



**GLUTEN
INTOLERANCE
GROUP**
of East Central Wisconsin

GLUTEN-ZERO NEWSLETTER

http://bit.ly/GIGECW_Newsletters

Educate / Motivate / Advocate

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Meetings

When: Third Saturday of odd
numbered months (Jan, Mar.,
May, July, Sept., Nov.)

9:00 am to 11:00 am

Where: Ripon Medical Center
in the Ripon/Princeton Rooms.

Spouses and loved ones are
also encouraged to attend.

Alan Klapperich,
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www.facebook.com/GIGofECW

Recently on Facebook, I shared information about a toaster that has a setting for gluten-free bread.

After we discussed the various aspects of this newfangled toaster, we started reminiscing about “the old gluten-free days” and the changes that have taken place.

Just as our grandparents could remember when that subdivision at the edge of town “...*was all farmland*”, we recalled when allergen labeling was non-existent and edible gluten-free bread was just a pipe dream.

Today, we hear growling from some of the newer gluten-free community members about how rough they have it.

I have to chuckle to myself. My oh my, how history repeats itself. This situation is much like a child describing their “awful circumstances” to a parent. I think we’ve all heard... “*You think you have it rough? When I was young...*”

Ahh the wisdom that age and experience bring to the party.

Please understand, I am not making light of newly gluten-zero’s plight. Their struggles are real and their concerns are valid - just as ours were. Any lifestyle change difficult.

During our online conversation, my friend of almost ten years commented on the fact that we were pioneers. This is true. Actually, we’re just the next generation of gluten-zero pioneers. By my calculations, we are 3rd or 4th generation.



What is Generation GF?



Generation GF, a program of the Gluten Intolerance Group (GIG), is designed to build confidence in kids, teens, and young adults, and help develop them into the future leaders of our gluten-free community.

Our goal is to provide safe environments where kids don't have to worry about what they are going to eat and can just enjoy the fun that comes with being a kid.

We want to provide families with a resource through which they can have their questions answered and where they can feel more involved with others in their community.

Most importantly, we want to create a program that all age groups will embrace and feel happy to say that they are members of Generation GF.

Join Generation GF!

<http://bit.ly/GIGGenGF>

Gluten-Zero Thoughts Continued

As you'll learn in *Time Traveler's Guide to Celiac Disease - Vol 2*, we can go back to 1924 to find our first modern day gluten-zero ancestors.

In a time when the survival rate for someone with celiac was very poor, those "Banana Babies" started to clear a path that we follow to this day.

Each generation stands on the shoulders of the previous generation. Every day we are moving further down this uncharted road. Each generation makes the path easier for those that come after them. I fully expect our "gluten-zero parents and grand parents" looked upon our grumbling with a "*you ain't seen nothin' kid...*" sentiment. And so the circle continues.

Our generation has made some tremendous strides in all aspects of gluten-related disorders. It will be interesting to see how fast and how far we can push the envelope. I am excited about the future and what Generation GF will be able to do.

Keep up the great work. Stay strong. Be well. Keep moving forward.

Alan Klapperich
GIG of ECW Branch Manager

[Ancestry.com](http://ancestry.com) tells us a generation currently equals about 25 years - the time from the birth of a parent to the birth of a child. Generation lengths are not fixed and fluctuate over time.





Dr. Rodney Ford, a pediatric gastroenterologist, allergist, and nutrition consultant from Christchurch, New Zealand, is on a mission is to create "global gluten-consciousness".

Where? Everywhere!

He wants to generate heightened awareness of gluten-harm in individuals, families, medical clinics, hospitals, restaurants, factories, farms, barber shops, grocery stores, governments, etc.

How do we do this?

By talking, by spreading the word, by opening up lines of communication, by networking with one another. Also by our actions. Actions speak louder than words.

To learn more about gluten-harm and global gluten-consciousness, check out Dr. Ford's book:



"Gluten:Zero Global"

The Interview

It is my pleasure to introduce Alex. He's a very polite, well spoken high school student with an infectious personality any celebrity [even us non-celebs] would covet. He and his family live in Ludwigshafen, Germany; near Heidelberg.

Alex was interested in interviewing members of our group. He was assigned a project to demonstrate he was a "global student". As a recently diagnosed celiac, he thought it would be a great idea to combine these two elements. Ausgezeichnete idee! [Excellent idea!]

This project will compare gluten-free life in the USA to Germany. Alex was prepared with many excellent questions like "why are you gluten-free?", "what is it like to shop, dine out, social events", "what are the labeling laws?"



Left to Right: Kimberly, Shannon, Alex, Pat, Al

Traveling around the US, he was able to experience the gluten-free landscape of large cities like Chicago and New York. He was impressed with the awareness, knowledge, and food availability in the US. Back home, he often gets funny looks when talking about celiac disease or gluten-free. We assured him that happens here too!

Big thanks to Alex for reaching out and to Kimberly, Shannon, and Pat for taking time out of their busy day. One of my favorite perks of being gluten-zero is meeting other gluten-zero people - no matter where they live.

To increase the global factor, GIG of ECW presented Alex a copy of "The Gluten Syndrome" by New Zealander, Dr. Rodney Ford. Good luck Alex!



Day: September 20th, 2008

Time: 9:00am

Place: Ripon Medical Center

Our very first topic was *The History of Celiac Disease*.

Knowing the backstory on this condition gives us a better understanding.

Over the years, I'd add bits and pieces to this article, but it has remained on the back burner for the past year or two...until now.

I hope you enjoy reading this as much as I did researching it. Due to the length of this article, I've split it up.

Alan Klapperich

Time Traveler's Guide to Celiac Disease - Vol. 2

By Alan Klapperich

Time Traveler's Guide to Celiac Disease - Vol 1. can be found in the May 2015 newsletter: <http://bit.ly/GIGECW-May-2015>

Christian Archibald Herter (1865-1910)

We now must jump across the pond to the United States of America. We find ourselves in the year 1908. Technology is making a lot headlines.

Ringin in 1908 begins with the very first ball dropping at Times Square. Happy New Year! We see the start of New York to Paris automobile race (via the frozen Bering Straits), the first of it's kind [this was a time when the horse was more reliable than a car]. Race winning time is 88 days. Five years after the first airplane flight, the Wright Brothers include one of their mechanics on a flight. The first airplane passenger opens the door for a new way to travel.

Christian Herter publishes "Observations on Intestinal Infantilism". He wanted to spread awareness of an intestinal disorder that wasn't generating much interest in the medical community. For 12 years he had been observing a condition associated with arrested body development.

Herter was seeing this condition in children of various ages from 2 through 6 years. These children had been sick for one year or longer with noticeable differences in their digestive tracts. All of the children had histories of interrupted nutrition with weight loss as well as periods of improved nutrition and weight gain. The disease was seen in almost all cases of children in well-to-do families. They suspected children from poorer class families didn't survive long if they had this condition.

Herter describes Intestinal Infantilism:



Time Traveler's - Herter Continued

"The chief or essential clinical features are the following: (1) an arrest in the development of the body; (2) the maintenance of mental powers and fair development of the brain; (3) marked abdominal distention; (4) moderate grade of anaemia; (5) rapid onset of physical and mental fatigue; (6) various obtrusive irregularities referable to the intestinal tract.

Herter focused a lot on the bacterial makeup of the intestinal tract. He was interested in the effects of diet change and the change in bacterial flora. In the 21st century, medicine continues to study the 100 trillion microorganisms (microbiota) that inhabit our intestinal tract. Science is starting to draw many connections between the health of our microbiota and the health of our bodies. Since a large percentage of our immune system is housed in the gut, it adds some credibility to Hippocrates' quote *"All disease begins in the gut"*.

Like his predecessors, Herter also notes the importance of dietary intervention.

"Dietetic measures are the keystone of the therapeutic arch in infantilism. Without the closest attention to them there is little chance of beneficially modifying the intestinal processes which underlie the affection."

He found it necessary to experiment so he could individualize and optimize a diet for each patient. He wanted adequate nutritional intake with *"as little waste as possible from non-absorption and as little opportunity as possible for excessive putrefaction"*. Dietary tweaks focused on carbohydrates, fats, proteins, gelatin; noting fats were better tolerated than carbohydrates. He determined that in the severest forms of this condition only very small amount of carbohydrates could be tolerated; potatoes were the most objectionable. However, he was still allowing Huntley & Palmers Breakfast Biscuit [I suspect they were not gluten-free].

His work in Intestinal Infantilism would get his name attached to this baffling condition. Gee-Herter Disease would later be changed to Celiac Disease.

Christian Archibald Herter passed away at the age of 45 from a neurological wasting disease - possibly myasthenia gravis.

Sidney Valentine Haas (1870 - 1964)

The Roaring Twenties are bringing about dramatic changes in the social and political fabric of society. For the first time in US history, more people are living in cities than on farms. Women are pushing the envelope with their sassy new looks to match their bolder behavior and attitude towards life. Their voices are being heard socially, and now politically with the passing of the 19th Amendment (Women's Right to Vote).

Radical changes also make their way into medicine. A new treatment bursts on to the scene that would become **the** therapy of choice for decades to come.

Time Traveler's - Haas Continued

Behold the power of the banana!

In 1924 a New York City pediatrician Sidney Haas described his successful treatment of eight children whom he diagnosed with celiac disease. Because he had success in treating anorexia patients with bananas, he wanted to try it with these eight kids who were also anorectic (lack of appetite).

He published 10 cases - 8 of them treated - which he stated they were "clinically cured" with the banana diet while the 2 untreated had died. His paper was an enormous success and the banana diet was popular for decades. This discovery had a huge impact on celiac children and undoubtedly saved many lives. One key element in the banana diet really wasn't the humble banana, but rather it contained no bread [gluten], no crackers [gluten], no potatoes, and no cereals [gluten]. Sorry Mr. Banana.

Haas was intensely proud of the fact that he discovered carbohydrates were the culprit in all of this. This was the beginnings of the Specific Carbohydrate Diet that is still used with much success today.

He was so proud that he was very resistant to other viewpoints - no matter how well documented they were.

In 1951, Sidney teamed up with his son Merrill Haas to publish "The Management of Celiac Disease". It was the most comprehensive medical text to date.

A former patient of Dr. Haas shares her story of the Banana Diet with Tricia Thompson, RD at GlutenFreeDietitian.com.
Click here for the story: <http://bit.ly/1A3ussX>

Willem Karel Dicke (1905 - 1962)

A decade that started out roaring is now whimpering as it winds down. The 1929 Wall Street stock market crash kicks off The Great Depression. This giant stone cast upon the water sends ripples all around the world. In The Hague, Netherlands, several countries grapple with plans for Germany's World War I Reparation payments. Meanwhile, the political climate in Germany is starting to heat up and will soon turn into a tsunami of death and devastation.

Despite the economic and political turmoil going on around him, Dutch pediatrician Willem Dicke is caring for his patients at Juliana's Children's Hospital in The Hague.

At this point in time, a variety of diets had been suggested for treatment of Gee-



Time Traveler's Guide - Dicke Continued

Herter disease including all fruit diet, the banana diet, puree of potatoes or tomatoes, beef steak, the milk diet. Doctors knew diet was important, but they just couldn't find the "magic diet"...until Willem Dicke.

During a pediatric conference in 1932, Dicke was interested in a case report from fellow countryman Hendrik Albert Stheeman. Stheeman presented information about relapses of diarrhea after consuming bread and rusks (a dry, hard biscuit often used a baby teething food).

According to Dicke's wife, her husband had begun experimenting with wheat-free diets between 1934 and 1936.

"It was a young mother's statement of her coeliac child's rash improving rapidly if she removed bread from the diet, that alerted his interest, when he was a pediatrician in the Hague in 1936"

Dicke published his first report in 1941 titled, "*W K Dicke: A simple diet for Gee-Herter's Syndrome*". In it he writes:

"In recent literature it is stated that the diet of Haas (Banana-diet) and Fanconi (fruit and vegetables) gives the best results in the treatment of patients suffering from coeliac disease. At present (World War II) these items are not available. Therefore, I give a simple diet, which is helping these children at this time of rationing. The diet should not contain any bread or rusks. A hot meal twice a day is also well tolerated. The third meal can be sweet or sour porridge (without any wheat flour)."

The German occupation of the Netherlands was taking its toll. The Dutch government called for a national railroad strike that crippled the German supply line. The "Hunger Winter" of 1944/1945 was the result of German retaliation for the Dutch railroad strike. In September 1944, the uninvited guests locked down all roads which meant nothing moved without German authorization. This action resulted in devastating food and fuel shortages throughout the country during one of the coldest winters.

Eventually, every day staples (like bread) dried up. This forced people to seek out other food sources like tulip bulbs and beet roots. First hand accounts report "*...few things are of fouler taste than tulip bulbs.*"

An estimated 20,000 people lost their lives due to the widespread starvation. One of the children living a blockaded area was fifteen year old Audrey Hepburn. Surviving conditions like jaundice, anemia and respiratory problems, she went on to become the Hollywood star we have come to know and love.

The devastating food shortages brought about some unintended discoveries. The ever-observant Dicke noticed the children under his care flourished during the "Winter of Starvation". He also noticed the mortality rate dropped from 35%-40% (pre-war) to zero. That's correct, roughly one third of the children with celiac disease did not live. The recent observations corroborated his findings almost decade earlier.



Dutch boy waiting at a restaurant during the Hunger Winter.

Beyond DNA: Epigenetics
An interesting article about the long term health affects of the Hunger Winter

Time Traveler's Guide - Dicke Continued

Operation Chowhound
thehistoryreader.com

Mere days before the end of the war, starting on April 29th, 1945, Operations Manna and Chowhound airdropped almost 11,000 pound of food to the starving citizens of the Netherlands. Of course, bread and other gluten-filled foodstuffs were part of the food drop. Once these foods were regularly consumed, the children's health started deteriorating.

At the 1946 International Congress of Pediatrics held in New York, Dicke reported his findings; he was not taken seriously.

In 1950, Dicke published a thesis. In it he describes the meticulous dietary studies that started in 1936 and transpired over several years at Juliana's Children's Hospital. One study centered around a single patient. While in the hospital the boy's clinical symptoms, weight, growth showed favorable response to a strict wheat-free diet. However, each time the boy went home, the wheat-free diet could not be maintained, he suffered set backs in his growth curve. During each of the four longterm admissions to the hospital, his growth trends would work their way towards normal.

By tracking growth curves of multiple children treated with wheat-free diet and comparing them to age matched [healthy] controls Dicke concludes:

*"- if certain types of meal, such as wheat, and rye are replaced in the daily diet, the patient improves;
 - acute attacks of diarrhoea, do not occur, provided these types of meal are not given;
 - after a latent period which can vary in length, deterioration and acute attacks of diarrhea re-occur, if the objectionable type of meal are added to the diet too soon..."*

Working with other experts, Dicke also included in his thesis the results of their dietary fat absorption experiments. They were able to accurately measure fecal fat content, total fecal output, fat absorption. The conclusion of his thesis was that wheat flour and rye flour - not well purified wheat starch (amylum) triggered the anorexia, the increased fecal output, and the increased fecal fat. The creation of the gluten-free diet was based upon these findings. A few years later [in 1953], he published a series papers further documenting the role that gluten from wheat & rye plays in celiac disease.

Even though Dicke's findings were quickly confirmed by other researchers from Britain, Scandinavia, and Germany, some skepticism remained about the efficacy of the gluten-free diet - particularly from American publications.

Even 40 years later, after Dicke overwhelmingly demonstrated that wheat protein [not starch/carbohydrate] that was the root of the problem; Haas still insisted that "all patients are cured by the Specific Carbohydrate Diet, a cure which is permanent without relapse".

Time Traveler's Guide - Continued

Watch for Volume 3 of Time Traveler's Guide to Celiac Disease!

References:

University Chicago Celiac Disease Center - History of Celiac Disease
http://bit.ly/UCCDC_HistoryOfCD

Willem-Karel Dicke: 40 years of GF diet
<https://goo.gl/fHmrBf>

Omnia Science - History of Celiac Disease
<http://bit.ly/iEj9N4T>

Willem-Karel Dicke: Over 50 years of GF diet
<http://bit.ly/iKFIL2d>

Management of Celiac Disease
Dr. Sydney and Dr. Merrill Haas
<http://bit.ly/Haas-Mgmt-of-CD>

Christian Archibald Herter
Collected Papers of CA Herter, On Infantilism from Chronic Intestinal Infection

Willem-Karel Dicke:
Pioneer in Gluten-free Diet in the Treatment of Celiac Disease
<http://bit.ly/iLjWNzG>

**Gluten-Free?
That is the question**

Learn the Facts



Cheerios Update

In our March 2015 newsletter, we covered the launch of Gluten-Free Cheerios. This news has caused quite a stir in the gluten-free community due to General Mills' decision to use mechanically sorted oats instead of certified gluten-free oats.

Tricia Thompson, RD at Gluten-Free Watchdog has been keeping a close eye on this situation. After several conversations with General Mills, Gluten-Free Watchdog has issued an updated position statement.

Gluten-Free Watchdog has given GIG of ECW permission to reproduce their statement in it's entirety.



More info on Cheerios



A collection of GFW articles on General Mills Cheerios.

Cheerios Test Results

<http://bit.ly/GFW-Cheerios-Testing1>

Sick From Eating Cheerios?

<http://bit.ly/GFW-Sick-From-Cheerios>

Updated Cheerios Position Statement:

bit.ly/1UKxBrn

GF Cheerios - Take 3

<http://bit.ly/GFW-Cheerios-Tk3>

GF Cheerios - Take 2

<http://bit.ly/GFW-Cheerios-Tk2>

GF Cheerios - More thoughts

<http://bit.ly/GFW-Cheerios>

If you've gotten sick from eating Cheerios, please follow the protocols GFW has outlined. General Mills and the FDA need to know! See Page 11

Cheerios Update - Continued

Gluten-Free Watchdog Updated Cheerios Position Statement:

Oats: Gluten Free Watchdog supports the use of gluten-free oats by the celiac disease community that are produced under a purity protocol. At this time we do not in general support the use of regular commodity oats that are cleaned at the “end” of production via mechanical and/or optical sorting. We are not necessarily opposed to the use of such oats in the future if their gluten-free status can be definitively demonstrated via a rigorous testing protocol.

Cheerios: The oats used in gluten-free Cheerios are cleaned via mechanical sorting; they are not currently grown under a purity protocol. Due to our continuing concerns about the testing protocol used by General Mills to determine the “safety” of gluten-free labeled Cheerios we cannot recommend this product to the celiac disease community at this time. We are specifically concerned about the apparent lack of follow-up testing on individual boxes of Cheerios when individual test results used to determine a lot mean* are at or above 20 ppm gluten.

- While General Mills told us they would be testing more individual boxes of Cheerios, they did not provide us with any information about what specifically would trigger additional testing.
- While General Mills told us they were interested in sourcing some oats from suppliers who follow a purity protocol, they advised us on August 27, 2015 that, “*at this time you should not have any expectation that Cheerios will be moving to a purity protocol.*”
- While General Mills does test oat grain, oat flour, and finished product Cheerios, we have not been provided with the testing protocols for oat grain and oat flour.

***How lot means are determined by General Mills:** General Mills defines a “lot” as a 24-hour production cycle. To arrive at a lot mean, the following protocol is followed:

1. Twelve to eighteen boxes of cereal are pulled during a production cycle
 2. The contents of each individual box are ground
 3. A sub-sample of ground product is taken from each box
 4. The sub-samples are composited—meaning they are combined
 5. The combined sub-samples are subject to additional grinding
 6. Twelve extractions are taken from this combined, ground sample
 7. Extractions are tested using the Ridascreen Fast Gliadin (R7002) and cocktail extraction solution
- On August 25, 2015 General Mills advised us that, “... all the lots of Yellow Box Cheerios are testing below 15 ppm. Lots of the other Gluten Free Cheerios products are testing below 10 ppm.”

Cheerios Update - Continued

Recommendation: In the opinion of Gluten Free Watchdog, if test results on a composite sample of 12 to 18 boxes of Cheerios include any values at or above 20 ppm of gluten, General Mills should explore the reason for these findings via testing of the individual boxes of Cheerios used in the composite. A result at or above 20 ppm should not be discounted as simply a random hot spot (e.g., due to an errant small fleck of barley) just because the lot mean is below 20 ppm of gluten. While it is our expectation based on the totality of testing data shared with us as well as our own independent testing that the majority of boxes of cereal are gluten-free (as defined by FDA), additional testing precautions should be taken to ensure that no boxes of Cheerios are contaminated with barley at levels at or above 20 ppm of gluten (apparently the most problematic grain when it comes to mechanically “cleaning” oats is barley). Because General Mills has their own lab—Medallion Labs—it should be relatively easy to implement testing of individual boxes of Cheerios to supplement their lot mean testing protocol.

- General Mills has not shared updated extraction values for lot means. Providing the range (i.e., low value to high value) of extraction values per lot would be useful. During my visit to General Mills in mid July, results from randomly pulled data sheets for yellow box Cheerios from the gluten-free validation period were shared (these Cheerios did not go into boxes labeled gluten-free). The vast majority of extractions from these data sheets were under 20 ppm (many were below the lower limit of quantification of 10 ppm); some extractions were above 20 ppm (one extraction from one of the lots was above 90 ppm).

Reports of illness: Of late, there are many reports on social media of people becoming sick after eating gluten-free labeled Cheerios. In fairness, there are reasons why people might be having gastrointestinal symptoms that have nothing to do with gluten contamination. These reasons may include an increase in fiber intake due to overzealous Cheerios consumption or an inability to tolerate oats especially if this is the first time oats have been added to the diet since a diagnosis of celiac disease. Regardless, General Mills should take seriously each and every report of adverse reactions to gluten-free labeled Cheerios.

- Investigating consumer complaints about Cheerios should be placed in the exceedingly capable hands of General Mills’ registered dietitian nutritionists who are very familiar with issues related to oat consumption in the celiac disease community.

Additional testing of Cheerios: At Gluten Free Watchdog we will continue to test Cheerios. Results to date are available [HERE](#).

Reporting a possible negative reaction to gluten-free labeled Cheerios: If you feel you may have become sick from eating gluten-free labeled Cheerios, please do the following:

1. Save the box, even if it is empty—it contains important information such as lot number and UPC code.
2. Contact Cheerios (1-800-248-7310) and provide them with specific information—variety of Cheerios eaten, lot number, when you ate the product, symptoms, whether you regularly tolerate gluten-free oats, etc.
3. Contact the FDA Consumer Complaint Coordinator in your area <http://bit.ly/FDACCC>. They will ask you to file a formal complaint that includes providing information about the specific product and your specific response.
4. If you have been diagnosed with celiac disease and this is your first time eating an oat product, contact your gastroenterologist and dietitian.
5. If you regularly tolerate gluten-free oats, also notify your doctor and dietitian.
6. If you need any help with this process or feel you are not being listened to, please contact Gluten Free Watchdog.

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Reporting Update 9/15/15

Important update on Cheerios and reporting adverse events to FDA: FDA is now aware of the situation with Cheerios and they are listening. FDA is now aware of the situation with Cheerios and they are listening. If you believe Cheerios made you ill, FDA is asking that you contact FDA’s MEDWATCH, the Adverse Event Reporting System. You can do this via email <http://bit.ly/FDA-MedWatch> or phone (800) 332-1088, Choose option #4 to speak to a representative. For those of you who have already reported illness to me, this does not apply to you. This is for future reports of illness. Thank you.

Importance of Face-to-Face Support Groups

According to a recent Columbia University study, celiac patients reported better quality of life when they participated in face-to-face support groups compared to online support groups. Also, longer duration of face-to-face support generated a greater quality of life.

In contrast, they found lower quality of life reports when patients spent more time in online support groups. Source: <http://bit.ly/1i72Ksx>

The gluten-zero lifestyle isn't a walk in the park. It requires hard work, dedication, commitment, and knowledge. The emotional and physical stress of a difficult lifestyle change piled on top of years [often decades] of ill-health, takes its toll. Every opportunity for a positive outcome needs to be utilized.

Network equipment giant Cisco performed a study of human behavior and the barriers to effective collaboration.

Overwhelmingly, the study showed people were more engaged when they could see and hear each other well; interacting the way humans have been doing since the dawn of their existence: face-to-face.

Humans require direct, face-to-face interaction with one another in order to be happy and healthy.

Online groups can be a great source of support, however, it's hard to replace friendly smiles, nodding head(s) of agreement, the sympathetic touch of a hand, or a spirit lifting hug.

If you do not belong to a local support group, please seek out the nearest group.

6th Annual GF Cookout



Many thanks to everyone for making the GIG of ECW's 2015 Cookout a success. Lots of good eats, great fellowship, and gigantic laughs were had by all.

Special thanks to Kimberly for being our Entertainment Director this year.

As always, thanks to Don and Laurie Paulson for donating the chicken and brats!

Recipes for all of our good eats can be found here:

<http://bit.ly/GIGECW-Cookout-Recipes-2015>

Gluten-Free Kingdom

As many know, I've been writing a story for GIG's Generation GF publication. Chapter 6 was sent off for publication on September 1st. The next chapter will be final chapter in the saga of Sir Alcher and Lady Pechal in the Gluten-Free Kingdom. Next step: eBook publication.



All six chapters can be found here: <http://bit.ly/GFKingdom>



GLUTEN-FREE RECIPE

Ingredients

2 cups almond flour (Honeyville)
 1/4 cup coconut flour (Bob's Redmill)
 1 teaspoon baking soda (Arm & Hammer)
 1/2 teaspoon salt
 1/2 cup sugar with 1 tblsp water (consistency of honey)
 1 teaspoon vanilla (Penzey's)
 1 egg
 1/3 cup melted butter
 1 cup chocolate chips (Nestles)

Twisted Chipsters

submitted by Peggy K.

Original recipe by Laurie Donaldson

*If you are making this recipe for a gluten-free guest, please read our
 Guide to Gluten Cross Contamination*

http://bit.ly/GIGECW_GlutenContamination

This was Peggy's entry for the 2015 Cookie Daze Bake & Taste Contest. She tweaked Laurie's Grain-Free Chocolate Chip Cookie recipe slightly; replacing some of the almond flour with coconut flour. This helped combat the humid weather we have this time of year.

Directions:

Preheat oven to 325.

Mix together the dry ingredients: flours, baking soda & salt.

Mix together the wet ingredients: sugar, vanilla, egg, melted butter.

Combine dry and wet ingredients, then add chocolate chips.

Place tablespoon sized dough balls on a cookie sheet.

Bake at 325 for 14 -15 minutes or until edges lightly brown.

After removing from the oven, allow cookies to cool slightly before removing from pan.

