



Conscious Life presents

TRAUMA SUPER CONFERENCE

Trauma and chronic illness

Guest: Tracey Reed

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[00:00:10] Jaia Bristow

Hello and welcome back to this Trauma Super Conference. My name is Jaia Bristow and I'm one of your hosts. And today I am delighted to be welcoming nutritional consultant, co-author of *Histamine Haven* and self-proclaimed gut geek, Tracey Reed. Welcome, Tracey.

Tracey Reed

Hi! Thank you so much for having me. I'm really excited to have a chat today.

Jaia Bristow

Me too. And I'm particularly excited about this theme around trauma and chronic health conditions because the two are so interlinked both in my own life and experience, as well as in general, I think. So maybe we can just start a bit by talking about what's happening at a cellular level in the body with trauma.

Tracey Reed

Okay, so I'm sure most of the presenters, or many of the presenters, in this conference are talking about the brain and trauma. But what happens, so, you have this perception of danger in the brain and that gets communicated through the nervous system. So this, I think, is typically pretty common knowledge when there's a conversation around trauma.

But what's really, really cool, well I think, I get really fascinated about mast cells, but what's really cool is when the nervous system, the neurons in the nervous system, are communicating danger, so as part of that trauma response they're communicating danger, and they do that by releasing different chemicals, and they actually communicate with these cells called mast cells. So mast as in like the mast of a ship, M-A-S-T.

So these mast cells are part of your immune system and the research literature looks at how mast cells and neurons are always crosstalking. They talk back and forth to one another. So what's really, really fascinating is that these mast cells are masters of signaling. So they contain over 1000 different chemical mediators and so they can release different chemicals to signal, to communicate, things to other cells anywhere in the body.

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So this is really, really fascinating because as these masters of signaling, the mast cells are really the gateway between our nervous system and the rest of our body. So, again, when you get this like the nervous system is signaling danger, the mast cells receive that signal. They say danger, okay, we got it. They reciprocate signaling back to the neurons and can actually perpetuate that trauma response.

But then they tell the rest of the body that there's danger. And that cellular talk actually looks really different from person to person and it's the subtleties and the uniqueness of that cellular talking within each individual that means that the way trauma shows up physically in the body is going to be really different from one person to the next.

Jaia Bristow

Fascinating. And it's really interesting, right, because this link between trauma and our very cells and how that can then trigger different responses, it's the whole mind body link, it's fascinating. And then through these mast cells then, I guess, and through all this communicating, how can trauma then trigger chronic illness, or what's the relationship between trauma and chronic illnesses?

Tracey Reed

So the mast cells, under normal circumstances, will release these chemicals to signal different information to the body. But with chronic illness, the mast cells are often acting inappropriately where they're maybe releasing these mediators on an ongoing basis. With trauma, the brain is perceiving danger all the time, even when the individual is safe. So that signal is obviously always coming to mast cells.

And then the mast cells communicate that to the rest of the body but, again, they're communicating this back to the neurons, the nervous system, as well. And these two cells, the neurons and the mast cells, actually perpetuate one another. So they are signaling to each other, ramp up the signal, ramp up the signal, ramp it up. And so the mast cells are then just always getting this feedback, oh, I have to keep signaling danger, I have to keep signaling danger.

And again, there's this condition called mast cell activation syndrome where these mast cells are acting inappropriately and they're releasing these chemical mediators very often, they're releasing them with really, really small amounts of triggers. And the mast cells, again, because they're communicating to all the cells everywhere in the body, they can contribute to chronic illness because many of the mediators are inflammatory in nature and so they can contribute to things like pain, lightheadedness, itching.

Sadly, almost every symptom that you can possibly imagine, mast cells have the potential to be signaling those symptoms to the body. And it's actually really fascinating as well to look at the research and look at what chronic health conditions have mast cell involvement. And the list is really, really long. But if we were to look specifically at trauma comorbidities, where we know there's mast cell involvement, we would see things like IBS, chronic fatigue, fibromyalgia, cardiovascular disease.

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And then there's symptoms, well, actually, I guess I think of chemical sensitivities as a symptom, but there's also like chemical intolerance is sort of the diagnostic term. So there's so many health conditions that we know there's mast cell involvement as part of that health condition. So then for me, because I'm working with a lot of people who have mast cell activation, the big question is always is this a normal mast cell response as part of your chronic health condition? Or do you actually have mast cell activation syndrome that is driving these other diagnoses or health conditions that you have?

Jaia Bristow

So it's a bit like the chicken and egg thing, right? Is it there because of these chronic conditions or is it causing the conditions? And what's the link? And I'm someone who has mast cell activation syndrome, amongst many, many other conditions. I've been diagnosed now with about 18 chronic conditions including IBS, gastric things, PoTS, which is a heart condition, hEDS, which is to do with the joints and all kinds of other ones. But those often go together.

Tracey Reed

Absolutely. Yeah.

Jaia Bristow

And it's interesting because of all the different conditions, I feel like mast cell was always the one that I least understood. And speaking with you, I understand that that's probably because it's the underlying one that's almost most connected with everything, but because it's at the cellular level, it's hard to understand which symptoms are directly linked to that.

But in my own healing journey as well, changing my diet and going on a sort of low histamine diet and all those kinds of things, of all the different diets I'd been given, is the one that was the most supportive. So I'm wondering if we can talk a little bit more about diet now and the relationship between mast cells, trauma that causes these invisible illnesses and can trigger these mast cells, and diet?

Tracey Reed

Yeah, so, interestingly, we can use diet to create a sense of safety in the body. And it's obviously a very, very different route than using therapies or meditation or vagus nerve, all of these other approaches. This is a very different approach to use. But it makes sense, again, if you understand how neurons, the trauma piece, is being connected and they're chatting to these mast cells.

So with diet, you mentioned a low histamine diet. And histamine, it's one of the things that mast cells can release, but they also, I'm going to try to describe this for laypeople, so if you can imagine a cell, just imagine it as like a beach ball. And on the surface of that cell or that beach ball, there's all kinds of receptors. And the receptors are like a lock. So just like the lock on your front door, for example.

They need a key to initiate something inside the cell to happen. So on mast cells, there's like over 100 receptors, all for different things, but there's a receptor for histamine. So in addition to storing

and releasing histamine, they have receptors for histamine as well. And so if histamine is the key and it comes and triggers that lock to open, it triggers like a cascade of other things, other chemical mediators, to be released, this ties into the diet piece because with the diet, often it's recommended to do a low histamine diet.

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And that's why. Because if you're ingesting foods that have histamine and most people know histamine as part of an allergic response, right, they've heard of histamine, even if they don't have allergies, because they know antihistamines. People take antihistamines when they have an allergy, but foods contain histamine as well.

So if you consume a food that's high in histamine, that histamine can get into your bloodstream, circulate and bind to mast cells via this histamine receptor. And when that happens, then other inflammatory chemical mediators get released, contributing to your symptoms. So by going low histamine, we stop, again, signaling to the mast cells that they need to release more of these chemical mediators.

And I would say that's actually just part of it, is the low histamine part. There are nutrients that are mast cell stabilizing. So they kind of tell the mast cell, okay, you don't have to release things quite as much. So there's things like Quercetin and vitamin C. And so making sure that there's an abundance of those nutrients in the diet to stabilize, kind of calm those mast cells a little bit is really important as well.

And then there's this whole gut healthy piece to the dietary protocol as well. And it gets a little bit more complicated, this gut healthy piece, because there's an enzyme that you make in your gut. It's called diamine oxidase. DAO for short. And so if your gut health isn't good, you're not making that enzyme, there's the health of the gut microbiome, so hopefully your audience is familiar with the gut microbiome, but these are the trillions of organisms that live in your GI tract.

But you can have microbes in your gut that help to break down histamine, or you can have microbes that actually are making more histamine. So there's also, I know this is a really long answer, but when we're talking about diet, it's really important that we're looking at this from a really multifactorial approach. Because I know the low histamine diet has been around for decades, but in and of itself, all it's doing is reducing the flares, reducing the trigger for the mast cell.

But it's still not stabilizing mast cells, addressing the gut part, it's still missing a few things. And so going low histamine, while it can be quite helpful to manage symptoms, can sometimes still contribute to your condition from a long term perspective, because it's not looking at the health of the microbial community. It's not looking at, do you have the nutrients you need to make DAO? Do you have the nutrients that you need for your liver to move out histamine?

So this is one of the things that a colleague of mine, Luka Symons, and I have been working really hard at creating a comprehensive protocol, a dietary protocol, that builds all of this in. So that is how you can help with diet. So you're coming at it the opposite way that you would with other approaches. You're coming at it from stabilizing the mast cells, and then once you stabilize the mast cells, the mast cells are no longer communicating danger to the neurons. So you're coming at it from the opposite direction, essentially.

[00:14:39] Jaia Bristow

It's super interesting, because there's so much in what you just said. So, like you say, one of the key elements that I take from everything you said is the need for a holistic approach, right?

Tracey Reed

Yes.

Jaia Bristow

And that we've talked a lot about histamines, we've talked about mast cells, but if you focus on just one thing on its own, it's not going to be a miracle cure. There is no such thing. You need to work on the gut in general and all the different organs. And I find that that's so often an issue in the Western medical system especially, is that people, I've got all these different conditions and they're clearly all interrelated.

And yet I get seen by different specialists for each one of my conditions. And each specialist will put me on a specific diet and will prescribe me specific meds which then have an adverse effect on some of my other conditions or symptoms and all that kind of thing. So I'd love to go into the piece in a second around medical, because whilst we're talking about chronic illness and trauma, I think we need to talk about managing the medical world and dealing with that, because that's a huge piece.

But before we go to that, I wanted to highlight what you were saying about how trauma and chronic illness are related. I think quite a few people are aware of that. And if people aren't, then that's really interesting to know that. But the idea that we can work on health conditions by working on trauma. I know that I've done a lot of trauma work and that's supported some of my overall health.

But also that by focusing on the health, that can also support trauma healing as well, they're combined. So I really like what you're saying, that it's just another way in. And I think that that's fascinating. So thank you for bringing that in.

Yeah, let's talk a bit more about managing the medical world with chronic health conditions. And I use the word chronic health conditions, but especially when these conditions are known as invisible illnesses. And I put those in quote marks because for those of us who have them, they're not very invisible. We see them, we often recognize other people who have them, that kind of thing.

And so for people with these kinds of invisible illnesses, of course there's the trauma of just being dismissed, not being taken seriously, when a lot of our conditions are already triggered by trauma in the first place possibly, especially like what we were just sharing. And then being dismissed by family members and friends and partners, and then finally getting to see a doctor and being dismissed by them.

And this can go on for a really long time and create this sort of distrust in the medical system, distrust in doctors, can reinforce the symptoms, all this kind of stuff. So that's not really a question, but maybe you could say a bit more about all of that.

[00:17:39] Tracey Reed

Yeah, so I can add to that a little bit. Often they'll start with their family doctor and again, when there's trauma, the potential to have sort of multiple chronic illnesses exist. And so they'll go to their doctor, as you described, they'll go to different specialists. And the problem, I think, right now is that the doctors will do the standard testing that they have available to them.

And that's all fine and lovely, but that testing, the results will all come back normal. And so then this is where doctors are like, well, you're fine. Everything's fine. And so this is where people then get told it's all in your head. And so doctors are assuming that this is all stress mediated, which still sort of ties in with the trauma part, but it's such a big problem. And so if people are strong advocates for themselves and they keep coming back and saying, well, no, this is real, I need to do something, then they start getting referrals to these specialists.

But again, what you've just described, and I see this all the time with my clients, is that they really come back from these specialists with no more information than they had before, other than here's a pharmaceutical that you can try. This is called medical gaslighting when people are told it's all in your head, they're sort of dismissed. It's invalidating. And interestingly, the research shows that this happens more with women, with racial minorities, with LGBTQIA+.

We have this very patriarchal medical system. And even though we now have women doctors, they are part of a patriarchal system. So there's all kinds of discrimination that goes along with this, like medical gaslighting.

So the problem here is a couple of things. One, we just don't have the right testing available in mainstream medicine. It's there, it's being used by integrative and functional doctors, but it's not part of our mainstream medicine. And there was actually just a study done very recently looking at mast cell conditions, and countries from all over the world were brought in.

And really, the dominant theme of this research paper was we need more education. Doctors don't know about the mast cell piece and all of this. So we need more education, we need better testing, we need better diagnostic criteria. But again, the problem is we don't have the right testing. We don't have the right education for our doctors. And so people are dismissed.

And it perpetuates, as you said, it perpetuates the trauma because what they are experiencing and feeling, which can be really debilitating, whatever those symptoms are, they are very, very real for that individual and their doctor is just telling them, no, you're fine. And so we just need a better system and we need one that is accessible for everybody. Because, again, yes, we have integrative and functional doctors that are utilizing the testing that is helpful for identifying some of these things, again, at a cellular level. Like what are the chemical mediators in your body that are contributing to your symptoms?

And, unfortunately, I think we're still a little ways away from that. I don't want to totally poo-poo the medical system because there are brilliant doctors and there are doctors who will try to dig into the research and try to figure out what's going on with their patient to try to help them, but the vast majority are in this model of this is what I know, this is what the lab tests are showing me. So let's just move on and say this is psychosomatic.

[00:22:28] Jaia Bristow

Absolutely. And I think, like you were saying, part of it is the system, right? So I work as a diversity, equity and inclusion consultant, as well as working around power privilege dynamics and doing courses on that. So I talk a lot about systems, systems at play which can be harmful to certain people. And like you say, you can have people who are very qualified within those systems and who do the right work, but when the system is broken, then it's hard for the work to happen.

And you can have, you talk about how there's often discrimination against women, find it harder to be diagnosed, as well as people of color, and especially conditions that appear and occur more often in women, there's also issues around that. I have endometriosis, for example, that's a whole thing that people are only just starting to know a bit more about. I think, mast cell, often, I don't know if it, I think, is one of the ones that often occurs more in women. So, again, there tends to be less funding.

And as you say, even if they are female doctors, they're still in the same system. I was fortunate enough that I actually eventually found a general practitioner, a GP, who knew lots about chronic health conditions and was able to refer me to the right specialists. But as I've mentioned before, it's still difficult, you still get sent to different specialists who don't always communicate with each other.

And also, I know you're in Canada, I don't know much about the healthcare system there, but here in the UK we have the NHS, which is fantastic because it is affordable and free, but it's also doctors and nurses are allowed about just under ten minutes to receive a patient, go through all their symptoms, provide diagnosis and get rid of the patient, right?

So if someone has complex conditions and different comorbidities and different symptoms, then it's really, really hard for that to happen in under ten minutes. And then, of course, there's wonderful functional practitioners out there and holistic healthcare practitioners, but that's not always affordable and accessible for everyone.

So I don't know if you have any solutions, if you have any suggestions, for people who have been struggling with the healthcare system. You mentioned that the idea of sometimes being able to just come back and keep insisting like, no, there's something wrong with me, no, this isn't right. And I know that that's happened for me, but I also know how difficult and exhausting that is.

And I know that especially people who are already dealing with trauma and already have chronic fatigue, it's the last thing is just having to fight to be heard and to be taken seriously and to have one's symptoms taken seriously. So I'm wondering if you have any practical tips to offer to people who might be in that situation who are listening on how to get the care and the testing and the support that they need.

Tracey Reed

Yeah, so I think my number one tip would be to find yourself a family member or a friend who will advocate for you, especially if fatigue is part of what you're struggling with. And don't be scared to ask for second opinions, for referrals. What you described, you were lucky to kind of find somebody who was willing to listen and then made some referrals. You have to be an advocate for yourself and you have to be willing to fire your doctor if you need to.

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And again, this can be challenging, right, if you're struggling with trauma, lots of pain, lots of fatigue. So, yeah, a friend or family who would be willing to take that role on for you, and obviously it's a bit of a commitment, but somebody who's willing to come with you. And before you go into that appointment, you have a conversation and say, okay, look, this is maybe my goal for this appointment.

And I think another tip would be to go in with small goals, to not go in and say, hey, here's my ten conditions and I'm looking for help in my ten minute appointment. Start with one thing or start with just a couple of little symptoms. Get yourself in the door, so to speak, so that somebody is actually listening. And as you build that relationship and they're listening more and more, that's where you can start to bring in the complexity of what you're dealing with.

But I think having an advocate is really, really important and recognizing that you have the right to go seek other opinions, you have the right to ask for referrals. So, yeah, that self advocacy piece I think is really important. And having that support.

Jaia Bristow

I love that. The importance of allyship, of having someone who can come and support you and advocate for you when you're too exhausted to do that. And I think with these conferences, at this one, we also put on the Fatigue Super Conference, which talks about different chronic health conditions, there's all kinds of other resources out there that are free these days.

Whilst it can be a lot and overwhelming sometimes with too many resources, if we find something that resonates that can maybe help inform our goals, like you were saying, if you're going with a goal, and whilst I say I was lucky to find the right GP, actually it was after many, many years of being dismissed by many doctors and, like you said, continuing to try different ones.

And I'd moved and I'd seen a couple of different doctors in the GP surgery. And then I actually looked and researched online and looked at all the different names, how much experience they had, what their areas of interest were, and I found one that said special interest, chronic health conditions. So I was like, great. And then I got lucky that he actually did know about the conditions I have.

So, again, it can be exhausting and if people can get help with this, but doing one's research and having goals, asking to be referred, I have another doctor who knows nothing about any of my conditions, but he's very amenable to just doing what I ask of him. So it's like, hi, I would like to have an appointment with this person and that person, I would like to be referred for this. I need this kind of thing.

And I've got to a point now in my health journey where I can do that because I have enough information from having seen the right people, from doing this work, and interviewing lots of experts on these kinds of topics as well really helps. But yeah, I think that that's all really important, what you were saying.

[00:29:26] Tracey Reed

It's interesting because as a nutrition professional, I often actually end up being this person to my clients, where I'm the person who's saying, hey, you know what, this is somebody you should go see. Because they've seen their family doctor, they're not getting the support. And so locally, where I live in Calgary, I will say, okay, this is the doctor you need to be asking a referral for, or these are the alternatives for you.

Again, because people, they're just so overwhelmed and they're not getting the support they need. So I just try to help navigate. So even if you can find a practitioner in your life who is helping to navigate the resources that are available, that's really valuable.

Jaia Bristow

Absolutely. And finding practitioners, also peer support groups can be really helpful just to indicate like, oh, this doctor will take you seriously, for example, or this practitioner has really helped me. And of course, each person is different, but knowing that there are people out there who are supportive can make a huge difference.

Tracey Reed

Yeah, absolutely.

Jaia Bristow

And so we were talking about these different kinds of traumas, like viral, not just emotional, physical, these kinds of things as well. And I know that one trauma or one thing that is linked with mast cell activation is also COVID and what people are calling long COVID. I know from my own experience, and one of my family members who has it and from talking to the specialist, is actually linked to this mast cell activation syndrome and linked to the mast cells in general. So I'm wondering if you could say a bit more about that?

Tracey Reed

Yeah, so, earlier we talked about the receptors that are on mast cells and there is a receptor that will receive viral and bacterial information. And so, again, this would be relevant when somebody has mast cell activation syndrome and their cells are a bit hyper responsive and act a little inappropriately. When the COVID virus binds to that receptor, they have, again, this inappropriate or hyper responsive sort of cell response and will have all of these mediators, or inflammatory mediators, then released from the mast cells.

And so Dr Theoharides is one of the world's leading mast cell researchers, so he's put out a couple of really good papers on this. And, yeah, it really looks like long haul COVID is, in fact, mast cell activation syndrome. So the question then is, did you have mast cell activation syndrome before getting COVID and this is just now you're in a flare, essentially, where it has just ramped things up? Or did you not have mast cell activation before but was COVID sort of the trigger, the one thing that has communicated danger to your mast cells and so now you have this mast cell activation syndrome?

[00:32:47] Jaia Bristow

Yeah, that makes a lot of sense. And how does one know then? We've talked about long COVID, but in general, how do we know if someone has chronic health conditions or invisible illnesses or whatever we're calling them, how do we know if it's linked to mast cells or if it's a form of mast cell activation syndrome? Or, as you said, the chicken and egg thing, if it's mast cell that's causing it or if it's mast cells are just responding, what are the flags? What are the signals that can let us know?

Tracey Reed

Well, I think one of the signals, actually you just described, would be that you have multiple diagnoses, there's more than just something simple going on, but some of the signs would be sensitivity to different things. And I'll give you some examples. I have mast cell activation syndrome, and for me, I really don't tolerate perfumes and fragrances, so I'm very, very sensitive, right, like walking down the aisle, the laundry detergent aisle, in the grocery store where it's all perfumed, quite problematic for me.

But any kind of sensitivity. So some people are sensitive to weather changes. So when the weather changes and you get that atmospheric pressure change, for a lot of people that might induce migraines or other symptoms. Some people are sensitive to electromagnetic fields, so being on cell phones or on a computer a lot can start to flare symptoms.

Sensitivity to vibration would be another one. So I've heard of people when they're mountain biking and they're jiggling on their bike, that they'll get hives, for instance, from that. Actually, here's another really good sensitivity. If you've ever tried, and this is very relevant in the context of a holistic approach, if you have tried using herbal approaches, and sometimes they don't work the way they're supposed to, so they may actually make things worse sometimes, or there's just unexpected results from taking them, that, again, is like a sensitivity that's impacting your mast cells.

And then pharmaceuticals, the exact same thing. So maybe you've taken pharmaceuticals, they haven't worked the way they were supposed to, or they even make your symptoms worse. So these are all things that you might be sensitive to, and any kind of sensitivity like that would be a red flag for mast cell involvement as part of a chronic health condition.

Jaia Bristow

Interesting. I can relate to a lot of what you were saying when you were talking about vibrations. I suddenly remembered it's quite strong vibrations, but when I was a teenager, some of my friends used to have trampolines, and I loved it in theory, but I would always, without fail, get migraines. When I was on the trampoline after, like, five minutes, I'd get really intense headaches, and I never thought about how that might be connected to my health conditions until just now. So it's super interesting.

Before we end, I was wondering if you might have any advice that you might want to give to practitioners around taking a holistic approach and supporting people with multiple chronic health conditions.

[00:36:15] Tracey Reed

Okay, so for practitioners, I think practitioners will understand there's this field called psychoneuroimmunology. So psycho, happening in the brain. Neuro, like the nervous system communication part. And immunology, how that impacts our immune system. So for practitioners, if they know that that connection is there, and start to maybe explore some of the research literature in that area, that, I think, would be maybe a good starting point.

But I think it is really important to always ask, as a practitioner, always ask, why is this happening in the body? Whatever the symptoms are, why are they happening? Instead of asking, how can I treat these symptoms? What can I give this person to manage these symptoms? We have to keep asking, why is this happening? What's at the root? What are the contributing factors?

Because when we look at chronic health conditions as a whole, it's always the same things underlying. We could look at the gut part of it and the gut microbiome. There's so much research now correlating dysbiosis, so when the microbiome is imbalanced or not healthy to all chronic health conditions, essentially. So what's going on in the gut? Is there a leaky gut? What are the triggers? Is there, again, toxicity in this person's body? Is there stress? What's the diet like? Are they exercising? Are they sleeping? All these foundational pillars to wellness.

And then sometimes there's a genetic piece. But when we talk about genetics and chronic health conditions, it's really, really important to understand that genetics is a predisposition, in most chronic health conditions, there are some genetic conditions, but it's a predisposition, and it only makes up 10% of developing that chronic health condition.

So as a practitioner, if you recognize, okay, I don't have control of that 10%, but I have control of the 90% of the other factors that are contributing to this individual's chronic health conditions. That's really profound to realize, that's how much we have control of. And that's why you need to ask why to figure out what that 90% is that's contributing to that person's health condition.

Jaia Bristow

Amazing. I think that's so important, that getting to the root rather than just treating the symptoms. And that's one of the shortcomings of Western medicine, especially, like I was saying, with the lack of time, the lack of understanding, the lack of education around these topics. And I think culturally as well, we're often in a society where people focus much more on the individual than the systemic.

And I think that that applies to our health, where people focus on the individual symptoms rather than the holistic systems in our bodies and how they communicate and talk to each other and what's going on and how when one system is impacted, it will have a knock on impact on everything else. So I think that that's really important.

Tracey, how can people find out more about you and your work? I know I want to book an appointment with you now after this conversation.

Tracey Reed

So I would direct people actually towards my website, histaminehaven, so that's histaminehaven.com. If what I have been talking about today resonates with you, so a lot of my

work, as I have said, is like histamine mast cell mediated issues and I have spent, with a colleague of mine, Luka, the last two years, we have created our website, we have online programs, we have a cookbook and resource guide.

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So the website is a good starting point because there's some free resources there, and there's a link there to connect with me directly as well.

Jaia Bristow

Fantastic. Thank you so much for your time today. I think it's been a really interesting conversation, and I really appreciate you sharing your wealth of knowledge on the topic.

Tracey Reed

Thank you. Very, very happy to have been here and part of this. Thank you.