



# NORTHWEST SENIOR INSURANCE

## MED SUPP NEWS

SPECIALIZING IN MEDICARE SUPPLEMENTS,  
Medicare Advantage, & PART D PRESCRIPTIONS  
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### Thank You



Another successful year has gone by. Thank you for your continued patronage and support. Again, I extend my appreciation to all of the new people that joined me in 2011. Welcome onboard!

The Annual Election Period (AEP) that occurred during the fall of 2011 was extremely busy. I suggested in the MedSupp News edition that I sent to you just prior to the fall 2011 AEP to take advantage of a "Part D checkup". Record numbers of you did just that. Just about everyone's objective, of course, is to lower his/her *estimated annual cost*.

Remember the "*estimated annual cost*" is what you pay for your complete Part D package. It is the sum of 12 months of plan premium + the deductible (if there is one) + your copays + your costs in and going past the gap. Here are just three examples of dozens of what we found:

Name	Old Plan Cost	New Plan Cost
Mary	\$1,089	\$482 using mail order
Richard	\$1,593	\$760
Barbara	\$868	\$301 at a pref. pharmacy

We uncovered other surprises. For example, Linda takes the anti-depressant Bupropion, which is generic for Wellbutrim. Her copay in 2011 with her existing plan was \$7. That same plan raised the copay in 2012 to \$40 per month. \$33 more per month x 12 months = \$396 more in annual copays! And that's for just one drug! Fortunately, we found another plan that still has a low, generic copay for that prescription.

There is a new, emerging trend with Part D plans. More of them are aligning themselves with various pharmacy chains, which become the "*preferred*" pharmacies. One large insurance company started this trend in 2011 by aligning its plan with Wal-Mart. In 2012 Walgreens, CVS, Rite-Aid, Sam's Club, and Target are now preferred pharmacies with various insurance companies' Part D plans. The difference between preferred and non-preferred pharmacies is that you have lower copays with the preferred ones. One plan has no copays at all for most generics with its preferred pharmacies.

### Medicare supplements

As far as Medicare supplements are concerned, one of the biggest issues that we face are rate increases. No one likes them, but unfortunately, they are a fact of life. If this affects you, please let me know, and I'll do my best to shop lower rates for you. During the 2011 AEP I was able to fulfill just

about everyone's wishes to secure lower cost coverage. The exception was for those with an uninsurable medical condition. They had to keep their present coverage.

### Important!!!

**Please remember that you can change your Medicare supplement coverage ANY MONTH of the year! You do NOT have to wait for the AEP in the fall.** Many people are under the incorrect assumption that a person can only change his/her supplement during the AEP. That is not the case.

Also, I have encountered quite a few people turning 65 that are under the impression that people can automatically change their Medicare supplement during the AEP just like one could change his/her PDP. You can change your Medicare supplement during this period, but medical underwriting applies if you are past age 65 ½.

### NWSenior Insurance.com

My new website, NWSeniorInsurance.com, is up and running. Please visit. I am continuing to add new content and articles. Be sure to check out my current blog posts.

I wish you the best for 2012. I hope you will find the following articles useful and beneficial. The theme of many of these articles has to do with the importance of having a good diet and incorporating exercise into your lifestyle. I keep all of you with medical issues in my prayers. At the end of this newsletter I have included letters and emails that I received subsequent to my 2011 edition, Volume #1.

*Lance D. Reedy*

### 2012 Medicare: Changes for 2012

Adapted from USNews.com and a press release from CMS (Centers for Medicare and Medicaid Services)

Through 2011 there have been three main Medicare Part B premium tiers. Here they are:

- Those on Medicare Part B in 2009 or earlier: \$96.40 / mo.
- Those on Medicare Part B in 2010: \$110.50 / mo.
- Those on Medicare Part B in 2011: \$115.40 / mo.

For most existing beneficiaries in 2012, the monthly Part B premium will increase only \$3.50, to \$99.90 from \$96.40. Recent beneficiaries have already been paying either \$115.40 or \$110.50 per month, so their premiums will actually decline in 2012. In addition, Medicare lowered the annual deductible for Part B expenses from an annual \$162 in 2011 to \$140 in 2012.

Higher-earning beneficiaries (above \$170,000 for married couples and \$85,000 for individuals) pay larger Part B premiums based on their modified adjusted gross incomes. They will see somewhat lower premiums in 2012.

The Social Security Administration announced that Social Security (SS) benefits will rise by 3.6 percent in 2012 due to the annual cost of living adjustment (COLA). Low rates of inflation meant there was no COLA in either 2010 or 2011. Under the government's "hold harmless" rules, that meant Part

B premiums could not increase for existing beneficiaries. However, the premiums did increase for new beneficiaries in 2010 and 2011 and likewise for higher-income beneficiaries. Now, with the COLA increase in 2012, Part B premiums were permitted to rise as well, and most observers had expected larger increases than those announced. Because the premiums are usually deducted from one's monthly SS check, the good news is that the SS increase won't be mostly eaten up by a large Part B premium increase.

The Part B premiums from Medicare beneficiaries pay about 25 percent of the bill for Medicare's covered physician, out-patient expenses, and other Part B services. Last year, their premiums totaled \$52 billion, with about five-sixths coming from participants age 65 and older. The other sixth was covered by those under age 65 who are on Medicare disability.

## More 2012 Medicare Changes

Medicare has also announced the other changes for 2012. These are the Part A deductible, extended hospitalization, and the skilled nursing facility co-insurance.

The 2012 changes	2011	2012
Part A deductible	\$1132	\$1156
Days 61-90 hospital co-insurance	\$283/d	\$289/d
Lifetime Reserve days 91-150	\$566/d	\$578/d
Skilled nursing co-insurance	\$141/d	\$144/d
Annual Part B deductible	\$162	\$140
Your Medicare Part B Premium	\$96.40	\$99.90*

\*Those with higher income brackets may have a higher Part B premium. Those that were at \$110.50 or \$115.40 will be reduced to \$99.90.

## Annual Disenrollment Period

The Annual Disenrollment Period (ADP) runs from January 1 to February 14. During this time you can only disenroll from your Medicare advantage (MA) plan. You will revert back to original Medicare. If your MA plan had a prescription plan with it, then you can also sign up for a stand-alone PDP.

If you are past 65 ½ and want to sign up for a Medicare supplement (M/S), you will have to medically qualify. Enrollment in a M/S plan in this situation is NOT guaranteed!

## Kinnikinnick or a \$3,800 bill

I recently met with Susan Araman, from Salmon, Idaho. When completing her Medicare supplement application, she volunteered to me that she had a previous bout with kidney stones, and our conversation went as follows:

**Lance:** So you had kidney stones?

**Susan:** Yes, there were five or six altogether. I went to the local hospital for four hours. They charged me \$3,800.

**Lance:** Did you pass the stones?

**Susan:** I didn't pass any. They just gave me some pain medication. It just made my gut heave.

**Lance:** Then what happened?

**Susan:** When I got home I had phone messages. This guy in our development told me to come over. He had some kinnikinnick (bearberry) tea he wanted me to try...that is, if I wasn't afraid of home remedies.

**Lance:** And so you went over?

**Susan:** Yes. He mixed up some, and within a half hour I was feeling better by drinking this tea. I never did pass the stones. I believe from what I heard is that tannic acid in the kinnikinnick helps to dissolve the stones.

**Lance:** You were saying that you now take it as a preventative.

**Susan:** Yes, I drink about three cups of the tea every month.

**Lance:** Have you ever had a reoccurrence?

**Susan:** Never!

**Lance:** And you mentioned that it works for other things, also.

**Susan:** Yes, it helps gallstones and bladder infections. You can find that on the internet. I found this out from friends whose son had kidney stones. She went online to find out more about it. It will say that if you're on certain drugs, not to take kinnikinnick.

**Lance:** Most intriguing!

**Susan:** I was amazed by how fast it worked.

**Lance:** And you could have saved a \$3,800 hospital bill?

**Susan:** Yes!

Wanting to investigate further, I pulled this quote from Wikipedia: *Native Americans used bearberry tea to treat inflammation of the urinary tract, urethritis, kidney stones, and cystitis. The Cheyenne use the tea to treat back sprains. Some Native American tribes powder the leaves and apply them to sores. Other tribes drink it to treat venereal diseases. The berries are also made into a tea that is used to ward off obesity.*

Note: Kinnikinnick is found in sunny mountain areas in the West from California to Alaska. Do a Google search using "kinnikinnick" to learn more about this versatile plant.

## Going Strong at 69 and 73 with no Meds

Shirley and Robert Renburg of Kalispell have been clients of mine for several years. Here is the transcript of a recent conversation with Shirley about diet and health.

**Lance:** You told me in a previous conversation that you and your husband Robert were taking no prescription (Rx) drugs.

**Shirley:** Yes, that's right. We're taking no meds.

**Lance:** What's your secret?

**Shirley:** Unfortunately, there are no secrets. Everyone is told over and over that it is diet and exercise. That's what we're doing. There are no magic bullets.

**Lance:** So, what *are* you doing for diet and exercise?

**Shirley:** For diet we are about 80% vegetarian. We're not anal about it. If we go to someone's house for a meal, we will have a portion of red meat. At home it's lots of whole grains and salads. We have chicken and fish. After we went to this wellness center, we discovered something that was new to us, and that is making use of various greens. I hadn't previously used much kale and Swiss chard, but now we do. At the wellness center they were saying that greens should be a separate food group.

**Lance:** That's interesting.

**Shirley:** I will have to admit that it doesn't seem as appetizing to me in the winter. In the summertime we do green smoothies. Beet greens are part of that, and I had never thought of using them in smoothies before. We don't even know they are there. Also, we're eating as much raw foods as possible. If you look on the internet, there are all sorts of sites dealing with raw foods.

**Lance:** Tell me more about that.

**Shirley:** It's live foods. Particularly it's the enzymes that are so important. A large percentage of our immune system lies within our digestive system. A lot of your chronic disease can be traced back to the fact that the food is not being processed throughout one's digestive system. Toxins are being produced which causes a lot of your chronic diseases. Your digestive system is not working properly because of too many processed foods. We also go light on the grains and breads.

**Lance:** I think of all the processed foods in a box. In addition, perhaps 70 to 80% of them are now GMO (genetically modified).

**Shirley:** There are certainly lots of GMO products out there, but you have to make certain your food is not GMO.

**Lance:** We have no required labeling, which makes it tricky.

**Shirley:** If you look for non-GMO things, you can find them. We also eat fermented foods such as yogurt, which are good for our digestive systems.

**Lance:** Yes, at home we make our own sauerkraut from our homegrown cabbage.

**Shirley:** That's a very good source of fermented foods. Miso, a fermented soybean product, is another good source.

**Lance:** And what is it about fermented foods that makes them a healthy food choice?

**Shirley:** They are pre-digested.

**Lance:** Most store bought sauerkraut is heated or pasteurized, which ruins that particular quality of what you're after.

**Shirley:** Yes. Some health food stores have refrigerated products that are good. Dr. Mercola (mercola.com) covers the why's of fermented foods. He walks the walk and talks the talk! The first thing that he says a person needs to do is to quit drinking soda.

**Lance:** Yes, I totally agree with that. If you remember, two years ago I ran an article detailing every ingredient in a Pepsi and why they're not good for you. Let's shift gears. You told me that you and Robert are taking no Rx drugs. What do you think that people can do to wean themselves off of them.

**Shirley:** Start eating right. You cannot be eating fatty (trans-fat) dead processed foods. You're destroying the enzymes and the food value. The first step is incorporating more vegetables. You've got to shoot for low glycemic foods. You want to get your body in a more alkaline state, rather than acidic.

**Lance:** And that's the problem with drinking pop. It makes your body more acidic and sweet, just the environment for cancer growth.

**Shirley:** Yes, cancer feeds on sugar. Arthritis is also generally a product of too much sugar.

**Lance:** Now we're hitting on another interesting aspect of this discussion. Many people take various drugs dealing with arthritis.

**Shirley:** Yes. They all have bad side effects.

**Lance:** And some such as Vioxx and Bextra had to be pulled off the market due to the risks of heart attack and stroke.

**Shirley:** Another thing pops into my mind, and that's taking a good probiotic every day. By taking a probiotic (digestive enzymes) we're promoting proper digestion, especially if we're eating any kind of cooked food. Again, it's helping your body to process food naturally and not allowing toxins to build up in your system.

**Lance:** Any concluding thoughts?

**Shirley:** Exercise is a given. If you can only walk for 10 minutes, that's a start. You've got to exercise your body. The average American can also make a good start by eating more veggies.

**Lance:** What are your ages?

**Shirley:** I'm 69 and Robert is 73.

**Lance:** And neither of you take any Rx drugs?

**Shirley:** That's right. I have a final thought. You've got to be responsible for your own health, and not expect someone else to do it for you.

## **55 down and 35 More to Go**

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Obesity is likely the number one health issue in the U.S. as well in many other parts of the developed world. Being overweight puts a tremendous burden on one's body. Blood pressure goes up, bad cholesterol increases, type II diabetes may develop, as well as the development of many other adverse medical conditions. In addition, being overweight puts a tremendous strain on one's joints, joints that already may be taxed to their limits. And that's not to mention the emotional devastation that many people experience.

Lastly and most pernicious is the state of torpor\* that overweight and obese people often fall into.

\* from Dictionary.com: (tor-por) noun 1. sluggish inactivity or inertia. 2. lethargic indifference; apathy.

When an overweight person comes in to see his/her doctor, the doctor is often between a rock and a hard place. Which is easier...getting a person to change his/her lifestyle or to simply write a prescription?

And then there is the issue of how did a person become heavy in the first place. Usually, it is not an overnight occurrence, but rather it is gradual sequences of events, which if goes unchecked, just continues along its merry way. Marlee, from Coeur d' Alene, Idaho, addressed all of these issues in her interview with me.

**Lance:** When changing to a lower cost Medicare supplement, you told me that you had lost over 50 pounds. That's terrific! What did you do?

**Marlee:** I used HCG.

**Lance:** Tell me more.

**Marlee:** Let me tell you what HCG means. It is human chorionic gonadotropin, which is a hormone that women produce during pregnancy.

**Lance:** I interviewed a woman from Kalispell a year ago, and she also used HCG along with a 500 calorie per day regimen. Did you do likewise?

**Marlee:** Oh yes!

**Lance:** Did you ever feel hungry?

**Marlee:** No, I cooked what I was supposed to. I use lots of spices and vegetables. I would use my four ounces of protein in various dishes. I go back to my original statement. Go to a naturopathic doctor and do it right. Do NOT go to magazine or a store and pick up some garbage off the shelf. Go to a licensed naturopath that knows what he's doing as well as monitoring your progress. I also asked my naturopath for advice as I lost weight. You have so many calories. A breadstick is 125 calories, so why would you eat that? A bowl of chili is also about 125 calories. You're also using low fat turkey or meat.

**Lance:** Were you taking any Rx drugs before you started?

**Marlee:** Yes, I was taking metoprolol, and my doctor prescribed five other Rx drugs, and I bought them. When I read what the side effects were, I threw them all away.

**Lance:** Just like that?

**Marlee:** Yes.

**Lance:** How did you get onto the HCG diet?

**Marlee:** It was a girlfriend that turned me onto it. I said that it's time for me to take care of me, and I also realized that some drug company could care less about me.

**Lance:** So you had an epiphany?

**Marlee:** Yes, I did not know that person I saw in the mirror any more.

**Lance:** Meaning, being heavy?

**Marlee:** Yes, I was uncomfortable in front of my own family. They asked me, "When are you going to get that weight off?" I was embarrassed to speak in front of people or call on customers because I was so fat. Now, I've gone from a size 22 to a 12/14.

**Lance:** Are you still shedding pounds?

**Marlee:** I've wanted to maintain for a year, as I didn't want my body to be a yo-yo.

**Lance:** Meaning putting the pounds back on?

**Marlee:** Yes. I didn't want this weight loss to be just a diet, but rather I want my new eating habits to be a way of life.

**Lance:** That's powerful.

**Marlee:** Now, I intend to lose another 30-35 pounds over the next year. I will lose it when I start using the HCG again.

**Lance:** What other changes have you seen?

**Marlee:** My energy level is wonderful, like having the energy to play with my grandchildren. Shopping is fun again.

**Lance:** What about self-esteem?

**Marlee:** Let's put it this way. I had been gone for five weeks on business, and I flew into Las Vegas to meet my husband. He didn't recognize me at the luggage carousel. When I later returned home to Coeur d' Alene, my neighbors thought my husband had a new girlfriend at our house. There are funny stories like this: My neighbor calls me "skinny". However, a size 14 is not skinny!

**Lance:** How did you get so heavy in the first place?

**Marlee:** I took a fall and had to have both of my knees operated on. It took me out of the things that I like to do. I couldn't play golf or ski comfortably. Then we moved. All of my friendships and routine activities were gone. I wasn't doing the normal things any more. My support system was gone. So, I rewarded myself by going out to eat, and you don't know what you're being fed. You tend to substitute Stouffers frozen foods instead of cooking. Having a home based business has been a challenge to staying healthy. It's easy to eat at home. It's easy to get fat at home. A 5'5" woman should have around 1500 calories a day. It's easy to run that up to 2500 to 3000 calories. And you haven't even eaten a single thing that's good for you.

**Lance:** Like vegetables?

**Marlee:** Yes. When we're talking about low calories, I'm talking about 93-7 meat or 97-3 ground turkey. I now try to go with natural things.

**Lance:** Any concluding thoughts?

**Marlee:** Take control. Stop being a prisoner to fat. There's a beautiful person inside of that person. It's just that she has forgotten who she was.

**Comment:** The theme of both of these interviews is becoming a pro-active person. Shirley concluded her interview by succinctly saying, "You've got to be responsible for your own health, and not expect someone else to do it for you." Marlee said to "take control". Doing so means that you're in charge and now deciding what you *will* and *will not* put into your mouth.

### **Defeatist or Negative Thinking**

We can also take Marlee's comment of "*stop being a prisoner to fat*" a step further to stop being a prisoner to negative or defeatist thinking. Have you ever heard this expression? "*They've got you coming or going.*"

I have heard some people say this in reference to having a small Social Security increase only to see some of it eaten up by a Medicare Part B premium increase. I have also heard this when someone is dealing with a copay increase for a prescription drug, and I have heard this in reference to an increase in food or fuel prices. The "they" usually refers to the government or some insurance or drug company. Or, it can simply refer to some alien force that holds us in check as if we're playing chess.

The problem with this type of thinking is that it suggests that you are a victim, a victim that is powerless to have any control over your life. And once you fall into this victimology mentality, you *have* ceded (given away) control of what you do, to outside forces.

There are many things that are simply beyond our control such as geo-political problems in the Middle East or some complex national issue. However, on the local, at home level, there are all kinds of things you can do to take control. Consider this article:

### **Is This Drink the Real Cause of Heart Attack and Stroke?**

*Think that you're doing yourself a favor by drinking sugarless soda? Please think again. I've warned repeatedly about the dangers, including the fact that aspartame is 10% poisonous methanol.*

*I've warned that diet soda does not prevent weight gain. I've warned that diet soda is likely more dangerous than sugar soda. I've warned that all sodas are dangerous for their phosphoric acid content, which leeches calcium from your bones.*

*Now there's more evidence that diet soda is horrible for you. A study presented in Los Angeles at the International Stroke conference shows this swill\* is much worse than we thought.*

*In this study, the researchers controlled for metabolic syndrome (pre-diabetes) vascular disease, and cardiac history. They found that drinking a diet soda every day will increase your risk of getting a vascular event (stroke or heart attack) by 61% compared to drinking no soda.*

*Researchers said that this is a wake-up call and called for more studies. That's ridiculous. Why waste more funds studying the obvious? A poison is a poison. Furthermore, when you drink something sweet, your body thinks you're receiving sugar, so it revs up your insulin production, which leads to fat deposition. Higher insulin promotes vascular disease.*

*Forget soda altogether. If you want to drink something other than water, please consider green tea, beet crystals, or*

*something similarly natural and healthy. I'll tell you about another great drink in a future issue.*

Source: Dr. Robert Jay Rowen's *Second Opinion*, December 2011. For subscription info please call 800-791-3445

I was not familiar with the word *swill*, so I checked it out.

\* from Dictionary.com (swill) noun

1. liquid or partly liquid food for animals, especially kitchen refuse given to swine; hogwash. 2. kitchen refuse in general; garbage. Wow! He's being too kind to use that word.

### **You Are Responsible for Your Health**

When referencing her HCG calorie restricted diet, Marlee asked this rhetorical question: *A breadstick is 125 calories, so why would you eat that?* So I ask this: Dr. Rowen points out the evidence that suggests that sodas are *horrible* for your health. Dental hygienists refer to their "Pepsi" kids with teeth ruined from the phosphoric acid. Your pocketbook takes a beating by buying expensive water. **So, why would you want to drink soda pop at all?**

Yes, we can take charge over everything we put into our mouths. The "*they*" out there do not force us to make bad or unhealthy choices.

### **And Now the Exercise Part**

The following article, *Time for a New Year's Resolution*, is adapted from Dr. David Brownstein's blog: <http://drdavidbrownstein.blogspot.com/2011/12/time-for-new-years-resolution.html>

One of the biggest frustrations that I have is trying to convince my patients to participate in some form of daily or semi-daily exercise. Exercise does not have to mean going to a gym and taking a class. Exercise can be as simple as walking for twenty to thirty minutes per day.

What can exercise do for you? Let me rephrase the question; what can't exercise do for you? Literally any illness can be helped with exercise. **Diseases improved or prevented from exercise are numerous and include heart disease, diabetes, hypertension, obesity, depression, fibromyalgia, and chronic fatigue syndrome.**

In the case of hypertension, diabetes, and heart disease, there are literally hundreds of studies showing that exercise can improve these illnesses. There is no question that exercise helps prevent and treat obesity and diabetes. In fact, it is nearly impossible for an overweight person to lose weight without some form of exercise.

One in ten Americans are presently being treated for **depression with an antidepressant medication**. These numbers are unacceptable. **There are many studies showing exercise outperforms the commonly prescribed antidepressants.** Exercise certainly costs a lot less and has less adverse effects as compared to the antidepressant medications.

In the case of fibromyalgia and chronic fatigue syndrome, studies have also shown the benefit of exercise. I know patients with these illnesses are very fatigued and don't want to exercise. However, I can assure you, a mild exercise program will improve these illnesses. Patients can start with a short walk (five minutes or so) and increase the length of time by one minute per day.

A study from the University of Michigan found that patients with melanoma who had decreased core muscle density were more likely to see their cancer spread to distant

parts of their body. Exercise will help to increase muscle density.

What can you do? First, do not let your body become frail. Exercise daily with a program that you like—walking, cycling, aerobics, or whatever activity you like doing is fine. Twenty to thirty minutes every day or every other day is a reasonable goal.

Finally, **eat good food and keep your body hydrated**. I call this "doing the basics". Treating your body right can pay off in many ways, particularly when you are hit with a serious illness.

**Comment:** He couldn't have said it any better. Exercise is good for your body.

### **The Blaylock Wellness Report**

For anyone that is concerned about his/her health, disease prevention, longevity, losing excess weight, or better coping with an illness if you are already there, I cannot recommend highly enough this publication. The January 2012 edition is a must read for anyone that falls in one of these categories.

His lead article is *Nutrition and Medicine Can Beat Cancer*. Here are some excerpts from this timely article.

*Cancer cells also have a different metabolism than normal cells. Unlike normal cells that can use a number of fuels, cancer cells are almost completely dependent on glucose (sugar) for survival.*

*Finally, researchers concluded that death was caused by malnourishment — that is, the cancer was stealing nutrients from the rest of the body. Patients literally starved to death. Most people who have seen the emaciated condition of terminal cancer patients can attest to the logic of this explanation.*

*Yet animal studies found that certain nutrients could make tumors grow faster and make them more likely to metastasize. These nutrients included **processed sugars and omega-6 oils**. (my emphasis) In fact, in some animals with transplanted human tumors, the tumors did not metastasize unless the animals were fed corn oil or canola oil, two popular omega-6 oils.*

*The same thing was found in studies with cancer causing chemicals. Injecting rats with cancer-causing chemicals of low potency normally produces only a few tumors. **But if you add corn oil to their diet, the rats develop cancers in huge numbers.***

*When tumors spread all over the body, they form a large volume of energy-consuming tissue (this is called "tumor volume").*

*Remember, cancer can use only one fuel — sugar. This is why feeding cancer patients foods that do not contain sugar does not cause the tumors to grow faster.*

His next article is about **breast cancer**. It's excellent! He talks about early detection. However, he points out the concern that mammograms, due to their radiation exposure, may actually increase breast cancer! He then discusses genetic risks. Then we come back to the theme of incorporating vegetables into your diet.

Vegetables have been shown to significantly reduce the incidence of breast cancer in both experimental animals and in humans. To a lesser extent, so have fruits. Studies in which the entire diet was controlled and included healthy vegetables — with low levels of omega-6 oils and food additives — showed dramatic reductions in the risk of not only breast cancer, but most cancers.

He then follows up with an article about **prostate cancer**.

*Everything I have said about preventing breast cancer also applies to prostate cancer. Men need to get regular exercise, eat five to six servings of fresh, nutrient-dense vegetables daily, limit meats (especially red meats), avoid omega-6 oils, and avoid sugar and food additives.*

Further down in this article he continues:

*There are several studies that show that nutritional regimens treat prostate cancer as well or better than most conventional treatments such as chemotherapy and radiation, without the severe side effects. But most importantly, radiation rarely controls prostate cancer.*

#### *Fighting Back*

*A growing number of studies show that improving overall nutrition, along with the addition of special supplements, can dramatically reduce the risk of developing prostate cancer. Even highly aggressive prostate cancers can be transformed into less-dangerous, slow-growing cancers. And in experimental studies, some cancers were eliminated altogether.*

*Studies have shown that quercetin can dramatically reduce prostate gland inflammation and reduce the symptoms of an irritated prostate (especially frequent trips to the bathroom). It also effectively protects DNA. This is crucial, as studies have shown that the DNA of prostate cells is at especially high risk of cancer-causing mutations.*

Blaylock then discussed prevention. Some of the points he made are as follows:

- *Over two-thirds of prostate cancer cases were attributed to milk consumption. The reason appears to be high amounts of calcium, because taking calcium supplements also dramatically increased risk.*
- *Vitamin D3 deficiencies are much more common in men with prostate cancer. This deficiency correlates with lack of sun exposure later in life, when most men develop prostate cancer. Recent studies have shown that the only effective supplement form of vitamin D is vitamin D3.*
- *There is also a strong correlation between calories consumed in the form of sugars and carbohydrates and the early development of prostate cancer. In one study, high caloric intake increased risk by 267 percent.*

**Colon cancer** is next. Blaylock discussed the connection with colon cancer and poor diet. Some of the culprits are as follows:

- *As with all cancers, chronic inflammation and free-radical generation are the ultimate causes. Inflammatory bowel conditions, such as ulcerative colitis and Crohn's disease, as well as food additives such as carrageenan (an inflammatory substance) are all associated with high risk of colon cancer.* He mentions problems with too much iron, found in red meats. Seared red meats are a particular problem because of the cancer causing compounds formed when meats are grilled.

There is a huge dietary connection with all of the cancers that Blaylock discusses. Is your good health worth investing a hundred bucks per year? Call 1-800-485-4350 to subscribe.

## **Other Bits and Pieces concerning Rx Drugs**

Several blockbuster name brand drugs will be going generic in the next few years as their patents are running out according to a recent article in *Newsmax.com*. Lipitor, the biggest all-time selling drug is currently in the process of going generic. Plavix, Lexapro, Diovan, and many others are on the list.

### **And Speaking of Statin Drugs...**

I have come across a couple of other articles. One from Newsmax.com is titled *Statins May Spur Dementia*. The key take-away from this article is as follows: *It has yet to be determined whether statins actually boost the rate of dementia, although some physicians already believe they do.*

I found another article authored by Stephanie Seneff from Mercola.com titled: *How Statins Really Work Explains Why They Don't Really Work*. Seneff discusses the known problem that statin drugs (Lipitor, simvastatin, pravastatin, etc) deplete the body of CoQ10. *As your body gets more and more depleted of CoQ10, you may suffer from fatigue, muscle weakness and soreness, and eventually heart failure, so it is imperative if you take statin drugs that you take CoQ10 or, if you are over the age of 40, the reduced version called ubiquinol.*

She continues by warning about other side effects incurred by taking statin drugs. *Statins carry other side effects as well, including diabetes. A meta-analysis, published in JAMA in June, concluded that those taking higher doses of statins were at **increased risk of diabetes** (my emphasis) compared to those taking moderate doses. What this means is that **the higher your dose, the higher your risk of developing diabetes**.* She then listed other not-so-good side effect such as weakness, polyneuropathy (nerve damage in the hands and feet), dysfunction of the pancreas, muscle aches and pains, anemia, sexual dysfunction, cataracts, suppressed immune function, and increased cancer risk

She concludes her article by making her *primary recommendations for safely regulating your cholesterol and reducing your risk of heart disease.*

- Reduce or eliminating grain and fructose from your diet.
- Get plenty of high quality, animal-based omega 3 fats and reduce your consumption of damaged omega-6 fats (trans-fats, vegetable oils) to balance out your omega-3 to omega-6 ratio.
- Exercise daily, get a restful sleep, and sun exposure
- Include heart-healthy foods in your diet, such as olive oil, coconut and coconut oil, organic raw dairy products and eggs, avocados, raw nuts and seeds, and organic grass-fed meats.

Please email me if you would like the complete copies of any of these three articles.

**WARNING! PLEASE CONSULT WITH YOUR PHYSICIAN BEFORE MAKING ANY CHANGES WITH YOUR MEDICATIONS! THE INFORMATION COVERED IN THE ARTICLES IN THIS PUBLICATION ARE FOR EDUCATIONAL USE ONLY.**

### Quilts of Valor Foundatiion

From their website: *The mission of the Quilts of Valor Foundation is to cover ALL combat servicemembers and veterans touched by war with comforting and healing Quilts of Valor. This foundation is not about politics. It's about people.*

I had the privilege to present this quilt, made by my wife and daughter, to Gerald M. of Kalispell, MT.



If you served in any combat zone and are interested in having a quilt made for you, please return the drawing coupon. If you are a quilt maker and would like to get involved with the Quilts of Valor Foundations, please look them up at qovf.org. The more people onboard with making quilts, the more Quilts of Valor can be presented to our veterans.

**Quilt Drawing:** We will be giving away one Quilt of Valor to one of our veterans. The drawing will be March 31, 2012.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_  
Years served \_\_\_\_\_ Conflict area \_\_\_\_\_  
Please return to  
Please mail or fax back to 208-746-1792.

Note: If your name is not chosen for the next quilt, my wife and I will use our contacts with other QOV members to see that as many veterans as possible have Quilts of Valor presented to them.

### Letters and Feedback

The following are letters that I received following the publication of last year's first edition of *Med Supp News*. I have edited them only for space constraints. Please keep your letters and emails coming in.

*I thought it was very informative. I enjoyed the part you mentioned about Splenda and sucralose. I have headaches from it. I didn't know where they were coming from. I have a sweet tooth, so instead of using sugar, I was using Splenda. I appreciate knowing about that. I thought it was something made from a natural ingredient.*

G. K., McCall, ID

*Thank you for your very informative newsletter volume 1, 2011. Will you send me the PDF file you have on Depression and Anxiety?* Karen H., Pinehurst, ID

*Dear Mr. Reedy,*

*After reading in your newsletter about how Splenda helps make people hungry, I took myself off Splenda. I have noticed in the 3 months that followed I have experienced less hunger. I am grateful for your advice. Yours Truly,*  
C. S., Hamilton, MT

*Dear Lance,*

*I wanted to drop you a note to tell you how much I enjoy your newsletters. I find them very informative, especially about Medicare deductibles and costs. I believe I learn more from your newsletter than any information I receive from Medicare. I was quite upset to hear Splenda wasn't a healthy thing to use, but thankfully I don't use a very large amount of it. I also appreciate how quickly you get back to me when I need your help. Thanks again for everything.*

J. T., Missoula, MT

*I ask you to remove me from the list for your newsletter. I find it filled with inflammatory half-truths and non-truths regarding health care reform, especially related to discussion of end of life issues. I appreciate any time a doctor or health care professional will take the time to talk with me about what I will want at end of life rather than denying that it is going to happen and that there are important decisions that can be made ahead of time which will make life and death a more humane process. In this technological age it becomes very complex to make these decisions and the more information and contemplation we can have about them is helpful...*

L. W., Kalispell, Montana

**Comment:** LW did not refute any specific comment I made. Instead, she misquoted me and took me to task for it. This is the typical "create a straw man and knock it down" technique. The person using this technique cannot honestly debate a particular position, so instead he/she misquotes the truth and then attacks the fallacy.

I am opposed to our government **requiring** doctors to bring up death counseling or end-of life issues. In this case, LW insinuates that I am against a person's **voluntary** discussion with his/her doctor, priest, pastor, or counselor

concerning end of life matters. This creates the straw man that she attempts to “knock down” in her letter.

People that use this technique are inherently dishonest. They are like a kid caught with his hand in the cookie jar. Rather than admit his culpability, he attempts to change the subject by attacking the person that caught him doing his misdeed. The insolent little brat says, “Mom, you really don’t love me. You’re always on my case!” Suddenly, we are now talking about whether or not Mom loves her kid rather than dealing with the original issue. It’s a classic escape and deflect technique.

Lastly, the biggest problem with people such as LW and others is that they tear down and even rip apart someone else’s position, but they never really say what THEIR position is. This is a sly, if not outright dishonest tactic.

If you wish to further explore the sly debating trick of the straw man, enter “[create a straw man and knock it down](#)” into your Google search bar. You can find some good sites that offer more examples of the use of this tactic.

*You lost me with your so-called "death panel" issue. I would think someone in your position could separate politics from the issues, but apparently you believe the garbage espoused by such ignorant, heavy-thinking bird-brains (no offense meant to our avian friends) as Sarah Palin. If you understood the English language you would know that the subject is "end of life counseling." Do you also refer to the health care bill -- currently under debate in the house as -- Obamacare...  
T. D., Juliaetta, ID*

**Comment:** TD does not seem to understand that most important issues **are** political. Is TD suggesting that if he has a condition that the government deems too expensive to treat, he wants a bureaucrat to deny him treatment?

*First let me say that I have greatly appreciated the information and assistance you have rendered in the area of insurance coverage and the various programs available.*

*But I do not appreciate the grossly inappropriate attempts to "enlighten" me regarding politics, the President and any other right wingnut bull sh\*t like the so called "death panels." I am not a T-bagger, nor an ignorant Palinite or Beck butt sniffer--I deplore the rampant hypocrisy that is such a large part of the right wing agenda and I am insulted by those that think me stupid enough or gullible enough to swallow the crap that they constantly try to ram down people’s throats.*

*I moved to Idaho for the beauty of its landscape and the privacy of its open spaces, not for the gross lack of intelligence and common sense of many of its citizens. It seems rather obvious that the ignorance and poverty of much of its population (especially the north and central areas) is in direct correlation to its p\*ss poor public education system and its love affair with the narrow minded, hate filled super conservative politics. I therefore decided long ago that I would (1) never raise a child here, not being willing to subject any young mind to the ignorance and extreme bias, and (2) never discuss politics here, finding it akin to attempting to cast pearls amongst the swine.*

*I am therefore asking that you strike me from your mailing list and not communicating further for any reason. I honestly thought you were one of the (rare) intelligent and*

*open minded people in this part of the world, but this attempt to "educate" me about "death panels" has obvious (sic) proven me wrong.*

H. F., Lenore, ID

**Comment:** Wow...what a classic case of projection! Everything that HF rants about could be used to describe himself. He says that he “*decided long ago...never (to) discuss politics.*” So what is he doing? Yeah, discussing politics. I ask again: HF, do you want some government bureaucrat telling your doctor that he has to provide end of life counseling (death panels) instead of treatment options, because at 75 years of age, you are considered too old and not eligible for treatment?

The focus of my article was the administration bringing back the “death panels” as a part of Obamacare. I wasn’t discussing Sara Palin, “*narrow minded*” people “*especially the north and central*” Idahoans with a “*p\*ss poor public education*”, or any of the other extraneous issues that TD and HF raised.

TD and HF are acting just like that insolent little brat caught with his hand in the cookie jar. As an aside, they both moved to Idaho from the Seattle area.

*Thanks you for the Med Supp News bulletin. Lots of interesting info. My wife and I especially enjoy the health tips. Keep up the good work. C. H. & P. H., Whitehall, MT  
PS: Thought we would try for your drawing, also.*

*The newsletter was very interesting.  
G. M., Three Forks, MT*

*Regarding the “Askapatient.com” website: My doctor gave me some sample medication to try. I noticed what I thought were undesirable side effects and went to the website. One person had written, “This is the worst drug I’ve ever taken. I will never take it again.” After reading the list of side effects people experienced and experiencing some myself, I told my doctor about it and was able to switch to a different medication. (I am a nurse and thought I knew this medication.)*

M. H., Stevensville, MT

Dear Lance,

*I want to take a moment to thank you for the quality service and guidance you provide your clients. Insurance products for the senior population are very complex. You care very much about your clientele. And, it seems you always go the extra step to guide them through the minutia of the hype and the rules and regs. I can’t imagine how the older population manages without someone like you to guide the way.*

*Just want you to know that your dedication is noticed and appreciated. Also, I appreciate your newsletter—lots of good information. I read it from cover to cover.*

L. N., Morgan Hill, CA

Thank you for your letters!

My theme is the same as before. Connect the dots! The more people that do what Shirley, Marlee, and others are doing, the healthier we become. Yes, a proper diet and the right exercise can make a huge difference! □