

# Ithaca Health Alliance Newsletter

## Learning about Lyme Disease

by Becca Harber

Because I have seen what lyme disease (LD) did to a friend, I want to share information from people who've had lyme or are involved with others with LD. Some of what follows often contradicts information from the Centers for Disease Control and the National Institute of Health.

Deer ticks (DT) possibly carrying LD are active much of the year, from 40° F degrees and warmer. They're found mostly at ground level to wherever deer in general can reach or touch and possibly higher, because DT are also carried by birds. LD symptoms don't necessarily happen soon after a bite, but sometimes months or years later.

Two books I recommend, *Beating Lyme* by Constance A. Bean and *Healing Lyme* by Stephen Buhner, maintain that only half of people infected get any rash. Besides the typical "bull's-eye" rash, LD is accompanied by different kinds of rashes, not always where the bite occurs. If you're bitten by a deer tick, check daily for a rash, which is usually different than redness right around the bite while the tick was attached.

DT especially like long grass/meadows, leaf litter, logs, and stream sides, and may be anywhere deer, small mammals (mice, voles, chipmunks, etc.) and birds reside — in other words, in most natural places.



Locally, people have encountered DT on South Hill, along Route 13A, and while outside their rural homes — even on mowed grass.

Best prevention: avoid getting bitten. Wear very light-colored pants, shirts, and hats outdoors so that the dark-colored ticks are easier to see on your clothes. Adults are black and red. Tiny nymphs are blackish. Check clothes/hat repeatedly while out and before you go inside. Realize that if pants are tucked into socks, ticks may crawl up to your neck/head. Use a natural, non-toxic, or deet insect repellent. Non-toxic preparations are various; Cedarwood is one that can reputedly be sprayed onto clothes without staining. Conduct tick checks before bed, using bright lighting and mirrors (if possible, someone else should check hard-to-see body areas). The goal is to minimize the time ticks are on you. The longer a tick is attached,

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## The Ithaca Health Alliance

The IHA was founded in 1997. Our mission is to facilitate access to health care for all, with a focus on the needs of the un- and under-insured of New York State.

### Information about the IHA

is available through the Office Manager at [office@ithacahealth.org](mailto:office@ithacahealth.org), 607-330-1253; through the Executive Director at [executivedirector@ithacahealth.org](mailto:executivedirector@ithacahealth.org), 607-882-9060; or on our website at [www.ithacahealth.org](http://www.ithacahealth.org). Inquiries can also be made by mail: Ithaca Health Alliance, P.O. Box 362, Ithaca, NY 14851.

## ITHACA FREE CLINIC Hours and Operations

Mondays: 2–6 p.m. (walk-ins to MDs, appointments for complementary and specialty providers)  
 Tuesdays: 3–7 p.m. (by appointment only)  
 Thursdays: 4–8 p.m. (walk-ins to MDs, appointments for complementary and specialty providers)  
 Located at 521 West Seneca Street, Ithaca, NY. (607) 330-1254

The Ithaca Free Clinic is a project of the **Ithaca Health Alliance**. More than 80 percent of our work is completed through volunteer efforts. Whether you're interested in working with the Clinic or the Health Alliance, call the Office Manager at 607-330-1253 or fill out an application online, available at [www.ithacahealth.org](http://www.ithacahealth.org). Inquiries about volunteering for the Board can be made to Bethany Schroeder at [executivedirector@ithacahealth.org](mailto:executivedirector@ithacahealth.org). Appointed positions between election cycles are made at the discretion of the Board.

*This quarterly newsletter is a production of the Ithaca Health Alliance.*

## Bee Well Abreast

by Shawn Tubridy

I am definitely built like the women on my father's side of the family. My grandmother, aunts, and cousins have all been endowed with large breasts. Unfortunately, my grandmother and both aunts have all had breast cancer. Although there is a family history, I refuse to live in fear of developing breast cancer, so I have found an alternative to ordinary detection that works for me.

About 12 years ago I discovered a video of Qigong exercises with energy master, Nan Lu, called Wu Ming Meridian Therapy for breast cancer prevention. Qigong has been in continuous use in China for over 5,000 years. The word Qigong translates literally to "energy work." The purpose of Qigong is to help connect the body, mind, and spirit by allowing you to gain control of your own Qi, or life force. This series of 7 ancient energy exercises helps to increase energy flow across the body's meridians that run through the breast area. The exercises awaken and encourage your innate healing power. The belief behind these energy exercises is that "Where there is flow, disease cannot grow." After many years of practicing these energy exercises, I attended a training to be able to show others how to use these movements to enhance wellness. These are gentle, simple movements that can be done by almost anyone, and can also help prevent stagnation in people who have not been diagnosed with breast cancer, as well as support people who are currently battling breast cancer. The exercises have also been known to prevent re-occurrence in survivors. They help with menopausal and PMS symptoms, stress, and anxiety, too. This series of movements can take less than 30 minutes and is best done daily, but is helpful even if done more sporadically. If you could prevent breast cancer in less than 30 minutes a day, why wouldn't you?

Starting September 14<sup>th</sup>, from 1–2 p.m., I will be offering Qigong for Breast Wellness every Wednesday at Ahimsa Studio, located in the DeWitt Mall at the corner of Buffalo and Cayuga Streets. For more information, call Shawn Tubridy at 607-279-6543. ❀

*Shawn Tubridy is an ardent supporter of the Ithaca Health Alliance. She is also a social worker and trained herbalist, and she sometimes conducts herbal walks in the Finger Lakes region.*

## Lyme Disease

*cont'd from page 1*

the more chance lyme spirochetes (microorganisms), if present, will enter your body. If you learn enough about severe symptoms and disabilities that some people get from LD, you may get motivated to do this self-care. Here, deer are the favored host for adult DTs, while mice are more common among the younger, middle phase, “nymphs.” Both are very common around people’s homes, not just in the countryside.

In removing ticks, avoid squeezing them to minimize infection. Better than tweezers is a little pry-bar type “tick-remover” sold at Cooperative Extension, among other places, for \$5. Tiny nymphs are harder to get out because of their size. You should slide the tick remover around the tick, like a hammer taking out a nail, and pry upward. Leaving it alive, place the tick inside a container for optional testing. Don’t squish them with your fingernails, as they can contain other diseases that can be absorbed directly into your skin.

Some sources say infected ticks need to be attached for at least 36 hours to transmit lyme, while others say 24 hours. However, according to the two source books noted here, experience shows that no clearly safe periods exist and that lyme might be contracted even following shorter exposures. In Tompkins County, if you remove a tick intact, the county health department offers a free test that shows how many hours the tick was attached, along with an interpretation of infection risk. Test results take 10 days or more. The health department also offers a free test to identify the tick’s species. On the other hand, you can get a tick ID card from the health department that will make it pretty easy to identify the tick.

In *Beating Lyme*, Bean says that the two kinds of lyme tests, the enzyme-linked immuno-absorbent assay (ELISA) and the Western blot, are both very unreliable. “ELISA tests pick up no more than a third, perhaps half, of the cases of lyme.” The pricier Western blot supposedly diagnoses about two-thirds of infections, but isn’t given to most people. The spirochetes “cannot generally be found in body fluids or tissues” of infected people, according to Bean.

Bean writes, “Initial flulike symptoms of fatigue... neck pain or headache are often vague and fleeting, and may not occur immediately after the bite.” Some people have high fevers; most don’t. Other possible symptoms include fast, pounding heart rate or irregular heartbeat; muscle weakness; swollen lymph nodes; dizziness; painful or swollen joint(s); fuzzy, abnormal thinking; back pain; gastrointestinal problems; light sensitivity; ringing in ears; anxiety; depression; and sleep problems, among others.

Federal treatment guidelines assert that a week of antibiotics will cure lyme. But even after 2–4 weeks of antibiotics, thousands have developed chronic LD. Prevention, or barring that, early detection and treatment are the best medicine.

Bean says that about 10% of infected people develop chronic LD, usually through misdiagnosis and insufficient treatment. She encourages people who have symptoms consistent with lyme disease, especially if you know you were bitten by a tick (but not a dog tick), to insist on at least a few weeks of the kind of antibiotics used for LD. This is because the lyme spirochetes go deeper into your body the longer they are alive, and become very hard to eliminate. ❀

*Becca Harber is a naturalist and teacher. Among other things, she offers instruction in non-violent communication and local herb identification.*

**Editor’s note:** This summer, we saw at least 20 possible LD cases at IFC, at least one of which tested a definite positive. The common prescription medications for LD are included on the UrgentRX formulary, which means that our IFC patients get the medication free of charge. A titre for LD costs \$40.



Deer Tick. Photo: Scott Bauer, ARS/USDA

# Privacy, Rights, and Protection

by Rob Brown

At the Ithaca Health Alliance (IHA), we believe the right to privacy is a fundamental element of dignified living that should be discussed, and affirmed, often. Many practices erode privacy rights, from the sale of personal information between companies to loose or sloppy regulations about protected information. Sensitivity to privacy concerns is one of the easiest forms of respect we can offer one another. In a healthcare environment, personal information can be particularly delicate, since it involves the most private aspects of a person's life.

The privacy provisions in the Health Insurance Portability and Accountability Act (HIPAA) and state public health laws provide baselines related to which elements of personal health information can be shared, and under what circumstances. These laws establish a minimum threshold that must be followed, but anyone can adopt stricter policies. Since many factors weaken privacy rights, service programs have the opportunity to demonstrate leadership by upholding a higher standard that gives people more control over personal information.

Individual choice is the key to this effort. Even when the decision to share information is easy to make, for example, in facilitating health services through a referral between medical offices, people should have the opportunity to make that decision themselves. Protection of this right, systematically, in routine circumstances is not only good practice, but reduces the risks of inappropriate disclosure in more ambiguous cases, too.

Everyone who has to rely on safety net programs becomes accustomed to sharing a lot of personal information with a lot of different agencies. Typically services that qualify participants based on finances require income and asset documentation. Information about money can be every bit as sensitive as health-related details. Someone may be perfectly comfortable if others know they have high blood pressure, but embarrassed if friends and neighbors learn that they need help with bills. In the absence of strict confidentiality, the process of sharing this information with different agencies can inspire feelings of powerlessness and exposure.

Privacy matters to the supporters of charities, too. While some donors may want public acknowledgment, others might prefer to remain anonymous, asking that their information not be shared with the public or other agencies.

At the IHA, we seek to maintain the highest standard of personal privacy. Medical information  
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## Questions you can ask when providing personal information:

*What is your privacy policy?*

*Who has access to my records?*

*How is my personal information used?*

*Is it okay to black out personal debit card information on my bank statements? (These can include which pharmacy or grocery stores you shop at.)*

*How can I give permission for my information to be shared?*

*Who can I contact with concerns about privacy practices?*



## Volunteer of the Quarter Joan Bechhofer

Joan moved to Ithaca with her husband in 1952. Together they raised four children and made a life centered around activities at Cornell and the schools their children attended. When she was able, Joan began to volunteer at Planned Parenthood, until she became employed as a part-time social worker at the agency. She worked for 25 years counseling women; as Joan says, she's "strongly interested in people having choices."

In 1996, Joan and her husband were among the first residents to move to Kendal at Ithaca, where Joan resides to this day. Three of her children are in health-related fields, and Joan remains active in health services through her work at the Ithaca Free

Clinic. She has been a volunteer with us for two years, initially working at reception and now helping between shifts to keep the shelves stocked and the exam and public rooms looking fresh and inviting. Joan likes her work at the IFC, noting that all too often people can't afford basic care, whereas they can get important services at the clinic in a welcoming, non-judgmental atmosphere.

Joan is a friend to all staff and the other volunteers who work with her. She helps to keep the clinic free, open, and visible through her routine outreach at many public events. We honor Joan for her life-long commitment to accessible and equitable health services. Thank you, Joan Bechhofer! ❀

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### **Privacy, cont'd from page 4**

from Ithaca Free Clinic (IFC) records is only shared with other offices with the explicit permission of our patients, except in emergencies where a patient's immediate welfare is at stake. At the IFC, personal financial information is irrelevant to medical treatment and is therefore maintained separately from medical records. Donors who request anonymity receive it. Every IHA staff member and volunteer signs the agency Code of Conduct, which includes confiden-

tiality practices among other standards of behavior.

If for some reason you believe that your privacy has not been upheld, you may speak to any of our staff members or contact our Privacy Officer at [privacyofficer@ithacahealth.org](mailto:privacyofficer@ithacahealth.org). ❀

*Rob Brown has been affiliated with the IHA since 1998 and has been employed as the Office Manager since 2005. He can be reached at [office@ithacahealth.org](mailto:office@ithacahealth.org).*



Photo: Tom Hoebbel

## FREE CLINIC UPDATE

by Valarie FitzRandolph, Clinic Coordinator

The Ithaca Free Clinic (IFC) has two programs that run in conjunction with other local organizations. The first collaboration is with the Occupational Therapy (OT) group of Ithaca College (IC). Students from the OT program see patients under the supervision of a licensed IC faculty member. OT can assist patients by focusing on their needs in adapting to activities of daily living or recovering from an illness or injury. OT addresses the physical, psychological, and social needs of the patient. OT is offered by appointment on Tuesdays from 4–7 p.m. at the IFC.

The second collaborative effort is with the Finger Lakes School of Massage (FLSM). Again, under the supervision of a licensed instructor from the FLSM, students provide massage services to a group of 6 to 8 IFC patients, once per quarter, over a series of five consecutive Tuesdays. Through this program the IFC hopes to provide relief to patients suffering from chronic pain, whether of a physical or psychological nature. This program constitutes the community service portion of each student's training, and we are pleased to be one of the sites where FLSM makes such services available.

Both OT from IC and Massage Therapy through FLSM require an internal referral from a provider at the IFC. ❖

## HEALTH FUND UPDATE

by Rob Brown, Office Manager

Seventeen grants, totaling \$1,090, were made through the Ithaca Health Fund between June and August of 2011. All requests to the Fund this summer have been for dental care or Emergency Room services.

Services through the Health Fund's original model are winding down after the IHA membership's vote to disband earlier this year. New management procedures for the Fund are under development. Thanks to a grant from the Legacy Foundation that supports laboratory tests for Ithaca Free Clinic patients, we have been able to implement many of these new systems in a limited way. Future health grants through the Fund will depend on financial support from the community, just as the Fund has always relied on members' donations. Please contact us if you, or those you know, would like to sponsor grants in support of uninsured, low- to moderate-income members of our community. ❖

## OUTREACH UPDATE

by Andrea Levine, Outreach Coordinator

On September 24<sup>th</sup> from 11 a.m. to 1 p.m. at the Bernie Milton Pavilion on the Commons, local Zumba instructors, including Felipe Rivera, will lead the Zumbathon Fundraiser to benefit the Ithaca Free Clinic and Veterans' Sanctuary. This event will promote physical and mental health by way of Zumba, a fusion of Latin and International music that creates a dynamic and effective cardio fitness and dance program.

We are also inviting our community to see the Ithaca College production of "Plumfield, Iraq," while raising awareness of and supporting local organizations such as veteran-run farming and art programs through the Veterans' Sanctuary and free health services at the Ithaca Free Clinic. Actors from "Plumfield Iraq," which previews on 10/4 and will run from 10/6–10/16, will also feature parts of the show and offer raffle tickets. The event includes a suggested donation of \$10–15; however, please join us regardless of your ability to donate. ❖

**Hand Health in the Electronic Age:  
A Class in Prevention and Noninvasive Treatment for Carpal Tunnel Symptoms  
with Ron Floyd, LMT,  
Structural Integrator**

**Wednesday, October 19, 6 to 8 p.m. at the Ithaca Free Clinic, 521 West Seneca St., Ithaca**

Most of our doing is done with our arms and hands: we manipulate our world, reach out both to give and receive, we both embrace and repel with our arms. In this class, we will learn to balance the strength and flexibility in our forearms; an imbalance here often contributes to carpal tunnel symptoms. As the arms and shoulders are so closely related in function, tension in the arms can migrate to the shoulders and neck. In this class, we will learn simple ways to maintain these all-important tools, using therapeutic movement, stretching, and self-massage techniques. The techniques learned in this class may be helpful for neck and shoulder tension, increasing range of motion, carpal tunnel symptoms, and reducing the effects of stress. This is a great maintenance program for those who use their hands and arms for data entry, typing, carpentry, and any repetitive work. Ron Floyd, LMT, Structural Integrator and provider volunteer at the IFC, is a New York State licensed massage therapist and is nationally certified in therapeutic mas-

**First Peoples' Festival**

The festival, held in conjunction with downtown Ithaca's Apple Fest, will be at the Dewitt Park, Saturday, 10/1 from 10 a.m. to 6 p.m.. The event will feature Native American flute, art, crafts, food, storytelling, song, and dance. Free and open to all. For more information, visit <http://multi-cultural-resource.org>. ❖

sage. Ron specializes in structural integration. Ron has over 20 years experience in massage and health education and is passionate about helping people take their well being into their own hands. To make an appointment with Ron at the Ithaca Free Clinic, please call 607-330-1254. To learn more about Ron, his classes, and bodywork visit [www.ronfloydimt.com](http://www.ronfloydimt.com) or email [handsonron@gmail.com](mailto:handsonron@gmail.com).

The workshop is free of charge and open to the public but registration is required. Please call 607-330-1253 to reserve your seat. ❖



# Are You What You Eat?

## Dietary Fats and Coronary Vascular Disease

by Julia Lapp

This is the first article in our newsletter's new nutrition column. It seemed that a good topic for the first article would be an overview of the links between diet, particularly dietary fats, and America's number one killer, cardiovascular disease (CVD). Public health practitioners have known for a long time that the foods we eat can impact our risk for cardiovascular diseases, particularly the fatty plaques in arteries (atherosclerosis), hardening of the arteries (arteriosclerosis), and inflammation—all leading to heart attacks. Thanks to the work of a team of researchers in the 1950s, most notably, Dr. Ancel Keys who led the now famous Seven Countries Study, which was the first systematic exploration of the links between diet, lifestyle, and cardiovascular disease, a growing body of evidence has developed to support the importance of diet in preventing CVD.

The Seven Countries Study demonstrated that serum cholesterol levels could be correlated with risk for CVD and heart attack. It also showed that the types of foods, particularly fats consumed from different foods—olive oil or pork sausage—could make a difference in those serum cholesterol levels, thereby affecting the risk of heart attack. For example, comparisons were made between residents of Finland and their high intakes of fats coming from meats, and people in Mediterranean countries, with higher intakes of plant-based fats, such as olive oil. Findings showed that Mediterranean diets were associated with more favorable serum cholesterol levels and lower CVD risk. Hence, the Seven Countries Study gave rise to the now well-known Mediterranean Diet.

Since those early days, messages about the links between diet and heart disease risk have not changed per se (although some writers assert otherwise), but

they have become more refined. For example, nutritionists have known since then that eating more plant foods lowers CVD risk, while eating more animal foods increases CVD risk. The refinements have come from identification and in-depth scrutiny of the many types of fats that we consume through foods, and the growing realization that there is wide variability in how these fats affect our health. For example, early research indicated that dietary cholesterol was the major culprit in raising serum cholesterol. Later on, researchers learned that, more than the cholesterol you eat (which is only found in animal-based foods), the saturated fats found in animal foods contribute to CVD risk by affecting serum cholesterol levels (increasing the “bad” LDL cholesterol). Messages to reduce all saturated fat intakes then became widespread, assuming that all saturated fats were the same. In fact, many different forms of saturated fat exist, some of which occur in plant foods, like coconut and peanuts. Thus, more recently the question has become “do all forms of saturated fat affect cholesterol levels the same way?” Early evidence suggests that they don't, with plant-based saturated fats generally—but not always—showing lower LDL raising effects than animal-based saturated fats, like butter.

Another question has arisen in the past decade about whether the diet of the animal can affect the quality of fats in meat, milk, and eggs. After studying the effects of grass versus grain in the feeding of animals consumed as food, the question has been fairly conclusively answered in the affirmative. Grass-fed animals demonstrate a fat-profile that is consistent with healthier cholesterol in humans (e.g., higher Omega-3 fats as well as other fats that have been shown not to elevate LDL cholesterol). Most nutritionists recommend that meat, dairy, and eggs comprise a smaller proportion of food intake as compared with plant foods. Dietary analyses have consistently shown that populations that eat fewer portions of animal foods, and eat a variety of whole plant-based foods (whole grains, nuts, legumes, fruits, and vegetables), are healthier and tend to live longer. ❖

**Next installment:** Diet, Inflammation, and Cardiovascular Disease.

*Julia Lapp teaches nutrition at Ithaca College and is a regular contributor to the Health Alliance newsletter.*

by Brooke Hansen and Bethany Schroeder

## Be Wary of New Strains of Strep

Whether it is a result of global climate change or other shifting patterns of disease, rates of streptococcus associated with more serious health effects are on the rise, specifically group A strep and antibiotic resistant strains of strep. As early as 1997, researchers and others issued warnings about the increasing presence of *Streptococcus pneumoniae* strains that had not been included in routine vaccines. Strep A can affect a number of body systems; the infection includes a wide variety of symptoms from sore throat and skin rash to the more serious scarlet fever version accompanied by rashes on the neck, chest, and skin folds. A condition known as necrotizing fasciitis from strep can cause fever, swelling, and destruction of muscle and flesh. Another virulent form of strep on the rise is streptococcal toxic shock syndrome, which is characterized by fever, dizziness, and confusion. The infection is fatal in many cases.

In April 2011, the journal *Nature* reported on the emergence of an invasive form of group A strep that interacts with a protein called M1 and leads to toxic shock-like symptoms with vascular leakage and purpura (purple marks on the skin due to blood leakage).

Important precautions for the prevention of spread of strep from person to person include the usual behaviors that promote health, such as not sharing utensils, frequent hand washing, and practicing prevention to exposure. With the increase of these forms of strep on the rise, however, if you suspect strep or have any of the symptoms of the various forms, please contact your health professional immediately. ❀

Fox, M. Available at <http://www.reuters.com/article/2007/10/18/us-superbug-strep-usa-idUSN1832730620071018/>. Macheboeuf, P. et al. 2011 (April 7). *Nature* 472, 64–68. [Streptococcal M1 protein constructs a pathological host fibrinogen network.](#)

*When they published the first issue of the IHA newsletter, Brooke Hansen and Bethany Schroeder developed this column and have continued producing it every quarter for the past five years.*

## Health Risks and Alzheimer's Disease

According to research recently reported on in the *Globe and Mail*, seven common health factors have been associated with half of all Alzheimer's cases worldwide. Researchers believe that prevention of these factors could help to reduce the incidence of the condition, which causes impaired memory, eventual loss of cognitive function and, ultimately, death.

The seven conditions include the following:

- **Low or inadequate education**, which has been shown to decrease the potential for brain activity and therefore healthy brain tissue, accounting for 19.1 percent of Alzheimer's cases, or 6.4 million cases of the disease across the globe.
- **Smoking**, which reduces the integrity of blood vessels, adversely affecting the flow of blood to the brain, linked to 13.9 percent of Alzheimer's cases.
- **Physical inactivity**, generally known to reduce cognitive abilities, accounting for 12.7 percent of cases of the disease.
- **Depression**, which has been shown to double the risk of developing Alzheimer's, associated with 10.6 percent of cases.
- **High blood pressure** which, if poorly controlled, is thought to account for 15.1 percent of cases.
- **Diabetes**, specifically type 2 or adult-onset diabetes, responsible for 2.4 percent of cases.
- **Obesity**, particularly in middle age, accounting for 2 percent of Alzheimer's cases.

In the study, researchers point out that reducing the factors associated with the incidence of Alzheimer's disease by 25 percent would result in 3 million fewer cases worldwide. At this writing, the incidence of dementia, the hallmark of Alzheimer's disease, doubles every 20 years. ❀

Picard, A. Available at <http://www.theglobeandmail.com/life/health/new-health/health-news/seven-health-risks-that-could-lead-to-alzheimers/article2102783/>.



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**Fall 2011**

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Qigong for Breast Wellness • Privacy Rights  
Hand Health • Strep • Alzheimer's  
Dietary Fats & Coronary Disease**