Through the lens of my disability I am trying to solve a fundamental issue in human nature concerning choice. Eighteen years ago, I was in and out of doctors' offices and hospitals for over three years. The 'illness' continues to deteriorate my flexibility, bone structure and capacity to function throughout the day. It was eventually diagnosed as Ankylosing Spondylitis (AS). As an arthritic autoimmune condition, it is chronic, it is debilitating and there is no 'cure.' In my course work through the College of Education and Social Services' Interdisciplinary Program I have explored the concepts and notions behind: "What quantifies or qualifies 'illness' or 'cure'?"

A 2012 study by Reveille, et al. shows conditions like AS, grouped as Axial Spondylarthritis (AxSA) or SpA, may affect up to 1% of the population. Classes like *Beyond Medical Models* expanded the 'event horizon' on 'care' and 'treatment modalities'. Are we as a society and world fully engaged, individually and collectively, to usher in the next generation of 'healing' and 'care' paradigms in medicine and education? Can genomic expression, such as mine, be 'cared' for through proper nutrition, mindful exercise, a healthy living environment, and communal support; not just chronic and acute pills, needles or surgeries for profit making establishments? It should be obvious for me to say that there is no 'one size fits all approach.'

Arthritic lower back pain or 'Chronic Pain' is leading the nation in claims for social security disability payments (spondylitis.org). It is one of many 'conditions' categorized along with other physical and mental health concerns, including addiction recovery as "Invisible Disabilities" (Chizick). I will speak to further advocate for dialogue and collaboration in healing modalities for choice in treatment, care and education. In conclusion, more research, communication and action are needed for positive transformative global change.

Sincerely,

Jarett Chizick

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