her most important job was

to hold the family together but once her house, husband and children were settled she was on her own to recreate herself. Lost at sea, she no longer knew who she was outside the roles she played.

It seemed to me that the crux of these mobile lifestyle issues was a woman's inability to develop anything permanent of her own, including friendships. Untethered and rootless she expressed that she'd lost her essential "self" along the way.

The husband had continuity in his work. The children had continuity in school. Everyone but the wife/mother had sustained and attain-

able goals. Her efforts to achieve any long lasting objectives were dashed with each move.

The first prong of the program was **Touchstone**, a woman-to-woman outreach to incoming wives: an immediate contact to introduce newcomers to the locale, other women, and special areas of interest.

The second prong was a four-week workshop designed to address depression, anxiety and fear. The cornerstone for self-exploration became renowned mythologist, Joseph Campbell's, "Follow your bliss and the Universe will open doors for you where there were only walls."

Each woman's personal sense of "bliss"-the thing they loved doing-the last time they'd felt real joy in an activity-was unveiled. The key was to link the activity back into their lives as a legitimate endeavor, therein providing continuity in their shifting world. No longer followers, they were investing in their own life experience and themselves.

Slowly, each was revealed as unique, funny, brave and talented-and ultimately-inspired.

One woman was so depressed that she'd become a prisoner to her fears, rarely leaving home. Bravely she agreed to drive from Pretoria to my workshop in Johannesburg, over three freeways-in the rain. In she came, soaked, her eyes gleaming and said, "I made it!" Through inner work she discovered she had leadership qualities and she returned to Pretoria to start up her own networking group for wives."I'm over the moon," she wrote.

Upon reflection I recognized that the lost "self" wasn't specific to the "Dislocated Wife." We all suffer a sense of the lost "self" along the way—we world travelers or women living in small town America.

And we all need someone to reach out a hand of support while we struggle to get in touch with the woman we were born to be. The intrinsic "self" isn't lost. It's just waiting to be revealed.

About the author

Eliza Sarah Graham holds a master's degree in clinical psychology with an emphasis in marriage and family therapy. Following the development of the Relocation Adjustment Workshops for Women, Graham published The Relocation Adjustment Workbook, incorporating all she had learned and taught in her practice. Upon retiring, Graham turned her attention to writing. All Things Possible is the most recent in a long list of her novels including: Her Sense of Place, Blind Love, The Book of Lena, Forgivable Sins, Legacy of the Heart and Fallow Fields. She and her husband reside in Newport Beach, Calif.



<http://elizasarahgraham.com>

Important Points to Consider Before Renewing Your Health Insurance



200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2301 Fax: 410-468-2306
Email: pjohnson@mdinsurance.state.md.us
1-800-492-6116 TTY: 1-800-735-2258
www.mdinsurance.state.md.us

If you buy your health insurance directly from an insurance company or an HMO, you may be receiving a letter asking you to renew your policy early, before your regular anniversary date. Some insurers are trying to renew the plans early so that the plans will not be subject to the new consumer protections of the Affordable Care Act. If the plans are renewed before January 1, 2014, the plans will not be required to comply with the new consumer protections of the Affordable Care Act until they renew in 2014.

The Maryland Insurance Administration encourages consumers to consider all options about your health insurance between now and December 31.

Before you renew, you should know:

- You are **NOT** obligated to renew your plan before its termination date.
- Renewing plans early may reset your deductible. You might face having to meet a new deductible because you renewed your policy, then a new deductible as of January 1, 2014, if your plan has a calendar year deductible. When the plan is up for renewal in 2014, you will have to choose a new plan, which could require that you satisfy yet another deductible before the plan begins to pay for covered services.
- Renewing plans before January 1, 2014, may not give you access to expanded coverage or protections, such as required coverage of all pre-existing conditions, mental health parity benefits or the new rating rules.
- This Fall, consumers will have the ability to shop and compare private health plans through Maryland Health Connection (www.marylandhealthconnection.gov).
- You may be eligible for a subsidy or tax credit if you purchase a plan through Maryland Health Connection.

About the Maryland Insurance Administration

The Maryland Insurance Administration (MIA) is an independent State agency charged with regulating Maryland's \$26 billion insurance industry. For more information about the MIA,

please visit www.mdinsurance.state.md.us or follow us on Facebook at www.facebook.com/MDInsuranceAdmin or on Twitter at [@MD_Insurance](https://twitter.com/MD_Insurance).



Launching the Small Business Health Option Program Marketplace

The Department of Health and Human Services (HHS) is ramping up its education and outreach efforts for America's small businesses on the Affordable Care Act. In coordination with U.S. Small Business Administration (SBA), the Small Business Majority, Main Street Alliance, Business Forward, and the U.S. Hispanic Chamber of Commerce, the campaign will help small employers learn more about how to take advantage of the Small Business Health Option Program (SHOP), part of the Health Insurance Marketplace that opens October 1.

SHOP is designed for small employers with 50 or fewer full-time employees. On their own or with the help of an agent, broker, or other assister, small employers will be able to compare price, coverage, and quality of plans in a way that is easy to understand.

"In recent years, the number one concern for many small businesses has been the increasing cost of health insurance premiums," said HHS Secretary Kathleen Sebelius. "Many who would like to offer insurance to their employees have faced few choices, high administrative costs, and skyrocketing premiums when an employee gets sick."

"Since the passage of the health care law, Small Business Majority has been committed to working with policymakers, local chambers of commerce, business organizations and others to educate small business owners about the Affordable Care Act," said Founder & CEO of Small Business Majority John Arensmeyer.

"With open enrollment and full implementation right around the corner, we've upped our efforts to get entrepreneurs the information they need to best take advantage of the law's small business provisions. Small business owners have been waiting for decades for something to rein in premium costs. This is our chance to help get them some relief."

Employers buying health insurance through the SHOP Marketplace may also qualify for a Small Business Health Care Tax Credit to help defray their premium costs. Hundreds of thousands of small businesses with fewer than 25 full-time-equivalent employees have already received a tax credit of up to 35 percent of their contribution to employees' health insurance premiums. Beginning in 2014, this tax credit will be worth as much as 50 percent of the employer's contribution to premiums and will be available only to those purchasing coverage through the SHOP.

The SHOP offers small employers quality brand name health insurance plans and lets them make side-by-side comparisons when choosing a coverage option that is right for their business. In addition, starting in 2014, small employers have additional protections in the insurance market, including that no one can be denied coverage because of a pre-existing condition.

Unlike individuals purchasing through the Marketplace, small employers can enroll in insurance plans through the SHOP on a monthly basis throughout the year. As such, some states are phasing in SHOP application and enrollment periods. The SHOP Marketplace for Federally-facilitated Marketplace states opens Oct. 1, 2013, when small employers can start the application process and get an overview of available plans and premiums in their area. All functions for SHOP will be available in November and if employers and employees enroll by Dec. 15, 2013, coverage will begin Jan. 1, 2014. Detailed information on the SHOP application and enrollment process are available at HealthCare.gov.

SBA and HHS will also offer a new schedule of educational webinars tailored to educate small business owners across the country about what the SHOP offers, and how it works. HHS has trained more than 40,000 agents and brokers, who will continue their traditional role of helping small businesses enroll in coverage, both inside and outside the SHOP Marketplace.

HHS will also expand upon the collection of promotional and educational resources available on

<http://marketplace.cms.gov/>

Resources are also available at

<http://business.usa.gov/healthcare>

Love Yourself into Physical Health

Sherrie Campbell, Ph.D.



Nine Self-Loving Foods which Immediately Increase Quality of Life:

Spinach: This beautiful deep green leaf is full of folic acid which is a B vitamin. B Vitamins are known to boost mood. It is also an amazing antioxidant known to protect our brain chemistry from free radicals. Too many free radicals in our body and we suffer from low energy and mood swings because it robs us of our ability to tolerate life and its frustrations.

Walnuts: These delicious nuts are packed with omega-3s fatty acids which help fight off depression and mood swings. They also improve sleep, memory and our ability to focus. They are known to improve skin and the overall glow of our appearance. We are all here to shine so add some walnuts.

Tofu: Tofu is a great food because it helps aid in relaxing our muscles, thereby, allowing our body and spirit an opportunity to rest. This is a food we can flavor in any way we choose and it can be used in everything from soups to turning it to delicious frostings for cakes. It is full of protein which provides us the necessary energy we need to stay productive.

Chicken: This white meat contains B12, a vitamin that helps calm our body. Low levels of B12 can cause us to be moody and tired. For those who are vegetarian you can either get vitamin B 12 shots or you can take it orally as a supplement.

Avocado: This amazing green vegetable is considered a super-food. It is full of serotonin, a feel-good neurotransmitter. It is also fantastic for our skin, hair, and nails...thereby making us gorgeous inside and out!

Greek Yogurt: Not only is it a wonder-food but it is full of probiotics which are proven to boost mood by enhancing a feeling of well-being. Probiotics are great for the immune system keeping our physical body healthy on all levels.

Green Tea: Green tea is full of necessary antioxidants, which acts as a calming agent. There is also something psychologically soothing about drinking something hot. It soothes us both physically and emotionally. Drinking tea is a form of self-nurturing.

Berries: Blueberries, strawberries, and raspberries contain important nutrients that help reduce stress and depression. The nutrients go into the body and provide it all it needs to function emotionally. Plus they are sweet and taste delicious. The more color we add to our diet the better our mood will be. These berries are full of color and life-giving energy. Remember pretty food equals a pretty mood.

Dark Chocolate: Not only is it delish, but dark chocolate is high in magnesium, a mineral that calms our muscles and reduces anxiety. It also contains tryptophan, which helps reduce symptoms of depression and increases sleep. This is the desert which tops off our sense of well-being so indulge.

If we love ourselves we will be committed and drawn to take care of ourselves on all levels. Eating whole, fresh foods is the way to love ourselves into physical health. Another added benefit is often weight loss. Nothing processed is healthy. Nothing fat free is healthy. To be healthy we have to be whole internally and externally.

Loving ourselves means we have to be complete physically, emotionally, mentally and spiritually. The physical level is our base and therefore the largest and most important to fulfill in an effort to meet our basic needs. If our physical body is off there is no way for us to be healthy emotionally, mentally and spiritually. Most of us are unfamiliar with the connection between health, nutrition and our mood, but what we eat can influence our brain chemistry and subsequently affect our mood. Eating healthily can drastically improve the way we feel. If we feel good, then we are more capable of loving, giving, receiving and being complete within.

**Little life message:
Keep zero junk in your
pantry...why because
you are NOT junk. Eat
whole, feel whole, be
whole...love yourself.**

Dr. Sherrie Campbell is an author and a licensed Psychologist with more than nineteen years of clinical training and experience. She provides practical tools to help people overcome obstacles to self-love and truly achieve an empowered life. Click here to get her free article on Five Ways to Make Love the Common Ground in Your Communication. She is a featured expert on a variety of national websites and has a successful practice in Southern California. Receive free insights from Sherrie and to be involved in her Facebook (<http://www.facebook.com/SherrieCampbellPhD>) community of others looking to improve their relationship.

**For more information visit
www.sherriecampbellphd.com**

A HEALTHY GIRL'S BREAST CANCER SURVIVAL GUIDE

By Christine Egan

Tips for staying positive, strong and sane during the cancer circus

What happens when an unsuspecting mom gets diagnosed with Breast Cancer? I was after all a Certified Health Coach with a private practice working with women on getting their lives on the healthy track. How could I have cancer? I didn't fit into any category: I breast fed 3 babies, exercised, ate healthy, and did not have a genetic predisposition.

My life changed in an instant; 6 little letters can really pack a punch. The thought of death was right in my face. The idea that I might not be part of my family for the ski vacation that we were planning, or be sitting front row watching my daughters dance recital, or be there to cheer my son on at his upcoming robotic competition, made my heart ache.

How did I stop and deal with the present moment and not let fear take over my life?

I was forced with the decision of either letting things

happen to me or I could be in control of what happens to me. A scary diagnosis, like cancer, can lead you to move ahead blindly and let others decide what is best for you. I knew that was not going to work for me.

I quickly took it upon myself to become chief medical researcher (of cancer material), a great interviewer (of doctors), and a healthy chef (for myself and my family). I took responsibility for my body and my treatment. I never left any decision to be made solely by a medical practitioner. I did research, asked questions, said no, said yes, and when I needed to, kept my head down to get through what was needed to get well.

One way that I navigated the health care system was by choosing to become the CEO of my body. I needed to be in charge of what was about to happen to me. I understood that doctors had my best interest in mind, but after all it was me who was about to do the various treatments they were recommending. I know my body, I needed to be 100% (or close to!) committed in order for the treatment to work. Knowing that I didn't have to make any decisions immediately came as a relief to me.

I wanted to assemble a top of the line Board of Directors—a team of doctors, friends, and family who listened to me and treated me with dignity and respect. My instincts were telling me I needed to take an active role in what was about to happen to me. I interviewed at least 6 different breast surgeons before I found the right one for me. My “Board members” were with me to take notes, ask the questions that we assembled beforehand, and to keep me calm. It was a relief for me to know others had my back in helping me make some of the toughest decisions I hope I ever have to make.

I still act as the CEO of my body now that my treatments are completed by consciously making the best decisions to keep my body cancer free. Sometimes those decisions are easy like eating more organic fruits and vegetables and other times it's difficult to turn down birthday cake. But nobody said having the job title of CEO is easy.

ABOUT THE AUTHOR - Christine Egan

Christine Egan is a certified health coach and attended The New York School for Massage Therapy and The Institute for Integrative Nutrition. She lives with her husband, their three kids and Zoe the dog in Bayport, New York.

Learn more about Christine's journey at <http://christine-egan.healthcoach.integrativenutrition.com>.



La Perla del Mar

JUST STEPS FROM THE BEACH!

Welcome to La Perla del Mar Chapel located in Shell Beach, California. Our chapel is used for community events, weddings, church services, yoga, movies, art shows and much, much more. Originally built in the early 1940s, the newly named La Perla Del Mar, "The Pearl by the Sea" was lovingly restored in 2008. The Schoolhouse next door was also restored maintaining the rich history of the two historical buildings.



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Walk and Talk Maryland

Just what it sounds like: psychotherapy (or talk therapy) on a walk

About Walk and Talk Therapy:

More and more research is proving that exercise, even light physical activity, can have a direct and positive effect on mental health – not just physical health. Indeed, you've probably noticed that the mind-body connection is being brought into conversations on emotional and physical health, fitness, relationships, spirituality, and even politics.



Walk and talk therapy grows out of the theory that mind and body are deeply connected and that mental health and physical health are closely linked. Walk and talk therapy is just what it sounds like: psychotherapy (or talk therapy) that takes place while walking – usually outdoors. Furthermore, while walk and talk therapy might be relatively new to this area, it is being offered in New York City, California, Portland, and Toronto, and has even been raised in the media.

First and foremost, while walk-and-talk does include movement and may raise a person's heart rate, it is not an exercise session. The primary goal of walk and talk therapy is not weight loss or improved fitness. Rather, as with any in-office therapy session, clients bring to therapy myriad, varied, and complicated problems. The only difference is the added movement and the setting. To belabor the point, instead of working through the loss of a loved one, or teasing apart one's feelings about becoming a new parent on a comfy chair in a traditional office, the same conversations are occurring, the same empathetic ear is given, and the same support is offered while walking – again, usually outdoors.



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What is Walk and Talk Therapy?

I like to make the answer to this as simple as I can. It's just what it sounds like -> psychotherapy (or talk therapy) that takes place on a walk.

A couple elaborations: YES, I have an office. YES I am a fully-licensed mental health professional. A Licensed Certified Social Worker – Clinical (or LCSW-C) to be precise.

How does it help?

See “rewards” question below.

What are the aims or goals of this therapy?

My aim as a clinician is to facilitate positive growth in my clients. Where or how they want to grow or change is up to them. If a client brings to therapy symptoms of depression, then my goal with that client is to help reduce or eradicate those symptoms (lack of motivation, etc.). If a client is grieving a significant loss, my aim is to help that client process the loss in a way that can help him or her move on with life. My goal is not to get folks off the couch or exercising. While I do also have a certification in personal training, that's not what this is. I could just as easily restrict my practice to an office.

Where is it practiced?

One thing I want any prospective client to know is I do have an office. For clients who are interested in walk-and-talk sessions I use that office for intakes (the first session) and for whenever weather is an issue. That said, for clients who'd never want to walk, we can always meet in my office (in Ellicott City).

As for walks, I'm flexible. For the most part, I'm walking these days in and around Howard and Montgomery County parks. Depending on scheduling availability though, I'd be willing to meet someone near his or her workplace or in his or her community.

What are the rewards for patient?

The rewards for the client are at least same as the rewards for regular old traditional psychotherapy. Beyond that

though, there the benefits of the movement, the same benefits one would reap from exercise. That said, I say in most forums that walk-and-talk sessions shouldn't be considered exercise, but I say that mainly so that people who aren't athletic aren't turned off. I walk at the client's pace. If a client wants to walk briskly though, I'm game for that – just so the pace is still conducive to the TALK part of Walk and Talk. I choose not to run though.

How does it facilitate overcoming one's challenges?

OH, in so many ways. I think it's pretty widely accepted that talking through one's issues can help a person gain insight, make positive decisions, and change behavior patterns that may have been self-sabotaging. Adding the walking to the therapy process provides additional enhancements.

- ⊙ The change of scenery can help someone look at whatever issues their bringing to therapy from different perspectives.
- ⊙ The increase in circulation to the brain changes thinking patterns.
- ⊙ The regular exercise increases self-esteem, which in turn gives a person courage to take steps to overcome whatever it may be that is challenging him or her.
- ⊙ The shoulder-to-shoulder dynamic is often more comfortable for those put of by the traditional face-to-face positioning in an office and that can often help those who are struggling to open up.

The list could go on and on



Are there any other therapies similar to this kind if so, what?

I would categorize walk-and-talk therapy as an alternative psychotherapy. It's certainly new. Just within the last couple decades we've begun to hear more and more about music therapy and dance therapy. I often liken it to play therapy (which is a preferred therapy for children) for adults.

Are there specific candidates that are best suited for this type of therapy?

Walk-and-talk therapy fits a few populations better than others. First of all, I think it's great for adolescents. My grandmother use to always say, if you want to get a kid to talk, take 'em for a drive. She, I think, nailed the reality that for many adolescents in particular, eye contact is off-putting. Thus, the mechanics of walk-and-talk sessions for adolescents is a good fit. It's also a nice fit for parents who are wanting to detach their sons and daughters from the various screens to which we're all so addicted. It's also a nice fit for those clients who are profoundly depressed. The clients who, when their psychiatrists say, "Consider going for a walk," might internally scream thinking the doc isn't hearing them when they say, "I can't seem to get out of bed." It's so difficult when we're down to just put one foot in front of the other. Walk-and-talk sessions are a perfect literal and figurative first step. Then there are the busy ones, who know they'd benefit from or need therapy but just don't have the time. Sometimes rationalizing that you're "killing two birds with one stone" is what it takes to take time out for yourself – your mental health as well as your physical and spiritual health.

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Author Quotes

“Her Demise gives readers an inside look into an abusive relationship, the signs at the beginning, and how both parties are affected by domestic violence. Being a first time writer, I never expected to reach such a broad audience, and feel honored to have Her Demise placed in Focus on Women Magazine’s La Femme De Prose Bookstore. It was surprising and exciting to have readers take such an interest and to have received a royalty check within 45 days.”



Aliah Uddin
Author - Her Demise

“I am so happy of the amount of copies of my e book that was sold by Focus on Women Magazine within 40 days of it becoming available on their website. Every book sold represents a contribution towards women who have been raped, mutilated and set on fire.”



Consolee Nishimwe
Author - Tested to the Limit
Torture, Rape and Genocide Survivor

“Memories of My Parents was networked to La Femme De Prose eBookstore. With the help of Focus on Women Magazine. As a result, I saw sales increase in the first week, I am and will be forever grateful to Joslyn, her magazine and La Femme De Prose Bookstore for helping me get my book and its message out to the world.”

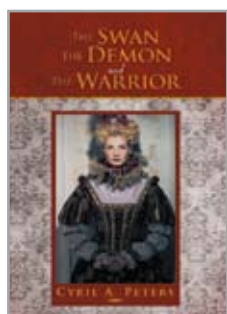


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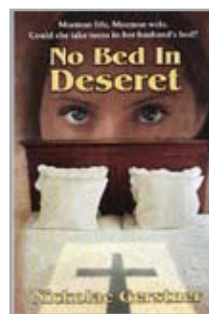
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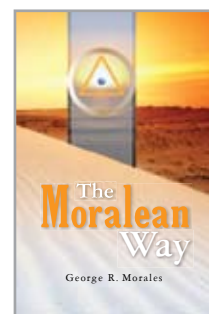
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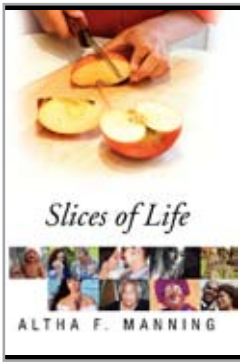
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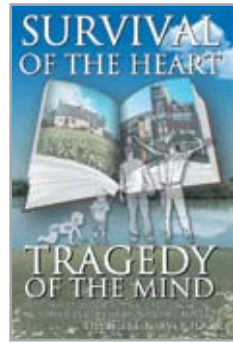
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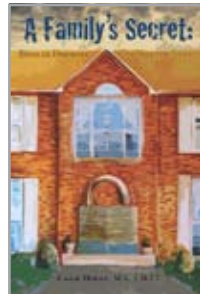
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**Hairspray, High Heels, and
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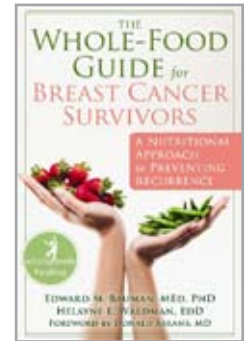
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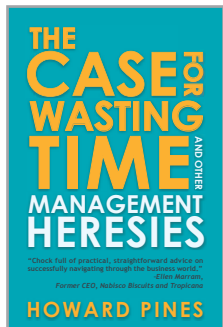


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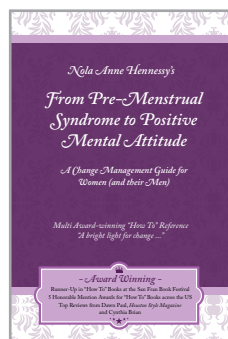
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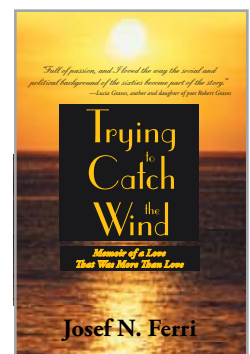
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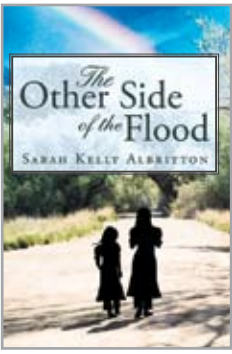
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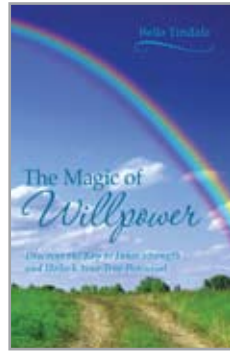
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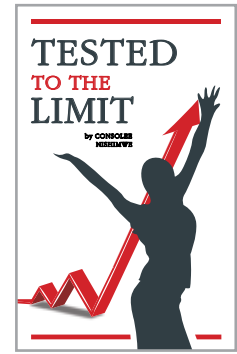
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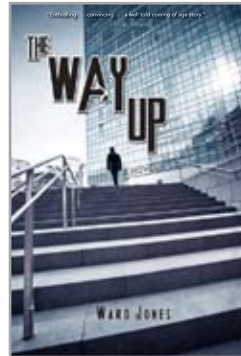
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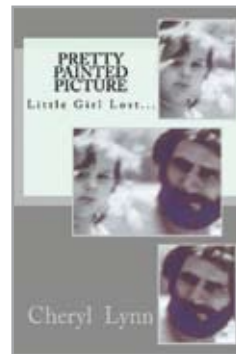
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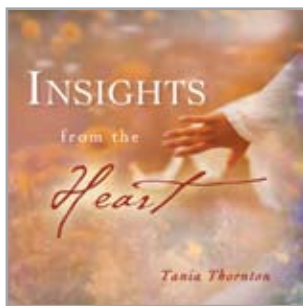


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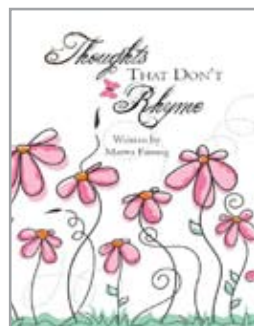
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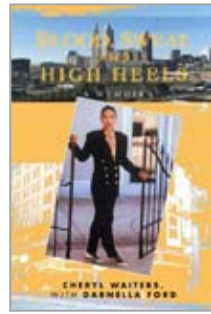
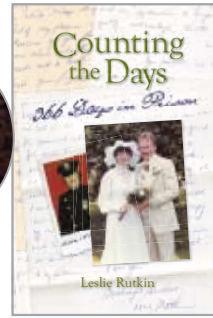
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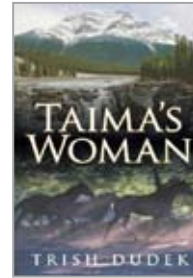
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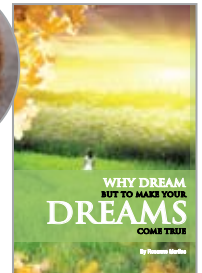
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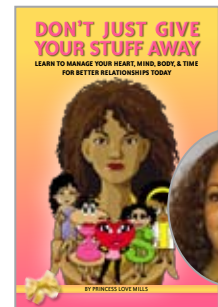
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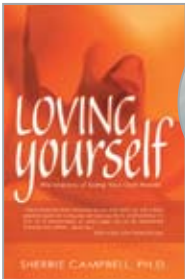
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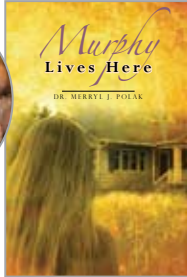
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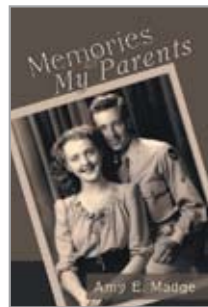
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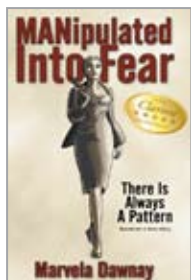
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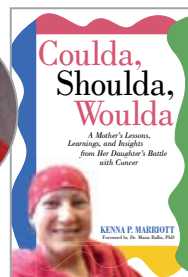
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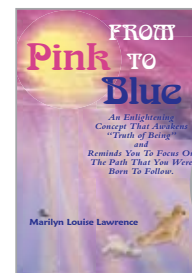
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Harvest at Swan Harbor Farm

Join Maryland wine at the inaugural *Harvest at Swan Harbor Farm* on October 26 from 11 a.m. to 5 p.m. This try and buy event features over a dozen Maryland wineries all pouring their best local wine at the picturesque Swan Harbor Farm in Havre de Grace. Craft vendors, local food vendors, local cheese vendors, live music, and children's activities - including educational farm activities sponsored by MAEF and a children's costume contest - make Harvest a family-friendly event. A general admission ticket includes seven wine samples from the wineries, and additional sample cards can be purchased online and on site. All wine is available by the bottle and case. **Buy your tickets to this first-of-its kind event today**, and save five dollars off the admission price.

Farm to Chef Maryland

Farm to Chef is a local culinary competition. Thirty of the most talented Maryland chefs will be paired with thirty local farms to create innovative dishes for guests to enjoy. Now in its fourth year, the event raises over \$25,000 for *Days of Taste*, a program that brings together farmers, chefs and community volunteers to introduce school children to the importance of fresh food and its journey from farm to table.

The event is on September 30 at 6:30 p.m. at the *American Visionary Art Museum* in Baltimore. Taste 30 dishes from the area's top chefs and farmers, all while sampling local beer, Maryland wine, and craft cocktails. Hand-selected judges will select their favorite dishes at the end of the night for prestigious awards. Want to know what it's like to be a food critic? **Buy a ticket to be a judge** and experience Farm to Chef like no one else! Judging tickets are limited. **Tickets are on sale now!**

Riverside Wine Fest at Sotterly

On October 5 and 6, celebrate the start of fall at the breathtaking Sotterly Plantation, a National Historic Landmark! Over 20 wineries will be in attendance serving up their best wines. Enjoy an afternoon of multiple wine tastings, live music, free mini tours of the 1703 Plantation House and Slave Cabin, artisans, demonstrations, exhibits, children's activities, great food and more. **Buy your tickets today!**



Autumn Wine Festival



The Autumn Wine Festival will celebrate its 11th year this October 19-20. The festival offers the perfect opportunity to explore Maryland wine from one scenic location. Over 20 wineries are anticipated this year, offering unlimited samplings. Wine connoisseurs and first time samplers alike enjoy the annual festival, which also features live music, including a headlining performance by Dave Matthews Band collaborator Tim Reynolds and TR3 on Saturday. Earlier on Saturday, festival-goers can enjoy a laid back and hilarious take on wine tasting from award-winning sommelier Laurie Forster, *The Wine Coach*. Those interested in a more intimate experience can upgrade their tickets to receive the VIP treatment, which offers a covered tent close to the main stage, tastings, private guest appearance by Laurie Forster (The Wine Coach), a wine-making forum with MVA, festival t-shirt and goodie bag. **Buy your tickets today!**

BACKGROUND READING

- [MD Wine History](#)
- [Industry Statistics](#)
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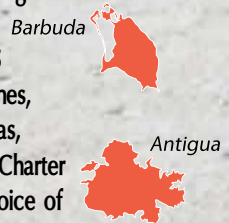
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