Waking Up the Nation, One Reader at a Time...

Vol. 8, Issue 11
Investigating Lyme Disease & Chronic Illnesses in the USA
November 2013

Lyme Patients Angered Over New Vaccine

by Tina J. Garcia, Founder, Lyme Education Awareness Program, http://www.leaparizona.com

After eight years of research and advocacy, I have no reservation in pub-
licly stating that I am infect-
ed with an infectious, Level II, biologically modified biowarfare labora-
tory pathogen named Borrelia burgdorferi. This infection is transmitted through ticks, mosquitoes, mice, and other warm blooded and is currently being studied in biowarfare laboratories across the United States. The infection is commonly known as Lyme disease. I have suffered very badly from it and have been tremendously since being infected by the bite of a tick in Arizona in 1998, and I continue to suffer despite ongoing, intermittent antibiotic and antivi-
ral treatment, both pharmacist and herbal.

I have residual neuro-
logic damage from immune system suppression, immune system dysfunction (infect-
une) and from the pathogens causing damage to connective tissues and brain, nerve, and muscle cells for fifteen years. If you were very ill from being infected with such a pathogen, and the govern-
ment and health agencies and affiliated organizations orchestrated a denial of diagnosis and treatment for that infection in favor of pro-
moting the development and approval of a financially-
lucrative vaccine, what would you do when they used their clout in the media to force you into a coffin, to close the lid and to nail it shut while you were still alive?

Would you stay silent? Would you lie still and accept that those authorities know what is best for you in both your life and death?

Would you rise up to push open the coffin lid. I choose to scream loudly and expose the truth about the catastrophic medical crimes against humanity. That is why I have written this article and recorded an online video-
petition at www.leaparizona.com, in an effort to have these authorities held legally accountable for their disgraceful deeds.

This article is my response to Stanley Plotkin’s opinion published in The New York Times on September 18, 2013 entitled Bring Back the Lyme Vaccine.

Who is Stanley Plotkin? Stanley Plotkin is listed as a “public figure” on Facebook. In 2009, Stanley Plotkin was a member of the Ad Hoc Independent Lyme Disease Group, which included two Centers for Disease Control and Prevention Division of Vector Borne Disease employees, Barbara Johnson and Paul Mead. Some con-
ider Plotkin an expert on vaccines.

In his New York Times opinion, Plotkin relays the story of successful treatment of his son’s life-
threatening experience with cardiac manifestations of Lyme disease. Plotkin’s son was indeed fortunate, as few physicians would be able to recognize and/or be willing to acknowledge the cardiac manifestations of Borrelia burgdorferi infection (Lyme disease). More than often, not even the most basic symptoms of Lyme infection are ignored by the majority of physicians. All but a handful of infectious disease physicians refuse to diagnose Lyme infection, demonstrat-
ing inability in rendering clinical judgment. This har-
ing truth regarding late-
stage Lyme infection is that the lack of accurate infection disease physicians unau-
ciously refuse to diagnose or treat a long-term, complicat-
ed, embedded Borrelia burgdorferi infection. This is due to their membership allegiance to policies imple-
mented by the Infectious Diseases Society of America (IDSA), whose members obviously fail to read the research related to persistent Lyme infection and choose to allow the IDSA to do their thinking for them.

An underground knowledge exists among physicians that warns that those doctors who do treat late-stage Lyme infection expose themselves to med-
ical board prosecution for doing so. It has been pro-
posed by some that such prosecutions have been initi-
ated and supported by key players associated with the CDC’s Division of Vector Borne Diseases (DVBD), cer-
tain CDC research grant recipients, and certain Infectious Diseases Society of America (IDSA) treatment guideline authors. In fact, I have a copy of a fax obtained through Freedom of Information Act request that shows that in 1996, CDC’s DVBD’s David Dennis dis-
cussed the prosecution of Dr. Joseph Natale, a Michigan Lyme-treating physician, with Mary Grace Stohierski of the Michigan State Health Department. This communi-
cation between CDC and the Michigan State Health Department made reference to their discussion of Dr. Natale prior to the filing of the legal complaint against him for treating Lyme dis-
 ease. I am curious about the details regarding the rule that CDC’s DVBD employees play in initiating such prose-
cution of Lyme-treating physicians. Per the agency notes, it is charged with con-
trolling and preventing dis-
 ease; however, exactly how is “control” defined when it comes to Lyme-treating physicians who treat patients outside of vaccine agenda parameters defined by CDC and IDSA?

Baxter Healthcare Corporation needs to con-
duct Stage III and IV clinical trials for its new Lyme vac-
cine in the United States. Phase I and II trials have already been completed in Europe. With Baxter’s Lyme vaccine clinical trials on the horizon in the U.S., the tim-
ing of CDC’s August 2013 press release revealing an increase in cases of Lyme disease becomes suspect, as CDC has bad knowledge of these high numbers of cases since the 1990’s. The num-
bers are apparently under-
reported tenfold. That means that the previously-
reformulated 30,000 annual cases are actually 300,000. Although for years, the Lyme disease has been described by the reports coming from the rooftops on this issue, CDC has ignored the patients.

The important inquiry of CDC is why its Division of Vector Borne Diseases has suppressed these Lyme dis-
 ease epidemiologic statistics for more than twenty years. Could it be that CDC has released the true incidence publicly to instill fear of the epidemic as part of vaccine marketing strategy? I won-
der whether this is a CDC initiative or is CDC working for Baxter?

In conjunction with this suppression of Lyme statistics, a CDC-coordinated effort among state health departments has assisted in the suppression of cases for many years. This state health department denial of Lyme infection in most of the United States has result-
ed in the denial of diagnosis and treatment nationwide.

Lyme Education Awareness Program (L.E.A.P.), with help from the Arizona Governor’s Health Policy Advisor, was able to reverse this situation in April of 2013, when the Arizona Department of Health Services agreed to post on its website accurate language, exactly as I wrote it, regard-
ing Lyme disease in Arizona. CDC’s global influence regarding its suppression of Lyme disease statistics has also impacted patients in Canada, Europe, Asia, Australia and elsewhere, which has caused hundreds of thousands to lose their health, careers, life savings, homes and even experience family breakdowns in a desper-
ate effort to obtain recogni-
tion of the illness, diagnosis and treatment. Also, on a global scale, patients dis-
abled from the disease are forced into the position of having to appeal (to no avail) insurance company denials of payment for antibiotic treatment. This insurance denial of benefits for treat-
ment is based upon the

Infectious Diseases Society of America’s (IDSA) Lyme treatment guidelines, which are promoted as the CDC gospel of Lyme disease.

The IDSA treatment guide-
ilines and its impact upon insurance denial of benefits, along with the fear induced by the prosecution of Lyme-
treating physicians, are devi-
ces methods being utilized to ensure that the natural course and history of the dis-
ese is allowed to proliferate in the population. This is, of course, the definition of epi-
demiology - the study of natural history and progres-
sion of disease. However, at which point does studying...
Cannabis Oil and Lyme Disease

By Shelley White

The beginning of my journey with Lyme disease is similar to most. My ending, however, is playing out quite differently than most. I found a tick behind my ear at the age of fourteen, and had various health problems for seven years before I was finally diagnosed with Lyme disease, Lupus, Mycoplasma, Bartonella, and Babesia. After two years my Lupus, Mycoplasma, Bartonella and Babesia are entirely eradicated. As far as Lyme dis- ease goes, I now have zero symptoms. My remaining ones are a result of with- drawals from the prescrip- tions so naively started tak- ing when I was initially diag- nosed. How am I already returning to a healthy lifestyle only two years after forgetting to read, write, walk and talk? Well, a wealth of credit is owed to the Buhner protocol. I would not be where I am today without it. Still, I had one last giant "hump" in healing to get over after a year on the pro- tocol. So I took a shot in the dark which, for me, turned out to be the path to light. I decided to make my own cannabis oil and began tak- ing it every waking hour. I now owe my life to this fasci- nating herb and am hopeful some of you will find strength and encouragement through this information.

For a year and a half I had over ten seizures a day, I tried every treatment I could find, exhausting outlets in both conventional and holistic medicine. Desperately searching for answers, I stumbled across what turned out to be one of the most profound facts I have ever learned. Marijuana contains one of the most potent anti- convulsants in the world.

Controversy over the subject was meaningless at that point, as the herb offered a possible solution to one of my most debilitating symp- toms. As it turned out, smok- ing marijuana not only con- trolled my seizures, it com- pletely cured them. With that in mind, I moved forward with my research. If I could do for seizures what no other plant or prescription could do, what could it do for Lyme? What I found was nothing short of fascinating, and essentially lifesaving.

Cannabis has over 700 healing components which, to the best of my knowledge, is more than any other plant known to mankind. Since my Lyme disease had reacted to and benefited from literally every herb I had taken, I figured it would without a doubt react to cannabis as well. Indeed, it did. Smoking marijuana had sometimes made me feel sick in the past, and I realized this could possibly be because it caused a Herxheimer reaction from bacteria die off each time. Experiencing what thank- fully turned out to be an any- thing but crazy theory, I smoked an exceptionally large amount one night and suffered from a massive Herxheimer reaction. The next day, when it subsided, I felt I had regained a little chunk of my brain back. Since smoking the herb out of a regular pipe also means inhaling a lot of toxins, I began using a vaporizer to get more canna-biosids. My rate of improvement signifi- cantly sped up when I did this. Naturally, this motivat- ed me to take treatment one step further and find out what the results of taking cannabis oil would do for me. After only a month of taking it I was able to return to work and school, and began to drive and have a social life again. Now, I am finally planning to move out and be independent for the first time in years. Basically, I am returning to a lifestyle that I was once unsure I would ever see again thanks to the immense healing power of cannabis oil. Understandably, some will negate this article due to preconceived notions regard- ing cannabis, ones we were all conditioned to believe from a young age. Even I once held strong beliefs that cannabis was harmful to my health, but I could not be more thankful that I was proven otherwise. For me, the tangible proof stemming from first-hand experience will always trump the mere words of others.

Download Dr. Burrascano’s Lyme Protocol FREE at: www.PublicHealthAlert.org

Public Health Alert

The PHA is committed to research- ing and providing information on Lyme disease and other chronic illnesses in the United States. We have joined our forces with local and national/ global support group leaders. These groups include the chronic illnesses of: Multiple Sclerosis, Lou Gehrig’s Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other diseases of unknown origins. PHA seeks to bring information and awareness about these illnesses to the public’s attention. We seek to make sure that anyone struggling with these diseases has proper sup- port emotionally, physically, spiritu- ally and medically.

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The effects of disease in the population become medical negligence, due to coordinat-ed denial of diagnosis and treatment.

CDC's duty is to protect public health. It is vested with the authority to control and prevent disease for the benefit of the public, whom the agency is obligated to serve. I submit that when it comes to Lyme disease, chronic fatigue, autism and other conditions with an infectious/metal toxicity etiology, CDC has breached its obligation to the public. When the breach of public duty involves Lyme disease, the breach occurs through actions of its Division of Vector Borne Diseases. The fact that CDC's DVBID has suppressed the epidemiologic statistics for Lyme disease for twenty plus years is a major breach of public duty. Lyme disease advocates expect CDC's Director, Thomas Frieden, to stop this immediately, as it appears that it is an outlandish monopolization of disease for profit. In addition, an independent government investigation into the conduct of CDC DVBID employees needs to be initiated immediately.

The fact that CDC is now releasing these increased case statistics, at the same time Baxter needs to conduct Lyme disease vaccine clinical trials, points to a calculated marketing promotion of the vaccine and the clinical trials needed for FDA approval. Stanley Plotkin was quoted by Journalist Beth Daley, in her July 14, 2013 article in The Boston Globe entitled Researchers Strive for Vaccine Against Tick-borne Diseases.

"My advice to Baxter is to be proactive‘ with the public, said Stanley Plotkin, emeritus professor of pediatrics at the University of Pennsylvania and a vaccine expert. ‘Go to meetings and explain what is being done.’" In addition, this same vaccine marketing strategy is outlined in an Oxford Journal Clinical Infectious Diseases medical article published in 2011 entitled Vaccines Against Lyme Disease: What Happened and What Lessons Can We Learn? by Gregory A. Poland of Mayo Vaccine Research Group. The article was sponsored by Baxter Laboratories, Centers for Disease Control Fort Collins, CO, (DVBID) and Stanley Plotkin.

Gregory Poland of Mayo Clinic and FDA Lymerix vaccine approval fame outlines in his article the need to use traditional and social media to promote the vaccine to overcome objections from the public. The article states that this must be accomplished to avoid similar adverse public opinion, which was exhibited against the previously-approved Lyme vaccine, Lymerix. Lymerix was not only pulled from the market due to adverse public opinion, but due to numerous lawsuits filed that claimed the vaccine caused Lyme arthritis in many of the vac...
“Vaccine” ...cont’d from pg 3

...continued...

Remained shrouded in secrecy and the independent advocates’ requests to the ten advocate attendees for details about that meeting have been ignored by all but four. The independent advocates are still waiting for the attendees to answer questions about the personal aspects of that meeting.

I am impressed with the silence, because it represents a lack of responsibility. I would like to stress to the advocate attendees the importance of sharing with the community their personal perspectives of the CDC Ft. Collins meeting. If an advocate holds discussions with CDC, a government agency, regarding issues that impact community, patients and physicians alike, the advocate has a duty to provide information to the community regarding what transpired at that meeting. I am asking for each attendee’s personal account, because I value each person’s perspective.

What positive changes came about as a result of the June 2013 CDC Ft. Collins meeting? “Nothing significant,” according to a personal conversation I had with Monte Skall of the National Capital Lyme Disease Association. I have questions for those in control at CDC’s Division of Vector Borne Diseases Association. Why have you breached your duty to the public, whom you are obligated to serve, by withholding the epidemiologic statistics for more than twenty years? This occurred while CDC, working with the Infectious Diseases Society of America, has actively promoted through the media and its ESAC published treatment guidelines the concept that “Lyme disease is easy to diagnose and easy to cure.”

If Lyme is such a mild, self-healing condition - cured with one short course of antibiotic - why the need for a vaccine? For many years CDC and IDSA have orchestrated and conducted a misinformation campaign to deceive the public, breaching their duty to the patient community by meeting with a university on a vaccine that is being researched. A vaccine...
obtaining FDA approval of vaccine clinical trials, why is this important? This results in false negatives. False negatives = no diagnosis and no treatment. Say, "Tuskegee Study Revisited," but on a much wider scale, with billions of vaccine purchasers covering their tracks through widespread implementation of the IDSA treatment guidelines! Individuals employed by the Centers for Disease Control and Prevention have been working hand in glove with medical societies, the Infectious Diseases Society of America and its Lyme treatment guideline authors, to control the parameters of Lyme disease, a virulent, persistent infection that causes debilitating cognitive dysfunction, exacerbating musculoskeletal pain, chronic fatigue, cardiac damage, facial paralysis, MS, Parkinson’s and Alzheimer’s, just to name a few. There are actually more than 30 different illnesses and conditions found in the medical literature and current manifest as a result of Borrelia burgdorferi infection. This coordinated effort to obstruct the diagnosis and treatment of patients enables Cartel members to capture the financial benefits from employment, grant funds and vaccine profits. This is accomplished through carefully-designed vaccine tiered testing criteria? How many patients this time!" The denial of chronic Lyme infection in the IDSA Guidelines causes patients to question Lyme vaccine development.

Dr. Baxter needs to recruit human guinea pigs for their U.S. vaccine clinical trials. The Lyme Vaccine Cartel members have published in medical journals the strategy needed to succeed with this recruitment. The strategy is to meet with advocates, wine and dine them, attend their meetings and use the media to sway public opinion in favor of their vaccine agenda.

"On behalf of suffering people, I ask that the CDC and IDSA Guidelines authors and their other spokespersons stop making fraudulent public statements that chronic Lyme disease does not exist, due to the fact the IDSA Guidelines authors themselves proved years ago, that Bb is a persistent chronic infection. The denial of chronic Lyme infection in the IDSA Guidelines causes patients to question Lyme vaccine development. When abandoned patients, either by choice or by accident, the CDC and IDSA Guideline authors, promulgate that Lyme disease parameters cleverly exist, due to the worldwide Lyme patients suffering daily, month after month, year after year, are being sacrificed on the altar for the Deity of the Vaccine. The CDC / IDSA mantra of denying persistent infection despite antibiotic therapy, has destroyed countless lives - mine includ ed - and an entire aspect of the strategy implemented by CDC and IDSA to ensure that the public will remain "infected." I encourage all patient / family members, friends and other interested parties who object to this inhumane vaccine strategy to sign the Petition on our home page of our website at www.leapzuana.com. Advertise in the Public Health Alert Does Advertising Work? ...It just did! This ad caught your attention and you are reading about it now! So will others! Contact our website for ad sizes and rates. Ask about our Fall Advertising Special!!

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review of the IDSA Lyme treatment guidelines (written to accommodate the Lyme vaccine agenda), CDC appointed Baker to chair its Advisory Committee on Immunization Practices. There you have it! The Cartel supports its members in many ways, ensuring that the control of the parameters of the disease is in the hands of the few - through publishing treatment guidelines, funding for research, publishing medical journal and media articles, and dissemination of care fully-designed, unrealistic disease parameters to clinicians, which prevent diagnosis and treatment of the disease in the actual setting of clinical care.

The IDSA Lyme treatment guidelines favor vaccine approval at the expense of patients unable to obtain diagnosis and long-term treatment. You see, it would take years to conduct clinical trials after inoculating the clinical trial participants with the vaccine. If long-term, chronic, persistent infection was acknowledged as the real condition it is, those conducting the vaccine clinical trials would wait years to see whether chronic symptoms developed in those participating in the vaccine clinical trials. That would not be convenient in obtaining FDA approval of the vaccine. Should vaccine recipients develop the persistent form of the infectious disease years later, it will not be attributed to Lyme disease infection or the Lyme Vaccine. If a person contracts the infection from a vector bite, the symptoms will be denied as being a Lyme infection, because the individual received the vaccine. The Cartel wins either way. The vaccine works or not. How convenient! Therefore, stating in the IDSA treatment guidelines that the infection is cured with simple course of antibiotic therapy, thereby eliminates that stumbling block to vaccine approval. That is done while Lyme Vaccine Cartel members deny the true nature of the disease in patients already infected, yet promote the concept of serious illness in the minds of the public who are possible vaccine consumers. Conflict of interest? Fraudulent science? When abandoned patients, either by choice or by accident, the CDC and IDSA Guideline authors, promulgate that Lyme disease parameters cleverly exist, due to the worldwide Lyme patients suffering daily, month after month, year after year, are being sacrificed on the altar for the Deity of the Vaccine. The CDC / IDSA mantra of denying persistent infection despite antibiotic therapy, has destroyed countless lives - mine included - and an entire aspect of the strategy implemented by CDC and IDSA to ensure that the public will remain "infected." I encourage all patient / family members, friends and other interested parties who object to this inhumane vaccine strategy to sign the Petition on our home page of our website at www.leapzuana.com. Advertise in the Public Health Alert Does Advertising Work? ...It just did! This ad caught your attention and you are reading about it now! So will others! Contact our website for ad sizes and rates. Ask about our Fall Advertising Special!!

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by Amy Scher

I am known for reminding clients (and myself too!): “Be careful what you tell yourself, because you’re always listening.” Our self-talk makes such a gigantic difference in our perceptions and experiences. And that makes such a difference in our stress levels. And of course, our stress levels have a direct impact on our immune system.

I’ve been watching my vocabulary more and more lately and have decided these 5 words always leave me swimming in energy I don’t want to align with. I know for certain changing your language can change your energy and your health and life too (I’m living proof).

That’s why I wanted to share my “ditch list” with you.

Are you willing to ditch them too?

1. Busy
   Definition: Having a great deal to do.
   Busyness is an addiction. Our society prides itself on being busy – it means we’re doing, making things happen, being “useful.” But really, there is so much more to being grounded, in the flow, and present. “Busy” is an overused word that comes with some sort of honor. It becomes an excuse and we use it to prioritize.
   “I’m too busy to…” implies you don’t have a choice.
   Non-truth. I choose from today to never be “too busy” for the things that matter.
   Bye bye “busy.” I’ll let some other sucker claim you.

2. Overwhelmed
   Definition: Buried or drowned beneath a huge mess. To overpower or crush.
   Yeah, this one just isn’t pretty. I’m dropping the “over” and sticking with “whelmed.” Nothing can crush me and telling me body all that I’m “overwhelmed” isn’t a good message to send to it. I’d never even think of saying “you’re being crushed” over and over. From now on I’ll be welmed with an awesome full list of things to participate in and welmed with gratitude.

3. Anxiety
   Definition: A feeling of unease, typically about an imminent event or something with an uncertain outcome.
   I don’t buy this one. The word “anxiety” doesn’t say exactly how you feel. I believe there’s some buried energy and using the general word of “anxiety” can let us off the hook of figuring out what’s really there. It’s repressed “something” in my opinion. I rarely have this one these days (although I am human), but when I do, I’m calling myself to the challenge of figuring out “what is” sitting beneath it just waiting to be acknowledged.

4. Chronic
   Definition: Persisting for a long time or constantly recurring.
   I’m all about beliefs and this one I don’t wish to carry anymore. I’ve learned if a belief doesn’t work for you, you can “unsubscribe” so to speak. Chronic is something you are experiencing for a long period of time. And naming it “chronic” isn’t in any way aligning with the belief that it will pass sooner rather than later, right?

5. Should
   Definition: Used to indicate obligation, duty, or correctness, typically when criticizing someone’s actions.
   Should implies a mistake. It implies something was done wrong and there is someone to blame. From now on, I’m using “could” instead. I “could” have done this or that. Although I’m not sure I see the need to go there either. It’s easier to be easy on myself when I’m not telling myself my action was wrong, but rather simply looking at what the other side of the coin could have shown me. Either way, it’ll all be good!

Getting to Know You…

by Linnette R Mullin

“Getting to know you. Getting to know all about you. Getting to like you. Getting to hope you like me…” ~ from “The King and I”

Do you ever struggle with the God question? If God is real, why...? If God is good, why...? If God really loved me, why...? As Lyme victims, we struggle with the why’s of it all. At least, I know I do. And I want honest answers to these questions.

God has placed me in a state where there is little Lyme and no Lyme literate doctors. Yet, he also placed me in a Church that preach-es about the whole character of God. I’ve spent a lot of time in tears as I’ve learned more about him. Trying to put all the pieces of his char-acter together can be like working a jigsaw puzzle. I want to understand. I need to understand. I’m tired of living in survival mode with an attitude of acceptance under duress. I want to “count it all joy” when I face the trials God brings into my life (James 1:2-4), but how can I when I can barely raise my head above water to gasp for air?

John Calvin once said, “You must submit to suffering in order to discover the completion of joy.” I want complete joy, don’t you? But supreme suf-fering? No, thank you. I don’t like pain. I don’t like suffering. Yet I do suffer and there is no end in sight to this suffering. So, what am I to do?

I’ve been in this church for three years, now. My pastor who just retired spent his time and energy helping us get to know Jesus. I tend to be so inter-nally focused that I forget to focus on God and others and so I don’t know him well enough. I think, I do, but most of my thoughts about him tend to be based on what I see, hear, and experience rather than on truth. Thankfully, God gave us the Bible - his written word, so we might get to know him and understand him.

I still don’t have all the answers to my why ques-tions, but I do know God loves me and that I can trust him with my suffering, pain, and loss. I also know he has a purpose for it all. I may never completely understand it in this life, but I know he loves me and I can trust him to do what’s best for me. I also know that the more I get to know him, the more peace purpose I find in my illness.

What about you? Do you struggle with the why questions? Do you know Jesus? Are you familiar with his sufferings? Do you have the assurance of God’s love to strengthen you and help you see through each trying moment? Do you want to get to know all about God?

Isaiah 26:3-4 says, “You keep him in perfect peace whose mind is stayed on you, because he trusts in you. Trust in the LORD for ever, for the LORD GOD is an everlasting rock.” ~ ESV

Let’s get to know him... get to know all about him!


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5 Words To Ditch for Emotional Health

Definition: Bury or drown 5 words always leave me swimming in energy I don’t want to align with.

Are you willing to ditch them too?

1. Busy
   Definition: Having a great deal to do.
   Busyness is an addiction. Our society prides itself on being busy – it means we’re doing, making things happen, being “useful.” But really, there is so much more to being grounded, in the flow, and present. “Busy” is an overused word that comes with some sort of honor. It becomes an excuse and we use it to prioritize.
   “I’m too busy to…” implies you don’t have a choice.
   Non-truth. I choose from today to never be “too busy” for the things that matter.
   Bye bye “busy.” I’ll let some other sucker claim you.

2. Overwhelmed
   Definition: Buried or drowned beneath a huge mess. To overpower or crush.
   Yeah, this one just isn’t pretty. I’m dropping the “over” and sticking with “whelmed.” Nothing can crush me and telling me body all that I’m “overwhelmed” isn’t a good message to send to it. I’d never even think of saying “you’re being crushed” over and over. From now on I’ll be welmed with an awesome full list of things to participate in and welmed with gratitude.

3. Anxiety
   Definition: A feeling of unease, typically about an imminent event or something with an uncertain outcome.
   I don’t buy this one. The word “anxiety” doesn’t say exactly how you feel. I believe there’s some buried energy and using the general word of “anxiety” can let us off the hook of figuring out what’s really there. It’s repressed “something” in my opinion. I rarely have this one these days (although I am human), but when I do, I’m calling myself to the challenge of figuring out “what is” sitting beneath it just waiting to be acknowledged.

4. Chronic
   Definition: Persisting for a long time or constantly recurring.
   I’m all about beliefs and this one I don’t wish to carry anymore. I’ve learned if a belief doesn’t work for you, you can “unsubscribe” so to speak. Chronic is something you are experiencing for a long period of time. And naming it “chronic” isn’t in any way aligning with the belief that it will pass sooner rather than later, right?

5. Should
   Definition: Used to indicate obligation, duty, or correctness, typically when criticizing someone’s actions.
   Should implies a mistake. It implies something was done wrong and there is someone to blame. From now on, I’m using “could” instead. I “could” have done this or that. Although I’m not sure I see the need to go there either. It’s easier to be easy on myself when I’m not telling myself my action was wrong, but rather simply looking at what the other side of the coin could have shown me. Either way, it’ll all be good!
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