

MIND & BODY

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change your viewpoint,
you will see there are
so many good things
around you.



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MINDSET MATTERS

How to Stay Focused on the Good

Resist the onslaught of messages compelling you to ‘need’ something and look at what you already have

JOSHUA BECKER

There are forces that stir up discontent within us, intentionally making us want. We live in a consumer culture that runs on discontent. Many businesses work hard to increase our desire for more or different. Advertising messages constantly overpromise. They suggest their product will have a profound impact on our lives but the actual results don't live up the hype. And yet, we're constantly told to keep up with changing fashions, or upgrade our gadgets, or desire a new automobile to achieve status and adventure. We are even compelled to change our appliances for their exterior appearance.

Influencers on every channel and social media platform make sure we know what we're missing out on. As a result, we are made discontent. We wish we had more, better, or different. We chase new looks, new foods, and new fitness trends because of deceptive promises that these will make us feel renewed and uplifted. We are trained to desire something we don't currently have and lose focus on the good that we already possess. These external messages compound an inner voice of discontent that is already growing inside us. And so discontentment is stirred up both inwardly and externally. And if we give in and get the thing that promises to make us feel fulfilled, we fall victim hedonic adaptation, the observed tendency of humans to quickly return

In our bank accounts, we never have enough.

With our possessions and property, we always desire more.

With our bodies and appearance, we desire something different.

Within our jobs, we dream of something better.

In our marriages, we begin to focus on all the things we'd like to change.

Nothing is ever good enough because the source of our discontentment is inside us. But if you look around and change your viewpoint, you will see there are so many good things around you. And recognizing them is the first step to changing your attitude and discovering contentment in your life. So how do we do it? What intentional steps can we take to

1. Say it out loud.

The next time you are alone—at work, in the car, or wherever—say this sentence out loud: “You know what, I’ve got it pretty good.” Don’t just think it, say it. Every time I say that sentence, I can’t stop with those words. I feel compelled to say more—continuing the thought rolls naturally off the tongue. I begin to list something I have that is good. It usually sounds something like this: “You know what? I’ve got it pretty good ... I have a job that I enjoy, I have clothes on my back, I’ve got my health, I love my wife, I enjoy my kids ...” and the list continues. Give it a shot. The next time you are alone, see what immediately follows those words, “You know what, I’ve got it pretty good ...”

2. Practice gratitude, daily.

Gratitude is best understood as a discipline, not an emotional response to circumstances. So practice it, every day. In a way that makes sense to you. You can practice gratitude with your morning coffee, on your daily commute, during your prayer time, meditation time, or yoga session. You can practice gratitude when you lay your head on the pillow or before you enjoy a meal with your family. The important thing is to do it. The practice will immediately draw your focus to the good.

3. Remember what you liked in the first place.

Life isn't perfect—it never has been and never will be. There is no perfect job, no perfect house, and no perfect marriage. Even the roses have thorns. Over time, it seems, our natural

stay focused on the good? Let me offer five:

tendency is to focus on the negatives rather than the positives. It seems to be the natural pull on our brains. But we can reverse this tendency by intentionally rolling back the clock in our mind.

For example: What drew you to that job in the first place? What did you love about it when you first started? What are the qualities that first drew you to your spouse? Why were you excited about your home the first day you moved in?

When you remember what you loved about your circumstance in the first place, you are again focusing back on the good.

Gratitude is best understood as a discipline, not an emotional response to circumstances.

4. Remember the positives.

When I talk about relationships with people, the question always seems to arise, “How do I get my spouse to be more _____ and less _____?” There can be a conversation to be had there, but I never begin the conversation by talking about how to change a spouse. Instead, I work hard to focus first on the positives. Before we can talk about changing our spouse into the person we want them to be, we need to remind ourselves of all the good they bring into our lives. Maybe they don't clean up enough around the house, but are they the first to bring laughter into your home? Maybe they aren't as adventurous as you want, but do they bring a needed stability into your life?

5. Wage war against if-then thinking.

Work as hard as you can to live the best life that you can live. Never settle for anything less than being the best you that you can possibly be. But don't fall for if-then thinking along the way. If-then thinking goes like this: If x happens, then I will be happy. This is dangerous thinking with no winners. It only spurs regret and discontent. There is no happiness to be found in it, because there is no finish line to the thought process. If life can always be improved by changing or adding x, we will never be able to appreciate today for what it is. This doesn't mean we become complacent and no longer strive to be the best version of ourselves. It just means we stop looking for happiness in changed circumstances and begin to appreciate all that we have today. The battle to focus our minds on the good is ongoing, but there are times when that battle is tougher than others. If you are struggling to find the good in your life today, try out a few of the steps above. You might be surprised to discover how good you actually have it.

Joshua Becker is an author, public speaker, and the founder and editor of “Becoming Minimalist,” where he inspires others to live more by owning less. Visit [BecomingMinimalist.com](#)

The 30–Somethings Who Fled Big Cities to Shelter With Mom and Dad

Younger adults from cities hard hit by COVID-19 are reconnecting with parents and hometowns amid the pandemic

SHARON JAYSON

It took three weeks, but Lawrence and Arlene Maze finally persuaded their younger son, Gregory, of Los Angeles, to get on a flight home to Austin. “He basically shut his business down to come here and has to restart his business when it’s safe,” his father said. “It was a very difficult decision.” Alex Rose, a 33-year-old event producer and recording artist, didn’t need much persuasion. She spent a couple of weeks alone in her 500-square-foot Hollywood apartment, taking long walks to break up the days. In mid-March, her event bookings and performances began to disappear. Then a neighbor showed her video of an arsonist setting trash can fires on their street and she saw the melted cans next to her building. “All of a sudden I didn’t feel safe anymore,” she said. “I didn’t feel safe, and frankly, I felt totally alone.” The next morning, she and her cat, Eloise, flew home to Austin to her mother and stepdad. As COVID-19 has ripped through densely populated communities, millennials have fled their own cramped quarters for less-congested cities with more room in their parents’ homes. They are near family should someone get sick. The familiarity is comforting in an uncertain time. Overwhelmingly, parents and their adult children view the arrangement as temporary. Of course, no one knows how long

“temporary” might last. Lawrence Maze said the thinking was that Gregory could help him or his wife if they got sick, and they could help him if he did. Also, they believed Austin’s health care system would be less stressed than L.A.’s. “He’s lived on his own now for a very long time,” Lawrence said. “It’s not like he moved back into his old house. He knows he’s living in a guest bedroom.” It’s a major disruption for young adults who have established their lives thousands of miles from home: They keep paying rent on empty places. They have left behind their routines and social lives. Some have lost their work. Others can work remotely alongside parents who are doing the same. The magnitude of the outbreak has, for a time, reordered American lives. It’s fostering unexpected togetherness. Rose’s mother, Elizabeth Christian, said her daughter hasn’t visited Austin this long since she was in college, and now “nobody is rushing off to do anything.” “We’re having meals together. And we’re watching movies at night,” she said. Christian and her husband, Bruce Todd, a former Austin mayor, wanted to make sure Rose got back before California wouldn’t allow her to leave or Texas wouldn’t let her in. Sarah and Ken Frankenfeld had barely moved into their downsized townhome when the coronavirus pandemic brought their 31-year-old son and his girlfriend from New York City to quarantine with them. “I was nervous about how this was going to work,” Sarah Frankenfeld said of their lack of furniture and readiness for houseguests. They’d met his girlfriend for one evening a few months earlier. “He hasn’t lived here in a while. But it’s worked and it’s been lovely.”

Kevin Frankenfeld, who works in digital, social strategy, and marketing, has lived in New York almost nine years. He and his girlfriend, Maddie Haller, wanted to quarantine together. “In Manhattan or Brooklyn, people are just on top of one another,” he said. “So we wanted to get out of town.” This shared feeling of lockdown with so much unknown can cause stress and make us feel lonely and anxious, even with others around, said Dr. Vivek Murthy, U.S. surgeon general from 2014–2017. “In this moment, we have no idea when the pandemic will end,” he said. “We don’t know when our lives will go back to normal.” Well before the stay-at-home orders, Murthy recognized Americans’ increased loneliness, prompting his new book, “Together: The Healing Power of Human Connection in a Sometimes Lonely World.” Now that many are isolated by themselves, he urges us to “step back and take stock of our lives.” “The silver lining of COVID-19 is that it’s given us the opportunity to reset our social lives and remember how essential relationships are to our well-being,” he said. Rose is doing her own reset. She’s among California’s estimated 2 million self-employed. But because of the pandemic, she’s applying for full-time jobs around the country in digital media and project management. “When I left L.A., I never expected that I would not go back to that apartment,” she said. With her lease up in June, she asked a friend to pack up her place and move everything into storage. Rose and her mother returned late Sunday from a quick turnaround to California to retrieve Rose’s tiny 2016 Fiat 500 that was stranded six weeks in long-term airport parking. Gregory Maze, 33, is a private chef, event caterer, and part-owner of a coffee truck business. He moved to L.A. five years ago. “I’m fortunate to have a situation like this, but leaving L.A. was not on my terms,” he said. “It’s out of my hands. I really don’t know what the landscape is going to look like at the end of this.” While some younger adults mock baby boomers with the “OK boomer” meme, the pandemic seems to have



SHARON JAYSON FOR KHN



COURTESY OF THE MAZE FAMILY



COURTESY OF THE MAZE FAMILY

The magnitude of the outbreak has, for a time, reordered American lives. It's fostering unexpected togetherness.

shifted the tone—at least where parents are concerned. Suzanne and Stuart Newberg’s older son, Jared, 27, and his girlfriend, Melissa Asensio, both of Manhattan, arrived March 21 to quarantine together. “They bought one-way plane tickets and we said, ‘You’re welcome as long as you need to be here,’” Suzanne Newberg said. Jared and Melissa, who both worked full time in their New York City offices, now work remotely from Austin. His three roommates left for their hometowns about a week before Jared and Melissa. Her two roommates left New York around the same time. “It was a lot safer and more comfortable to come here,” Jared said. “We’re super-lucky and super-fortunate.” Back in New York, one of Kevin Frankenfeld’s roommates remains in their three-bedroom apartment. The other went home to Boston. Maddie lives in the same neighborhood. Her apartment is empty now. Both Kevin and Maddie work full time remotely and are glad they’re not in the city. “We didn’t want to be stuck in a small apartment to isolate in a hot-bed,” Kevin said. “Here we’ve got a green area, dishwasher, and laundry.”

Sharon Jayson is a content writer and versatile storyteller/media strategist. She is also a former USA TODAY reporter. This article was originally published on Kaiser Health News.



COURTESY OF THE NEWBERG FAMILY

(Clockwise from left) Jared Newberg eats a meal with his parents, Suzanne and Stuart Newberg, and his girlfriend, Melissa Asensio, at the Newbergs’ home in Austin, Texas. Jared Newberg and Asensio left Manhattan in March. “They bought one-way plane tickets and we said, ‘You’re welcome as long as you need to be here,’” Suzanne Newberg says.

The silver lining of COVID-19 is that it’s given us the opportunity to reset our social lives and remember how essential relationships are to our well-being.

Dr. Vivek Murthy, U.S. surgeon general from 2014–2017



How to Help Teens Handle the Loss of Proms and Graduations

Losing these ceremonies is a big deal. We need to help them grieve.

CHRISTINE CARTER

Yesterday at dinner, one of my children was sad and irritated. She was offended by our mere existence. “What’s wrong with her now?” one of the other kids asked unkindly, to no one in particular. Like many young people around the world, this is a kid who has weathered some deep disappointments in the last couple of months. She was studying at an art school, a once-in-a-lifetime semester program, when COVID-19 hit. Classes aren’t the same when you don’t have the materials, studio, and equipment you need for printmaking, sculpture, and developing your film.

It turned out that my irritable art student had just been dealt a new disappointment: Her first real art show had been canceled. There’d be no way for her to demonstrate to her friends and family that she’s crossed over from being a creative little kid who liked art into a full-fledged, real-life artist. Her identity is different now than it was a year ago, a fact that would have been made concrete with a gallery opening and show. That rite of passage would have allowed us to better see her as she now sees herself. Modern society has precious few rituals and rites of passage to mark kids’ journey through adolescence. The ceremonies and celebrations we do have are often in the spring. Performances and proms, championships and final projects all showcase growth and learning and accomplishment. And, of course, there’s graduation.

These important ceremonies that say, “Look at you! You’re growing up! We’re so proud of you!” have been canceled, leaving kids with no closure. Rites of passage have vanished into thin air. Even as they feel grateful for their health and sorry that the world is suffering the way it is, Generation Z feels cheated. Their losses are tangible to them. And so they’re grieving. My daughter’s sadness and frustration—indeed her loss—has been hard for me to witness. I want to fix it. And yet I know I can’t. Here are some things that we parents can do.

1. Acknowledge Their Loss

Some “stepping up” ceremonies are so abstract (and, I’ll just say it, tedious for their audiences) that their importance for our kids doesn’t always register with us adults.

It’s true that their disappointment about not going to prom or having graduation is trifling compared to the tragedies that thousands of families are facing right now. Many people have lost family members whom they didn’t get to say

goodbye to, loved ones who died alone and terrified in an ICU.

And it’s also true that our kids’ losses and their resulting grief is real. Most of them don’t have the life experience that would help them put something like a canceled prom into perspective. Discounting their very real frustration and sadness will only make them feel worse. We adults can help them feel better by acknowledging both their losses, and also their feelings about the loss. Empathy is powerful medicine.

Even as they feel grateful for their health and sorry that the world is suffering the way it is, Generation Z feels cheated.

2. Name Their Feelings

If you’re raising or teaching teenagers, you already know that adolescents experience their emotions much more intensely than adults. This is normal and appropriate—and it can be distressing to us as adults. To be truly empathic, we need to listen without trying to fix or take away their grief. “I feel so frustrated!” my art school kid said before bursting into tears. “Looks like you’re also feeling really sad,” I replied, pulling her in for a hug.

Helping kids identify what they are feeling can, ironically, ease their pain. This is the “name it to tame it” technique. Research shows that when we label our emotions, we are better able to integrate them. If your adolescent starts telling you a story about an imagined future—perhaps bringing up worst-case scenarios in which they aren’t able to go off to college—gently bring them back to what they are feeling right now, about the current disappointment.

See if you can demonstrate that you appreciate their difficult feelings in a simple phrase or two. For example, “I understand that you are super sad that your first real art show was canceled. And you’re mad that every day seems to bring a new frustration and disappointment.” Then, throw in a little empathy: “That’s just plain hard. I totally get why you’re angry and sad.”

3. Teach Them About Grief

You may recognize that your teenager is grieving, but your teenager probably doesn’t. Though Elisabeth Kübler-Ross’s seminal work on grief was originally about the way that we cope with death

and dying (which is, unfortunately, relevant to many people as they lose family members to the coronavirus), her later work with David Kessler is relevant to more common losses, like canceled proms and graduations.

There is power in naming what teens are experiencing as grief; it helps them acknowledge and validate their own experience. Kübler-Ross and Kessler detailed five “stages” of grief. Because we don’t often progress through these stages in a linear way, I think of these as five typical human experiences we tend to have when we endure a loss. They are:

Denial: Many teens are denying the threat of the COVID-19, both the danger of their exposure to it and their ability to spread it.

Anger: Teens are clearly frustrated by having to stay at home. They are angry that we adults are keeping them from their friends. Many are furious—with government authorities and the Centers for Disease Control and the ways that they feel that this pandemic continues to be mishandled. Notably, adolescent anger is often misdirected. Teens who are mad about what’s happening in the world often take it out on their parents and pick fights with their siblings.

Bargaining: Desperately hoping to avoid a key cause of grief—loss of social contact with their peers—many teens are negotiating hard to see their friends.

Depression: Kids are sad about their losses. In addition, they feel lonely and isolated. Prolonged sadness and loneliness can snowball into depression. Depressed teens often have a hard time getting out of bed in the morning (and an equally hard time getting to sleep at night). They may spend more time alone in their rooms or show up at meals sullen and mournful.

Acceptance: Teens who’ve gotten themselves to acceptance understand that this too shall pass; they see the futility of resisting the situation. Their emotions stabilize, and they start to experience the calm that comes from accepting what they cannot change. They regain a sense of control by maintaining social distancing.

We adults can’t deliver teens straight to acceptance, but we can try to model it. By accepting these challenging circumstances—and also by accepting our own and our teens’ feelings—we can bring a calm acceptance to our household.

4. Help Them Find Meaning

Kessler has continued the work on grief that he started with Kübler-Ross, recently adding a sixth stage: meaning. Mean-

ing comes from the light we find in dark times. It might come from the gratitude we feel for our family or a sense of awe that overcomes us on a hike. And, often, meaning comes from helping others.

Again and again, research has shown that even in dire circumstances we feel better when we turn our attention to supporting others. This is true for teenagers as well. It’s not surprising that teens who provide tangible, emotional, or informational support to people in crises tend to feel more strongly connected to their community. They cope with their own challenges more effectively, and they feel more supported by others.

As we approach what is likely to be a long summer for our kids (mine all had jobs and plans that are now in question) we can ask them: “How can you be helpful to others during this time? How can you channel your frustration and anger?” Our questions may or may not spark something in them. They may not be ready or able to find meaning.

Whether or not they see it now, meaning will likely come from simply enduring this difficult time. These kids—even the full-grown ones who are now living with us again—are getting a crash course in dealing with discomfort and disappointment.

There is power in naming what teens are experiencing as grief; it helps them acknowledge and validate their own experience.

While it’s true that a joyful life comes from positive emotions, it also comes from resilience—from having the tools needed to cope with life’s inevitable difficulties and painful moments. The silver lining for this generation is that. Like it or not, they are gaining the skills they need to cope with difficulty. Fortunately, these are skills that will serve them for the rest of their lives.

Christine Carter, Ph.D. is a senior fellow at the Greater Good Science Center. She is the author of three books including this year’s “The New Adolescence: Raising Happy and Successful Teens in an Age of Anxiety and Distraction.” A former director of the GGSC, she served for many years as the author of its parenting blog, “Raising Happiness.” This article was first published by the Greater Good online magazine.

Coronavirus Tests the Value of Artificial Intelligence in Medicine

Few algorithms have been rigorously tested and some experts warn AI results could be confusing

ASHLEY GOLD

Dr. Albert Hsiao and his colleagues at the University of California-San Diego health system had been working for 18 months on an artificial intelligence program designed to help doctors identify pneumonia on a chest X-ray. When the coronavirus hit the United States, they decided to see what it could do.

The researchers quickly deployed the application, which dots X-ray images with spots of color where there may be lung damage or other signs of pneumonia. It has now been applied to more than 6,000 chest X-rays, and it’s providing some value in diagnosis, said Hsiao, the director of UCSD’s augmented imaging and artificial intelligence data analytics laboratory.

His team is one of several around the country that has pushed AI programs developed in a calmer time into the COVID-19 crisis to perform tasks like deciding which patients face the greatest risk of complications and which can be safely channeled into lower-intensity care.

The machine-learning programs scroll through millions of pieces of data to detect patterns that may be hard for clinicians to discern. Yet few of the algorithms have been rigorously tested against standard procedures. So while they often appear helpful, rolling out the programs in the midst of a pandemic could be confusing to doctors or even dangerous for patients, some AI experts warn.

“AI is being used for things that are questionable right now,” said Dr. Eric Topol, director of the Scripps Research Translational Institute and author of several books on health IT.

Topol singled out a system created by Epic, a major vendor of electronic health records software, that predicts which coronavirus patients may become critically ill. Using the tool before it has been validated is “pandemic exceptionalism,” he said.

Epic said the company’s model had been validated with data from more than 16,000 hospitalized COVID-19 patients in 21 health care organizations. No research on the tool has been published, but, in any case, it was “developed to help clinicians make treatment decisions and is not a substitute for their judgment,” said James Hickman, a software developer on Epic’s cognitive computing team.

Others see the COVID-19 crisis as an opportunity to learn about the value of AI tools.

“My intuition is it’s a little bit of the good, bad and ugly,” said Eric Perakslis, a data science fellow at Duke University and former chief information officer at the Food and Drug Administration. “Research in this setting is important.”

Nearly \$2 billion poured into companies touting advancements in health care AI in 2019. Investments in the first quarter of 2020 totaled \$635 million, up from \$155 million in the first quarter of 2019, according to digital health technology funder Rock Health.

At least three health care AI technology companies have made funding deals specific to the COVID-19 crisis, including Vida Diagnostics, an AI-powered lung-imaging analysis company, according to Rock Health.

Overall, AI’s implementation in everyday clinical care is less common than hype over the technology would suggest. Yet the coronavirus crisis has inspired some hospital systems to accelerate promising applications.

UCSD sped up its AI imaging project, rolling it out in only two weeks.

Hsiao’s project, with research funding from Amazon Web Services, the University of California, and the National Science Foundation, runs every chest X-ray taken at its hospital through an AI algorithm. While no data on the implementation has been published yet, doctors report that the tool influences their clinical decision-making about a third of the time, said Dr. Christopher Longhurst, UC-San Diego Health’s chief information officer.

“The results to date are very encouraging, and we’re not seeing any unintended consequences,” he said. “Anecdotally, we’re feeling like it’s helpful, not hurtful.”

AI has advanced further in imaging than other areas of clinical medicine because radiological images have tons of data for algorithms to process, and more data makes the programs more effective, said Longhurst.

But while AI specialists have tried to get AI to do things like predict sepsis and acute respiratory distress—researchers at Johns Hopkins University recently won a National Science Foundation grant to use it to predict heart damage in COVID-19 patients—it has been easier to plug it into less risky areas such as hospital logistics.

In New York City, two major hospital systems are using AI-enabled algorithms to help them decide when and how patients should move into another phase of care or be sent home.

At Mount Sinai Health System, an artificial intelligence algorithm pinpoints which patients might be ready to be discharged from the hospital within 72 hours, said Robbie Freeman, vice president of clinical innovation at Mount Sinai.

Freeman described the AI’s suggestion as a “conversation starter,” meant to help assist clinicians working on patient cases decide what to do. AI isn’t making the decisions.

NYU Langone Health has developed a similar AI model. It predicts whether a COVID-19 patient entering the hospital will suffer adverse events within the next four days, said Dr. Yindalon Aphinyanaphongs, who leads NYU Langone’s predictive analytics team.

The model will be run in a four- to six-week trial with patients randomized into two groups: one whose doctors will receive the alerts, and another whose doctors will not. The algorithm should help doctors generate a list of things that may predict whether patients are at risk for complications after they’re

admitted to the hospital, Aphinyanaphongs said.

Some health systems are leery of rolling out a technology that requires clinical validation in the middle of a pandemic. Others say they didn’t need AI to deal with the coronavirus.

Stanford Health Care is not using AI to manage hospitalized patients with COVID-19, said Ron Li, the center’s medical informatics director for AI clinical integration. The San Francisco Bay Area hasn’t seen the expected surge of patients who would have provided the mass of data needed to make sure AI works on a population, he said.

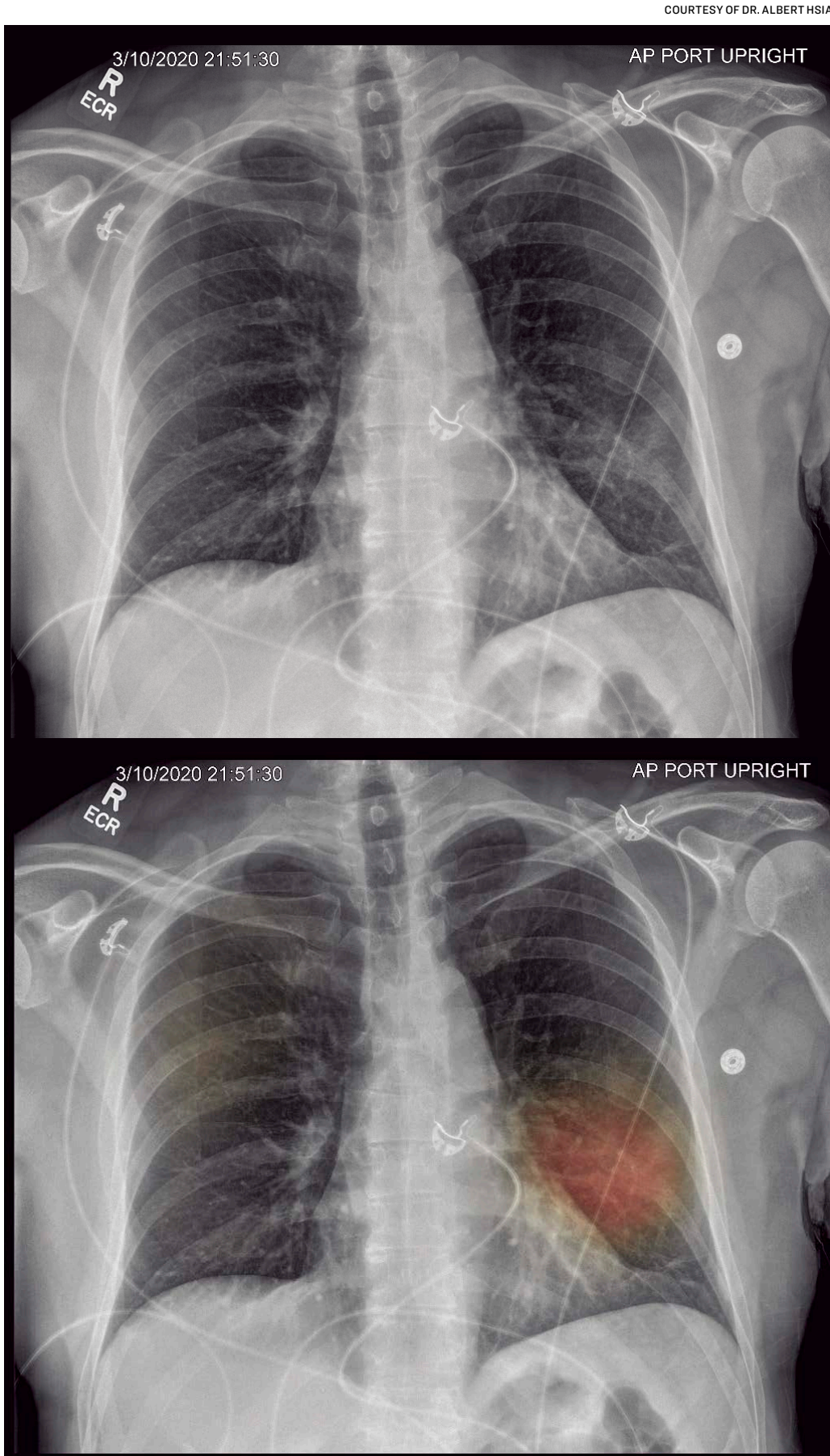
Outside the hospital, AI-enabled risk factor modeling is being used to help health systems track patients who aren’t infected with the coronavirus but might be susceptible to complications if they contract COVID-19.

At Scripps Health in San Diego, clinicians are stratifying patients to assess their risk of getting COVID-19 and experiencing severe symptoms using a risk-scoring model that considers factors like age, chronic conditions, and recent hospital visits. When a patient scores seven or higher, a triage nurse reaches out with information about the coronavirus and may schedule an appointment.

Though emergencies provide unique opportunities to try out advanced tools, it’s essential for health systems to ensure doctors are comfortable with them, and to use the tools cautiously, with extensive testing and validation, Topol said.

“When people are in the heat of battle and overstretched, it would be great to have an algorithm to support them,” he said. “We just have to make sure the algorithm and the AI tool isn’t misleading, because lives are at stake here.”

Ashley Gold is a reporter well-versed in tech, health care, policy, and Congress. This KHN story was first published on the California Healthline, a service of the California Health Care Foundation.



Two X-ray images show a patient’s diseased lungs. Using an artificial intelligence program developed by Dr. Albert Hsiao and his colleagues at UC San Diego Health system, the image on the bottom has been dotted with spots of color indicating where there may be lung damage or other signs of pneumonia.

“AI is being used for things that are questionable right now.”

Dr. Eric Topol, director of the Scripps Research Translational Institute and author of several books on health IT

AI’s implementation in everyday clinical care is less common than hype over the technology would suggest.



Enjoy your favorite foods without the health risks

LISA ROTH COLLINS

Three-quarters of American households own an outdoor barbecue grill. Before your next backyard barbecue, there are a few health concerns associated with grilled meat that you should be aware of. The health issues have to do with the charring of meat. Research has discovered two cancer-causing (carcinogenic) byproducts associated with the barbecuing of meat—including beef, poultry, lamb, pork, and fish. The first troublesome matter involves a well-known group of carcinogens called heterocyclic amines (HCAs). HCAs occur when browning meat, whether it is cooked on an outdoor grill, in a hot frying pan, or broiling in the oven. HCAs form when high temperatures break down the amino acid creatinine, a chemical waste molecule generated from muscle metabolism. One study indicated that a type of HCA called PhIP causes prostate cancer in rats. PhIP seems

to initiate prostate cancer and increase its growth. Yet another study implicating PhIP showed that women who consumed the most well-done meat compared with those who ate less-cooked meat had a two-fold risk of breast cancer. It is difficult to determine exactly how much PhIP is in barbecued meat because different amounts are formed based on cooking conditions. The second carcinogen associated with barbecuing is polycyclic aromatic hydrocarbons (PAHs). PAHs are formed when fat from meat drips onto the coal or hot surface, creating additional chemicals in smoke that is carried back to the meat. PAHs can also form directly on the food when it is charred. These substances are suspected of having estrogenic activity and can affect hormones and health. By the way, PAHs are formed even with the grilling of grass-fed organic beef. In essence, the longer meat is cooked and the higher the temperatures, the more of these compounds are produced. Recent research out of Mt. Sinai School of Medicine has found a link between eating animal products (including dairy products) cooked at high temperatures and elevated levels of AGEs, or advanced glycation end products. AGEs are a class of damaging compounds that build up in the body over time and are known to

increase the risk of diseases like diabetes and Alzheimer's. Another problem with the BBQ is the grill itself. Inexpensive models use chrome-coated aluminum, which chips easily, leaving aluminum exposed on the cooking surface. Aluminum has also been implicated in the advancement of Alzheimer's disease (Tomljenovic, 2011). Ensure your barbecue has a cast iron, stainless steel, or porcelain-coated grill instead.

- Safe Barbecuing**
Grilling meat can be made much safer by following these suggestions:
- 1. Marinate your meat.**
A marinade containing vinegar, olive oil, or citrus juices can protect meat and reduce harmful chemicals. In one study, beef steaks marinated with teriyaki sauce had 45 percent and 67 percent lower HCA levels at 10 minutes and 15 minutes of cooking time than unmarinated meat. Lower levels of HCAs were also observed in meat marinated with turmeric-garlic sauce. In contrast, marinating with barbecue sauce caused an increase in HCAs at 10 and 15 minutes.
 - 2. Don't eat burned or blackened parts.**
The charred areas of foods are the main source of carcinogens

Cancer-causing chemicals are created when food is grilled at temperatures over 302 F (150 C).

- 3. Trim off excess fat.**
Fats dripping onto the grill produce PAHs, so trim extra fat off your meat to keep these carcinogens to a minimum. You'll reduce your cancer risk and calories.
- 4. Use a drip pan.**
This keeps fat from dripping onto coals and causing flare-ups. Avoid stabbing meat with a fork as it causes fat to drip onto the coals.
- 5. Wrap foods in parchment paper (on the inside) and foil (on the outside).**
This helps to keep food from burning, fat from dripping, and keeps smoke away from the meat.
- 6. Cook at lower temperatures.**
Cancer-causing chemicals are created when food is grilled at temperatures over 302 F (150 C). Turn the heat down, or wait for charcoal to become low-burning (white) embers. Raise the grilling surface a little higher above the heat source.
- 7. Sear without fear.**
Briefly sear meat on the outside leaving the inside more lightly cooked. Test the meat with a thermometer to determine when it is ready. The USDA Recommended Safe Minimum Internal Temperatures are:

Steaks and roasts 145 F (63 C)
Fish 145 F (63 C)
Pork 160 F (71 C)
Ground beef 160 F (160 C)
Chicken breasts 165 F (74 C)
Poultry 165–170 F (74–77 C)

- 8. Eat smaller portions of grilled meats.**
Smaller or thinner cuts of meat cook quickly. Better yet, make kabobs alternating meat with vegetables on skewers.
- 9. Keep your grill clean.**
The build-up from the bottom of your grill can be a source of cancer-causing agents. To clean your grill, turn up the heat to high and close the lid for about 10 minutes. Be sure to use an all-natural cleaning spray. Whether at the cottage or right in your back yard, enjoy a season of healthy grilling. Choose lean, lightly-grilled meats, use marinades, and don't forget the fruits and vegetables!

Lisa Roth Collins is a registered holistic nutritionist and the marketing manager at NaturallySavvy.com, which first published this article.

Intermittent Fasting to Lose Weight Can Be Accidentally Sabotaged

Some people unknowingly cheat on their calorie-restricted meal days and end up exercising less

DAVID CLAYTON

Intermittent fasting is a way of losing weight that favors flexibility over calorie counting. It restricts the time you are allowed to eat, which reduces calorie intake by limiting opportunities to eat. That's the theory, at least. A popular version of intermittent fasting is the 5:2 diet, which involves eating a very low-calorie diet (about a quarter of usual calorie intake) for two days each week and unrestricted eating on the other five days. This approach has worked well for some people, but not everyone. In our latest study, we found that people cheat on their intermittent fasting diet without realizing it. Conducted over three days, the study aimed to find out how eating and physical activity changed around a period of calorie restriction. A group of male participants completed two trials. On the first trial day, they were told they would have a very low-calorie diet (about 700 calories) the following day. Throughout the rest of the day, we tracked how much the participants ate

and we assessed their hunger before and after each meal. Their physical activity was also monitored throughout the day. The next day, participants ate a very low-calorie diet, and we monitored their physical activity. The morning after completing the low-calorie diet day, we measured their food intake at an unrestricted breakfast and assessed their hunger before and after the meal. Each participant also completed a control trial that followed the same method. During the control trial, participants ate a typical diet (about 2,800 calories) instead of a very low-calorie diet. We found that participants ate 6 percent more on the first day of the study and 14 percent more at the unrestricted breakfast on the low-calorie diet trial. This was despite hunger levels before and after each meal that were similar to the control trial. This suggests participants ate more because they knew food intake would be restricted the following day, rather than because they felt hungrier. Physical activity was also 11 percent lower the day before eating the low-calorie diet, and 18 percent lower while eating the low-calorie diet. Interestingly, low-intensity physical ac-

tivity, such as washing the dishes, which tends to be spontaneous behavior rather than consciously planned activities, was the most affected component of physical activity. We found changes in eating and physical activity behavior occur before, during and after a day of low-calorie dieting. These behavioral changes reduce the likelihood of intermittent fasting leading to weight loss. For a diet to lead to weight loss, calories burned must exceed calories consumed to produce a calorie deficit. Intermittent fasting diets assume that the large calorie deficit produced by fasting or very low-calorie dieting is not recovered during the unrestricted period, so the calorie deficit is preserved. But our study shows that eating a little more and reducing spontaneous physical activity may be enough to recover almost half of this calorie deficit. The calorie deficit may also be reduced further at subsequent meals after a very low-calorie diet day. **Worth the Sacrifice?** Earlier studies support our findings. Skipping breakfast for six weeks was shown to reduce physical activity and increase calorie intake at later meals. This was enough to fully compensate for calories skipped at breakfast. This raises the question: is fasting or severe calorie restriction worth the sacrifice? Weight loss from any diet is always likely to be lower than expected. Compensatory mechanisms defend against a calorie deficit far more strongly than a calorie surplus. In scientific studies of intermittent fasting,

participants are often guided by a dietitian on how many calories they should eat on the unrestricted days. Even with this support, participants in these studies still lose less weight than would be expected if the calorie deficit had been fully preserved.

Skipping breakfast for six weeks was shown to reduce physical activity and increase calorie intake at later meals.

Our study highlights what and when compensatory behaviors occur. This information can be used to improve the effectiveness of intermittent fasting diets. Being more mindful when eating before and after a period of calorie restriction and incorporating exercise into diet plans could help increase the likelihood of intermittent fasting leading to weight loss. Intermittent fasting is not a miracle diet, but some people may benefit from its flexibility, and with a few minor adjustments, it could be even more effective. David Clayton is a lecturer in nutrition and exercise physiology at Nottingham Trent University in the UK. This article was first published on The Conversation.

TRADITIONAL CHINESE MEDICINE

Back Mice May Be Causing Your Low Back Pain

This common back issue can often be resolved with a bit of heat and sometimes some ice

LYNN JAFFEE

About a month ago, I started to get an achy back. At first it wasn't a big deal; my back regularly tells me when I've spent too long on my feet or overdone it with weights. It usually calms down in a day and doesn't demand any more attention than a light stretch or two. However, this achy back incident was different. It didn't go away, and after a day or so the pain began to radiate down my right leg. As an acupuncturist, I know that what I was experiencing was sciatic pain; some kind of inflammation or compression of my sciatic nerve. The pain was typical of sciatica; deep, dull, and achy. At first, I thought what I was experiencing was a recurrence of the piriformis syndrome I had years ago, in which a muscle deep in my butt was impinging on my sciatic nerve. The pain was the same, except I had no tenderness or tightness at the site of the muscle. Then I began to suspect that I was having disc problems, as a compressed or bulging disc is often the cause of sciatic pain. Needless to say, I was hoping that was not the case. My self-treatment for this kind of thing is to rest, apply heat, and roll a tennis ball between my back and the wall, to work out any sore spots. During one rolling episode, I hit a spot that lit up, not only the pain in my back, but also the pain down my leg. Bingo! When I started poking around in the area I found a small, quarter-sized lump that was the mother of all my pain. After doing a little research, I realized that what I had was an inflamed back mouse. Back mice sound kind of cute. However, like all mice, they're not too much of a problem—until they are. A back mouse is a term for the herniation of adipose tissue through the fascia in your lower back. In other words, it's fatty tissue that has pushed its way through a weakened area of fibrous tissue in your lower back, also called episacroiliac lipoma. They're actually common, occur-

ring in an estimated 10 percent of people, but more frequently in women. They can occur from accidents, falls, heavy lifting, prolonged sitting, pregnancy, or for no reason at all. Why have you never heard of back mice? While many people have them, most don't experience any symptoms. However, these usually benign little mice can turn ugly and become inflamed or compress spinal nerves and other tissue, causing a great deal of pain. And because the symptoms can be similar to disc problems or sciatica, back mice are frequently misdiagnosed. These usually benign little mice can turn ugly and become inflamed or compress spinal nerves and other tissue, causing a great deal of pain. In Chinese medicine, there are a number of terms for lumps and bumps. You can have concretions, conglomerations, accumulations, gatherings, and aggregations—each with distinctive characteristics. However, in the case of back mice, most practitioners would diagnose them as an accumulation of dampness and phlegm. I know, gross—but in Chinese medicine, phlegm is more than what you have when you get a bad cold. It's considered to be congealed moisture that has accumulated to the point of causing a problem. Furthermore, your lower back is the home to your Chinese kidney organ system, and a sore, painful, or achy back is the hallmark symptom of your kidney system being depleted. Kidney yang is considered to be your body's internal pilot light, which keeps you warm and keeps water in check. If kidney yang is low, you may feel chronically cold and retain



Daily Moves to Preserve and Build Better Balance

MOHAN GARIKIPARITHI

Maintaining good balance is a central component of healthy aging. Balance can become compromised as people advance in their years, and this can have dire consequences. Falls, fractures, and hospitalizations are more frequent for those over 65. Improving balance is multi-faceted, but one way to help is integrating balance-promoting movements into your daily routine. These movements can help with muscle strength, agility, balance, and spatial awareness.

Improving balance is multi-faceted, but one way to help is integrating balance-promoting movements into your daily routine.

A couple of great moves to build strength and balance in the lower body are squats and lunges. They can also easily fit into your daily routines. For example, when you're standing up from the toilet, a chair, or placing items in a low drawer, you can squat. Instead of bending over to put away your socks, for example, use your legs and squat down. You can use the wall for support if needed. Similarly, when you're getting up from the toilet, try to avoid using your arms to push or pull you. Instead, focus on driving your legs into the floor to propel you upward. When walking to the bathroom, try lunging for half the distance. For the rest of the way, walk or shuffle sideways to work on lateral movement. Simple tactics like these can fit into your regular routine without you having to dedicate time to build strength and balance. Other things you can try include:

- Standing on one leg while watching television
- Hopping while watching TV
- Stepping side to side while cooking

Each of these tactics can fit seamlessly into your day and help improve balance. A program called Lifestyle-Integrated Functional Exercise (LiFE) has shown to be a big help in preserving balance. Researchers looked at how the LiFE program, which worked the above movements into people's daily routines, helped prevent falls compared with structured exercise or no activity. They found that not only did LiFE work best at reducing falls, but that people stuck with it. If you're looking to preserve balance in the future, look for ways to integrate effective movements into your daily routine.

Mohan Garikiparithi holds a degree in medicine from Osmania University (University of Health Sciences). He practiced clinical medicine for over a decade. During a three-year communications program in Germany, he developed an interest in German medicine (homeopathy) and other alternative systems of medicine. This article was originally published on Bel Marra Health.



Your lower back is the home to your Chinese kidney organ system, and a sore, painful, or achy back is the hallmark symptom of your kidney system being depleted.

Gut Microbiome May Impact the Effectiveness of Flu Vaccine

The practice of universal vaccination needs review based on new research showing individual vaccine response

Research conducted by Stanford University scientists found that the use of oral antibiotics weakens the health of the gut microbiome, a complex community of trillions of microbial cells found in each individual. This weakening of the microbiome, in turn, weakens the body's immune system and alters the response to influenza vaccination.

During the study, all participants received the flu vaccination but only half received antibiotics for a five-day period before receiving the vaccination. Those receiving oral antibiotics had reduced levels of gut bacteria, a hindered response to the vaccine, and experienced higher levels of inflammation—findings that were consistent with previous studies.

It's clear that deviations from the 'normal' development of gut bacteria can have a catastrophic impact on our immune system.

Interestingly, researchers believe that this may account for the difference in response to vaccination among older adults, who often have weakened immune responses due to aging. The results of this study seem to suggest that the one-size-fits-all policy of vaccination for everyone, regardless of age or health, may not be the most effective solution and emphasizes how little is understood

about the efficacy of vaccinations in general.

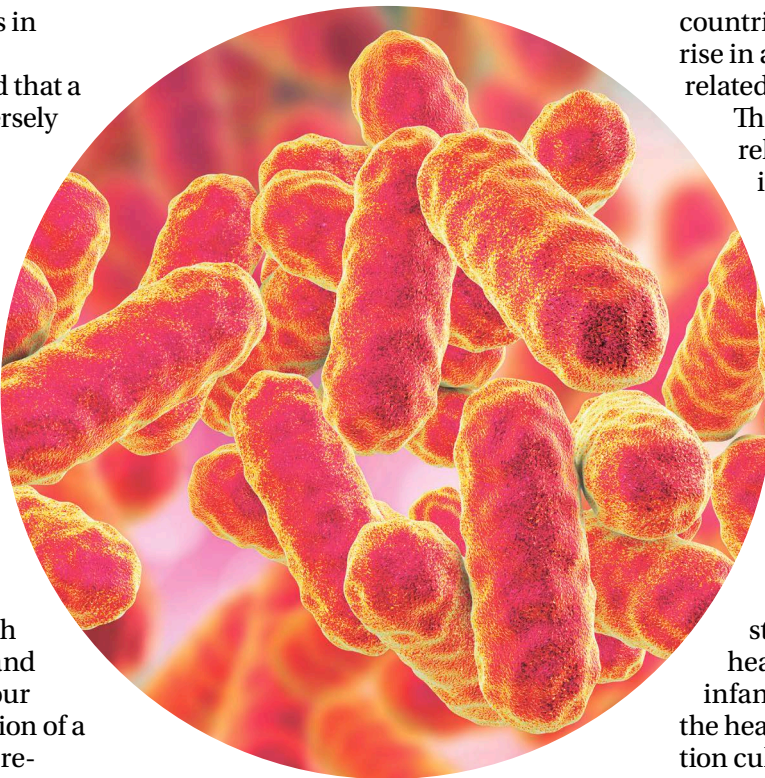
This wasn't the first study to find that a loss of microbiome diversity adversely impacts the effectiveness of vaccination. Additional analysis has found that disrupted microbiomes can impair the responses of immunoglobulin A (IgA), a type of antibody responsible for the immune function of mucous membranes, and reduce the efficacy of vaccinations.

Microbiome Damage and Vaccination Response

Researchers are increasingly convinced that the health of the gut microbiome shapes the health of the body's immune response and that maintaining the health of your microbiome is key to the prevention of a variety of diseases, as well as the response to vaccination.

The complex nature of the bacterial system in your gut continues to impress scientists, but we've only scratched the surface in terms of understanding the importance of keeping these bacteria healthy and active. It's clear, however, that deviations from the "normal" development of gut bacteria can have a catastrophic impact on our immune system. Examples of things that can create immune-disrupting bacterial deviations include: Cesarean section, formula-based diet for infants, vaccination, and antibiotic use, including in infants.

These disruptions may lead to a greater risk of inflammatory disease later in life, including Type 1 diabetes, Crohn's disease, inflammatory bowel disease, pulmonary disease, atopy, and obesity, as well as a variety of cancers. Researchers have also discovered a possible link between multiple sclerosis and a dis-



Our scientific understanding of the importance of a healthy gut microbiome is still in its infancy.

rupted microbiome.

This interplay between the healthy gut microbiome and the immune response is often seen in individuals adhering to a highly processed-food "Western" diet. This type of diet disrupts the production of autoantibodies, a type of antibody produced by the immune system, and a common predictor of autoimmune diseases.

An additional dietary factor that increases the production of autoantibodies is gluten, which is highly prevalent in standard Western diets.

Multiple studies have identified antibiotic treatment as an enhancer of inflammation, concluding that the overuse of antibiotics (especially in high-income

countries) could explain the dramatic rise in autoimmune and inflammatory-related diseases.

This use of antibiotics induces the relocation of bacteria across the lining of the large intestine, promoting inflammation. According to one study, "Bacterial translocation occurred following a single dose of most antibiotics tested, and the predisposition for increased inflammation was only associated with antibiotics inducing bacterial translocation."

The mechanisms in our body that affect the efficacy of vaccination are numerous and complex. Our scientific understanding of the importance of a healthy gut microbiome is still in its infancy, as is knowledge surrounding the health consequences of our vaccination culture.

The one-size-fits-all method of vaccinating everyone deserves careful further research given the various adverse effects of antibiotics and improper diet on the immune system. For more information about the research surrounding vaccinations, and the possible effects vaccinations have on your body, please visit the GreenMedInfo.com vaccination research database.

The GMI Research Group is dedicated to investigating the most important health and environmental issues of the day. Special emphasis will be placed on environmental health. Our focused and deep research will explore the many ways in which the present condition of the human body directly reflects the true state of the ambient environment. This work is reproduced and distributed with the permission of GreenMedInfo LLC. Sign up for their newsletter at www.Greenmedinfo.health



When children were with their family members during these events, they rarely showed traumatic shock.

Will the Pandemic Have a Lasting Impact on My Kids?

Research on wars, natural disasters, and other crises reveals how to protect our children's mental health

DIANA DIVECHA



If possible, shield children, especially the youngest, from media exposure so that you stay in control of the messages.

Massive unemployment. Stunning loss of life. Disrupted education. An economy in freefall. These are the ingredients for tectonic social shifts that alter the arcs of human lives. Parents are always at the fulcrum of such pressures, protecting their families while trying to hold together a semblance of normalcy.

For 100 years, developmental scientists have studied how families and children respond to disasters, man-made and natural. From the Great Depression to Hurricane Katrina, from 9/11 to wars and historic migrations, we've learned a few things about resilience.

Studies consistently show that certain conditions help children adapt well, and other conditions compound a child's distress—but

the overall message is a hopeful one. Given some basic support and protection, our children have remarkable strength and hardiness.

Amount of Exposure

Research on children's resilience began with developmental psychologist Emmy Werner who herself was a child during World War II in Europe. Werner survived with her cousins by "foraging in the ruins of bombed-out houses and in abandoned beet, potato, and turnip fields" when all of the adult males in her extended family perished on the battlefield or in prison camps.

As an adult, Werner studied the letters, diaries, and journals of 200 child eyewitnesses on all sides of the war in 12 different countries. She supplemented the children's accounts with in-depth interviews with 12 adult survivors

when they were in their 50s and 60s.

In her book "Through the Eyes of Innocents," Werner writes that many of the children became adults who held "an extraordinary affirmation of life." However, children who had the most direct exposure to the violence of bombing and combat suffered most. Many of the adults reported 50 years later that they still had frighteningly vivid memories of the sounds of air raid sirens, machine-gun fire, and low-flying planes. A study of 1,200 British schoolchildren found that five years after the war, 18 percent still had symptoms of post-traumatic stress disorder (PTSD), such as intrusive fears, nightmares, sleep disturbances, and heightened reactivity to loud noises, at a rate comparable to that of combat veterans.

Studies of children in other

conflicts, from South Central Asia to Rwanda to Ireland, corroborate that the dose is the poison. In other words, the degree or length of exposure to danger strongly predicts how much children will suffer later.

This was true in studies of 9/11 in New York City. The more children and adolescents were exposed to the attacks and the collapse of the Twin Towers, the greater their symptoms of PTSD, anxiety, and separation anxiety, especially if they lost a loved one. Children who were below Canal Street in lower Manhattan had four times the rate of psychiatric and physical health disorders as young adults, compared to children who were across the bridge in Queens and only saw media coverage of the event.

Continued on **Page 14**

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CENSORING EVIDENCE ON VITAMIN C

Part 2: Doctors risk censure to try using
treatment with long history of safety

DMITRY MISHIN/UNSPLASH



CONAN MILNER

Many of us reach for vitamin C for any cold or flu. But Dr. Andrew W. Saul says doctors who use vitamin C to help patients suffering from COVID-19, and protect others from getting sick, often face intimidation and censorship from federal authorities.

Saul is the founder and editor of the Orthomolecular Medicine News Service—an organization that promotes the use of substances natural to the body to address illness. Since January, Saul has sent out several press releases to share studies and clinical evidence demonstrating success treating COVID-19 with Vitamin C. But he says his message is repeatedly censored.

In part one of this article, Saul discussed doctors who pioneered the use of vitamin C therapies throughout the 20th century, including Dr. Frederick Robert Klenner and Dr. Robert Cathcart. In part two, Saul discusses some of the obstacles today's doctors face with vitamin C, despite a solid track record of safety and efficacy.

EPOCH TIMES: Since we've known what high doses of vitamin C can do since the 1940s, why don't more doctors know about it?

DR. ANDREW W. SAUL: Doctors go to medical school and they learn a lot about medicine, but they get very little information about nutrition. And what they do get basically says, "Vitamins are wasted money and they don't work and they'll hurt you." But that's not true.

So, where is this coming from? Well, the pharmaceutical industry has a lot of influence on medical education, and this is well known. Dr. Marcia Angell, the former editor of the New England Journal of Medicine, wrote a book called "The Truth About the Drug Companies" years ago. She exposed the whole racket of how medical school and medical research are controlled by pharmaceutical money. But there's not a lot of money in researching vitamin C. You can buy almost half a million milligrams of vitamin C for \$15.

Obviously, it's much cheaper, but it isn't just about money. It's about egos. It's about ignorance. And it's about well-meaning people who can be wrong.

The whole purpose of science, media, and government is to discuss everything. I think the Founding Fathers wanted to be able to talk about anything, and that's why we have the First Amendment. But what's going on right now is that the World Health Organization specifically met with Google, Facebook, Amazon, and other media brokers and asked them to stop allowing this information to be spread in relation to the coronavirus. This information is being deliberately

The vitamin C in fruit is chemically identical to ascorbic acid.

BABAK SHUTTERSTOCK

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There was a study that showed that even a very small amount of vitamin C given to severely ill elderly patients with pneumonia in hospital reduced the death rate by 80 percent.

Dr. Andrew W. Saul, founder and editor of the Orthomolecular Medicine News Service

blocked, and if you post it, they will put you in Facebook jail, which means you're not allowed to post anymore. I've been there so I speak from experience.

Firsthand reports by physicians are decrised as fake news. This is a tremendous moral issue right now, and free discussion of this is not allowed. It is a very serious matter when doctors are fighting a disease that they have no vaccine for, they have no drug to cure, and they're fighting it with one hand tied behind their back because they are being kept from this information.

The good news is the word got out. When we published the preliminary results of the work in China, we got it out before the censors got to us. So we had a few weeks before the boom was lowered, and it spread like wildfire. Vitamin C was suddenly sold out all around the world. It became very difficult to find, and impossible in some cases.

More and more doctors are now doing this. But some doctors are getting in trouble for using vitamin C because the party line is that you may not do that.

These so-called raids (on the offices of doctors treating patients with vitamin C) are deliberately done to intimidate doctors because they are afraid of losing their medical licenses. But it's more of a political than a medical situation. I know a number of doctors who have been under the gun because they dare to use vitamins, but if you have enough money, energy, and time, you can push this and you'll win.

We have something right now that actually makes it easier. In 2017, President Donald Trump signed into law the Right to Try Act. This is a federal act that says that people who are in desperate straits can have any medical treatment they want, basically. And that would include using vitamin C for COVID-19.

But if you were to talk to many conventional media outlets, they would say there's no evidence that vitamin C will cure COVID-19. Well, first of all, there's no evidence of anything that will cure COVID-19. So, it's any port in the storm. With vitamin C, you have something that's known to be safe, known to improve immune function, known to be an antiviral, and specifically known to be valuable for pneumonia.

People are afraid of dying. And what kills people with COVID-19 is the escalation to pneumonia or SARS. Massive lung inflammation and shut down is what kills people. This is why they're put on ventilators. This is why it's such a terribly serious disease. But pneumonia, influenza viruses, and SARS have been with us for a while and we've never shut down the country because of them. The trick here is to keep someone from dying.

And vitamin C has been very well studied in regard to pneumonia. Most people don't know this, but there was a study that was done that showed that even a very small amount of vitamin C given to severely ill elderly patients with pneumonia in hospital reduced the death rate by 80 percent.

Now this study used vitamin C, not even by IV and not even a mega dose, but 200 mg per day. That's just a little more than two times the U.S. RDA for an 80 percent reduction in death. We're talking about an astonishing benefit with vitamin C even in modest doses. The public needs to know this.

EPOCH TIMES: What's the difference between vitamin C that comes from food and what doctors are using in these high dose therapies? Because it would take a lot of oranges just to get 1000 mg of vitamin C.

DR. SAUL: Synthetic vitamin C makes it readily available to anyone. It's cheap, but fruit is not. I wish it were, but let's face it.

The vitamin C in fruit is chemically identical to ascorbic acid. You should eat fruits and vegetables for the other good things that they contain, but also take lots of vitamin C as ascorbic acid. You need to do both.

If someone tells you ascorbic acid is bad, take a look and see if they're selling something. I have no financial connections whatsoever to the vitamin supplement industry.

EPOCH TIMES: So how much should we be taking?

DR. SAUL: So take enough vitamin C to keep you well. If you're not well, Cathcart would say take more. How much more? Take enough that works for you. We're all different, and you're different on different days. You're different when you're sick than when you're well. So your amount of vitamin C varies, but bowel tolerance always indicates saturation. So you take enough to feel better, but not enough to cause loose stool. Take as much as you comfortably can.

To put that into approximates, the International Society for Orthomolecular Medicine has published these daily recommendations for prevention of COVID-19:

Vitamin C: < 3,000 milligrams (or more) daily, in divided doses.

Vitamin D3: < 2,000 International Units daily. (Start with 5,000 IU/day for two weeks, then reduce to 2,000)

Magnesium: < 400 mg daily (in citrate, malate, chelate, or chloride form)

Zinc: < 20 mg daily

Selenium: < 100 mcg (micrograms) daily

The Often-Overlooked Role of Zinc in the Age of Viruses

Essential trace mineral helps regulate our immune
response in ways that affect COVID-19 outcomes

JONI RENEE ZALK

Despite our most valiant efforts to avoid catching COVID-19, this is neither the first nor last viral pandemic that will sweep the world. While pharmaceutical companies work to find a vaccine or effective treatment, a common and critical nutrient deficiency is undermining our immune response.

The role of zinc, an essential trace mineral, has been studied for decades. The consequences of zinc deficiency are seen in people with genetic disorders, immune dysfunctions, thyroid and neurological issues, and many other illnesses.

Zinc deficiency is among the most common malnutrition problems worldwide. Zinc is a key ingredient in creating enzymes and proteins involved in many biochemical pathways.

It isn't surprising that zinc defi-

ciency is so common. This mineral began disappearing from our soil with the advent of industrial agriculture, largely due to farming practices reliant on chemical fertilizers and pesticides that deplete the soil's immune system, alter its pH balance, and harm healthy soil-borne microorganisms that help create trace minerals.

Anthony William, the best-selling author of a series titled Medical Medium, summarized much of the research around zinc deficiency, warning that not getting enough zinc will cause the immune system to overreact to virulent flu, or emotional disorders, thyroid and viral infection such as herpes or Epstein-Barr virus.

When our immune system is well-stocked with zinc, it slows these viruses by repelling and weakening them, allowing the lymphatic system and liver to quickly kill off and remove the virus particles from the body.

An overreacting immune system, in the form of a "cytokine storm," is a particular problem with COVID-19.

A cytokine storm occurs when the immune system overreacts to infectious or noninfectious diseases, and the inflammatory response spirals out of control, elevating inflammation to dangerous levels. This explains why otherwise completely healthy people can get so virulently sick with COVID-19.

A study in 2011 showed that zinc was able to suppress immune [hyper] response and regulate the inflammatory cytokines.

A compilation of studies done by the WHO in 2011 looked at children diagnosed with other respiratory infections and affirmed this aspect of zinc supplementation.

"Zinc is thought to help decrease susceptibility to acute lower respiratory tract infections by regulating various immune functions," wrote

the WHO researchers.

Halting the prolonged respiratory failure and death caused by cytokine storm is especially important due to the lack of other treatments. If zinc can do this, COVID-19 just might become a standard flu.

Another benefit of zinc was revealed in a 2010 study that showed that zinc blocks RNA replication for coronaviruses like COVID-19. Earlier studies showed zinc could do this for poliovirus and influenza virus as well. This action effectively stops the virus from reproducing itself inside host cells.

Without this trace mineral, our immune systems are unable to respond effectively to viral threats and our body becomes a prime hunting ground for viruses. With it, it is better able to hunt down invading pathogens.

Recently, Australia started a few clinical trials, one of which will examine the effects of a high-dose

WASU WATCHARADACHAPHONG/SHUTTERSTOCK



No drug, vaccine, or other treatment can more effectively deal with a pathogen than our own bodies.

of zinc injected straight into the bloodstream of COVID-19 patients. The pharmaceutical industry already recognizes the effectiveness of zinc in fighting pathogens, as it is used in products such as dandruff shampoo, anti-fungal (ringworm) body washes and creams, diaper rash creams, and more. Further studies are being done including combining zinc with hydroxychloroquine and azithromycin to fight COVID-19.

Zinc could affect COVID-19 outcomes in other ways as well.

The Independent reported that about one-quarter of COVID-19 deaths in England were people with diabetes. According to Cambridge University Press, zinc is important for insulin function, and a lack of zinc can contribute to diabetes and its complications, including impaired response to oxidant stress. Diabetes itself depletes zinc, which should always be monitored in diabetic patients.

High quality, alcohol-free liquid zinc sulfate products are available online and in health food stores for around \$30. For healthy people, a few drops per day will do, but for someone who is becoming sick, or already sick, several full droppers are a more effective dose. Taking a full dropper every 3-4 hours when you are getting sick or already sick can often stop the virus in its tracks.

Far too much evidence has been compiled from thousands of studies to dismiss the importance of zinc in supporting a strong immune system. That means it is entirely

rational to suggest that getting enough zinc can help maximize your chances of fighting off this new pathogen and being one of the people who are asymptomatic.

We do not know how long it takes to gain herd immunity to COVID-19. Shutting down the world economy to avoid widespread infection may flatten the curve, but if the curve is flattened too much, it may only prolong the duration of mass contagion.

Meanwhile, social distancing and self-quarantine requirements come with their own health impacts. Keeping us inside and sedentary is further weakening our immune systems.

It is important we look for ways to ensure our immune systems, the most powerful tool we have to deal with COVID-19, are in top shape. No drug, vaccine, or other treatment can more effectively deal with a pathogen than our own bodies. This basic fact of disease and our biology is overlooked to dangerous effect.

We all have a choice to make right now; to become weaker and more vulnerable, or stronger and more adaptable. Choose to strengthen yourself with this essential trace mineral—we all need it.

Joni Renee Zalk holds a master's degree in Chinese medicine from Middlesex University in London and enjoys living in sunny Boulder, Colo. She does volunteer acupuncture treatments for addiction centers and nonprofit organizations.



MADE TO MOVE

Cycling and Walking to Work Lowers Risk of Cancer, Heart Disease

RICHARD PATTERSON & ANTHONY LAVERTY

As many countries ease their lockdowns and more people return to work, there's an effort to limit the use of public transport to avoid further spread of COVID-19. One way to do that is to encourage more people to switch to physically active ways of commuting such as walking or cycling.

Active commuting will help limit virus transmission and vehicle emissions. Our latest research found that people who walk and cycle to work are at lower risk of death or serious illness compared with those who commute by car.

It's well established that many people don't get enough physical activity, and this has been linked to between 3.2 million and 5.3 million deaths a year worldwide. And we know that being physically active leads to many health benefits, including lower risk of heart disease, Type 2 diabetes, some cancers, and even depression.

An active commute is a major potential source of daily physical activity, which can also include planned exercise and household activities such as cleaning. But in England and Wales, around 34 percent of men and 42 percent of women aren't active

An active commute is a major potential source of daily physical activity.

enough and walking and cycling rates have been declining for four decades. Motor vehicles have also become the most common way to get to work.

Our team used census data from over 300,000 commuters in England and Wales to investigate the health impacts of walking, cycling, getting public transport, or driving to work. We followed participants for up to 25 years in order to compare deaths from cardiovascular disease (including heart attack and stroke) and cancer, as well as new diagnoses of cancer.

Health Benefits

We found that, compared with those who drove, people who cycled to work had a 20 percent lower risk of death overall. They also had a 24 percent lower risk of dying from cardiovascular disease and a 16 percent lower risk of dying from cancer. And they were 11 percent less likely to be diagnosed with cancer. This even held true after we took account of other factors, such as age, sex, car access, ethnicity, and socioeconomic group.

Walking to work was associated with a 7 percent lower risk of cancer diagnosis

Active commuting may increase as governments try to reduce the volume of people using public transit.

Are Probiotics the Future of Skincare?

Here's why our microbiome may hold the secrets to healthy, vibrant skin

JAYA JAYA MYRA

By now, you probably know the gut's microbiome plays a large role in health, mood, and overall well-being. These beneficial bacteria and collection of microbes don't just live in the gut though; they also live on the skin and play an essential role in our skin's health and well-being. Did you know the microbiota on the skin is the body's first line of defense against harmful bacteria and other foreign invaders?

The skin flora helps keep the whole body healthy by warding off harmful organisms, and it also plays a major role in the health and functionality of the skin itself. People with rashes and eczema have been shown to have less diverse skin microbiome than normal. Even acne is caused by having an excess of one type of bacteria, P. acnes, that wreaks havoc on the skin and causes breakouts. In fact, many skin conditions including dermatitis, inflammation, acne, irritation, redness, and even bad body odor are caused by an imbalance of the skin's microbiome

If you want healthy, vibrant looking skin, taking care of your microbiome is key: both in terms of what you eat and what you put (or don't put) on your skin. This is why we're starting to see an emphasis on the microbiome with skincare companies. Everything



OLENA YAKOBCHUK/SHUTTERSTOCK

The microbiota on the skin is the body's first line of defense against harmful bacteria and other foreign invaders.

science now knows about the skin's microbiome makes a very compelling argument for organic, natural skincare products that don't contain chemical additives. Paul Schulick, Founder of the probiotic skincare line For The Biome, says "What science has revealed—and consumers are just beginning to understand—is that healthy skin is synonymous with a healthy microbiome. The 'interkingdom signaling' that takes place between the skin and its microbiome is crucial for skin that retains hydration and can adapt to stress. We are seeing that harsh ingredients, such as the chemical preservatives and fillers found in cosmetics, are extremely disruptive to this relationship. It's like white noise that blocks the skin's communication systems and depletes the

skin's microbiome"

As a master herbalist, Paul understands how much traditional Chinese medicine and Ayurvedic formulas affect mind and body. He also understands how, when used on the skin, they can invigorate our health and beauty routine in a whole new way. But here's the thing: it's not just about probiotics: prebiotics and postbiotics are just as important. Paul says "The most effective way to nourish the skin's microbiome is with prebiotic and postbiotic nutrients. Prebiotics are like fertilizer for your microbiome while postbiotics are the invaluable nutrients created during fermentation."

It's fascinating to think about the skin and how complex it really is. It protects us against microbes and it enables us to sweat

and release both heat and toxins from the body. It's no wonder it requires a complex and intimate connection with a variety of microbes that enable it to do its job properly. Speaking of sweat, that brings us to body odor and its connection to the microbiome. It's not your skin or sweat that smells bad, it's a reaction from certain bacteria strains that live on the skin: they literally eat your sweat and other bodily fluids and create smelly byproducts from it, leaving you smelling bad. When you think about this in terms of the skin microbiome, it means those stinky body parts likely have an imbalance in the flora on the skin. By bringing this back into balance, you can minimize or halt this odor-causing process, without using antiperspirants that block the body from sweating by clogging the pores with aluminum, therefore preventing the skin from doing a major part of its job

I've used probiotic skincare since way before it was cool, and I can say from personal experience it makes a huge difference. And when I tried probiotic deodorant, I haven't looked back. If you're interested in holistic health in general and want a way to detox your skincare routine, look into products that encourage a healthy microbiome. You won't regret it, and if you're like me, you'll be hooked for life

Jaya Jaya Myra is a wellness lifestyle expert and go-to media expert on mind-body wellness, stress management, mindfulness, food for mood, and natural, healthy living. She's a best-selling author, TEDx and motivational speaker, and creator of The WELL Method for purpose-filled healthy living. Visit www.JayaJayaMyra.com

THE ROOT CAUSE

Electromagnetism and Human Health: Wi-Fi and Cellphones

Part 2: Research reveals risks that are pointedly ignored by industry and government

ARMEN NIKOGOSIAN

The levels of wireless radiation we're exposed to in today's world is unprecedented in history, particularly in the past 20 years, with the worldwide adoption of mobile phones and local wireless networks or Wi-Fi.

While completely invisible to the naked eye, these fields may have effects on our physiology, including cognitive changes, fatigue, decreased fertility, DNA damage, and certain types of cancer.

Keep in mind that wireless radiation is a non-ionizing form of radiation, which means it doesn't disrupt atoms and molecules like the radiation from uranium or plutonium. However, the particles and waves of energy still enter living systems and can be disruptive at a larger scale.

Most governmental regulatory agencies around the world (including the FCC in the United States) have set the wireless radiation safe exposure limit for people at 10 watts per meter squared for 30 minutes of exposure. This level was established by considering only the thermal effects of the radiation. We've all felt how hot our phone will become after a lengthy phone conversation or downloading large amounts of data. These safety standards were based on this thermal effect, and if heat was the only risk wireless radiation posed, there would be no need for further discussion. However, there's a whole range of non-thermal effects that have been observed on living things that the so-called safety limit doesn't take into account.

Proponents for more stringent wireless radiation or EMF safety standards have tried to bring attention to studies linking cellphone use to brain tumors, miscarriages, and a whole host of other health problems. The problem with these correlational studies is that they didn't prove causation. So another study would come along, often funded by the telecom industry, and contradict the results of the prior ones. These inconsistencies in the literature through the 1990s and 2000s became very confusing to much of the public. This culminated in general disregard by the population at large for many of the potential hazardous health effects despite their safety not being proven in many cases.

In 2016, an international group of researchers from Ukraine, Finland, the United States, and Brazil investigated the effects of low-intensity radiofrequency radiation on living tissues. They reviewed 100 peer-reviewed papers dealing with this subject and found that 93 papers confirmed the oxidative effects of radiofrequency radiation. Oxidative stress is when free radicals (oxidants) and antioxidants become imbalanced. It is one of the primary drivers of aging.

One of the most chilling aspects of

this review was that within the 93 papers reviewed that found correlation, there were almost as many different biological and biochemical pathways investigated. Wireless radiation seems to have this "aging" effect on all of these biological pathways. The researchers came to the firm conclusion that wireless radiation was a physical agent that induced oxidative stress in the cell and had a broad biological potential to affect a diversity of biochemical systems.

While completely invisible to the naked eye, these fields may have effects on our physiology, including cognitive changes, fatigue, decreased fertility, DNA damage, and certain types of cancer.

In 2018, another international group of scientists from the United States, Israel, and Turkey researched the effects of wireless radiation on the male and female reproductive systems. They proposed and reviewed several mechanistic pathways that were all driven by oxidative stress or "cellular aging." They found that rapidly dividing cells, such as those found in the testes and ovaries, were even more prone to damage from wireless radiation. Rather than looking at some clinical symptom or outcome on a person, which could be argued away as being caused by one of millions of stimuli we encounter on a daily basis, these researchers looked deeper. They looked at the effects of wireless radiation on the mechanics of our cellular building blocks, and that evidence was solid enough to at least open the topic for further safety studies.

In 2011, the International Agency for Research on Cancer classified radiofrequency electromagnetic fields as Group 2B classification or a possible human carcinogen. This classification from this division of the World Health Organization (WHO) came the same year 4G or LTE networks began expanding throughout the world. So what about the new 5G networks that are currently being rolled out? While there is much talk about performance, download speeds, and latency—what about the health effects? The 5G networks being deployed operate on three different spectrum bands: low, mid, and high band. Low band is transmitted at a frequency below 1GHz and is not much different than 4G also known as LTE. This provides a broad coverage area and its radiation will go through buildings and people, thus the potential exists for the hazardous cellular effects already discussed.

Thankfully, the vision of industry is for more use of the mid and high spectrum bands. As the spectrum increases beyond 1GHz, the data transmission potential increases, but the range and penetration of the beam decreases. The range issue will be solved with plans to put 5G antennas on every streetlight. Many of these higher spectrum beams lose penetration ability until we reach the highest spectrum called millimeter waves which reportedly cannot even penetrate human skin.

While there has been much concern about the 5G rollout, this may be the first step toward designing wireless radiation more conducive to human health. I am hopeful but skeptical. After observing a telecom and tech industry that stubbornly denied any adverse health effects for decades despite a strong body of evidence stating otherwise, I can't help but make comparisons to the perils of smoking and the brash denials from Big Tobacco in the 1940s and 1950s.

For many years, the opponents on this issue have been in two extreme camps: those who wanted the technology banned and those who want to continue deploying without any regard for potential biological effects.

Wireless technologies have become an integral part of our society. What's needed is a safer form of wireless radiation. While 5G isn't perfect and won't likely replace older wireless spectrums outside of densely populated urban areas, it has the potential to be safer on the human body if the claims put forward by the industry that it can't penetrate our skin are confirmed with further safety studies.

But even if this important point can be confirmed, the total wireless radiation will rise exponentially in an environment where the health science contradicts the claims of industry and regulators.

Between the soon-to-be-completed wireless global panopticon and a regulatory environment more concerned with industry appeasement than hard science, the public should be concerned. Wireless technology affects us all, and—as with any public utility—public safety should be the first priority.

Armen Nikogosian, M.D., practices functional and integrative medicine at Southwest Functional Medicine in Henderson, Nev. He is board-certified in internal medicine and a member of the Institute for Functional Medicine and the Medical Academy of Pediatric Special Needs. His practice focuses on the treatment of complex medical conditions with a special emphasis on autism spectrum disorder in children, as well as chronic gut issues and autoimmune conditions in adults.

PATAT/SHUTTERSTOCK



Our internet-connected devices depend on radiation emitted from cell towers and Wi-Fi networks.

Richard Patterson is a Medical Research Council postdoctoral fellow of public health interventions at the University of Cambridge in the UK, and Anthony Laverty is a lecturer in the Public Health Policy Evaluation Unit at the Imperial College London. This article was first published on The Conversation.



Given some basic support and protection, our children have remarkable strength and hardness.

ALL PHOTOS BY SHUTTERSTOCK

Children are most resilient when they're embedded in a network of social support: a parent, a caring parent figure, or siblings.

Will the Pandemic Have a Lasting Impact on My Kids?

Research on wars, natural disasters, and other crises reveals how to protect our children's mental health

Continued from Page 9

But media coverage can also be harmful. A study of the Oklahoma City bombings found that middle school children who watched repeating loops of television coverage were more likely to have symptoms of PTSD seven weeks later (even though none of their families were harmed), compared to children who watched less television coverage.

Takeaway: Children with the most direct exposure to the pandemic—for example, who lose a loved one or whose family is struggling with the disease, food shortages, or other deprivations—may be most at risk for psychological disturbances and should be prioritized for public services and community resources.

If possible, shield children, especially the youngest, from media exposure so that you stay in control of the messages. Four- to 6-year-olds can handle minimal, manageable facts about why their lives have changed. Teenagers can take in more information and are interested in understanding how the world works and their place in it, though some caution is warranted—it's helpful to have a wise adult in the wings to help interpret events and emotional responses. Staying constructive and action-oriented can help mitigate children's chances of developing depression and feelings of overwhelm and helplessness.

Loving Caregivers

Anna Freud, the daughter of Sigmund Freud, founded the Hampstead War Nurseries in England to care for children during the Blitz (the Nazi bombing campaign of the United Kingdom from 1940–1941). She and her colleague, Dorothy Burlingham, shared their observations in their 2011 book “War and Children.”

Air raids and bombings happened anytime day or night, they wrote. Some children saw death up close, some were buried in debris, and many were injured. Freud and Burlingham found that, remarkably, when children were with their family members during these events, they rarely showed traumatic shock.

“They slept and ate normally and played with whatever toys they had rescued.” The children seemed to equate their experience with just another childhood “accident,” like falling out of a tree or getting thrown off their bike. That the war “threatened their lives, disturbed

Studies consistently show that certain conditions help children adapt well, and other conditions compound a child's distress—but the overall message is a hopeful one.



When children are able to pitch in and contribute—in their families or their community—they develop mastery, they feel valued, and their confidence grows.

their material comfort, or cut their food rations” mattered little, according to Freud and Burlingham, as long as the children were with a trusted adult.

But it was “a widely different matter” if a parent was killed or if a child was separated from his or her parents. Children had a much harder time, for example, when they were evacuated to the countryside for their own safety. Separation was worse than enduring the bombings alongside their family, write Freud and Burlingham. This has been true in every war zone studied, from Rwanda to Bosnia and the West Bank to Syria. Studies find that if children lose the safety anchored by their secure caregiver, they often become desensitized to violence and experience an increase in PTSD, anxiety, depression, aggression, and antisocial behavior.

However, the supportive adult figure doesn't have to be a parent. Research suggests that any non-parental figure in a caring capacity, like a neighbor, teacher, counselor, coach, sibling, or cousin, can be just as effective. Long-term studies of children who have weathered adversity like poverty or even Hurricane Katrina consistently find that those who were the most resilient had the most supportive relationships outside the immediate family.

Werner also studied the records of pioneer families, including the Donner Party, a small band of 87 travelers—half of them children—who took an ill-advised shortcut away from the Oregon Trail. They found themselves trapped in the heavy Sierra snowfalls, unable to move for four months. Supplies dwindled, and travelers resorted to eating their animal-skin rugs and animals; a few cannibalized their deceased companions.

A third of the children perished, mostly infants and toddlers. The surviving children were the ones who had the strongest social supports from mothers, aunts, cousins, and a teacher, who pooled whatever resources they had and mustered whatever shreds of normalcy they could, even when they were too weak to stand. Siblings, especially, shared food and drink, nursed the sick and injured, and were confidants and supports to each other when the going got tough. The majority of children who survived went on to lead “long and productive lives,” becoming lawyers, ranchers, writers, prospectors, and heads of large families.

TAKEAWAY: Children are most resilient when they're embedded in a network of

social support: a parent, a caring parent figure, or siblings. Accounts like these suggest that the support that works for children doesn't have to be overly precious or hyper-conscious. Rather, practical, positive decency offered by ordinary people will suffice.

For parents who aren't able to care for their own children because they're essential workers—or are sick and quarantined away from their families—the message is that other committed adults can pinch-hit as caregivers just fine.

Calm Caregivers

When uncertainty or danger strikes, children are “wired” to look to their caregivers to interpret how safe they should feel. If their primary adult is calm, a child feels reassured. But if their adult is upset, the child feels unsafe, and their body and brain go into threat mode. And when the threat system is on too long without relief, physical and mental health problems can result.

In providing loving care, the parent's own emotional state matters. Freud and Burlingham wrote that most of the London population met the World War II air raids with a “quiet manner.” For example, they describe one Irish mother of eight whose windows were blown out in a bomb blast. When she showed up at the clinic, she said that they were “ever so lucky” because her husband was there and could fix the windows. Another mother brought her daughter in for a “cough and cold” but didn't think to mention that they'd just escaped a bomb shelter destroyed in a fire. Due to the mother's “lack of fear and excitement,” Freud and Burlingham write, the child “will not develop air-raid anxiety.”

By contrast, they noticed those very anxious mothers had very anxious children. For example, one 5-year-old boy developed “extreme nervousness and bed wetting” when he had to get up in the night, get dressed, and hold his trembling mother's hand.

Recent research finds that the presence of a calm adult can even reduce the levels of cortisol, the stress hormone, in a child's body. In fact, supported exposure to manageable stress can be “inoculating,” helping children to be more resilient, whereas complete avoidance of stress undermines the development of resilience.

TAKEAWAY: For stressed parents at home caring for children 24/7 and trying to work: Put on your own oxygen mask first. Your self-care is essential. It's a

challenge to bring your best self to this quarantine day after day, but your well-being is vital to you and your children. And rest assured, you don't have to be perfect. Some research suggests that even in the healthiest relationships, parents are only “in tune” with their children 30 percent of the time. What matters more is your flexibility to repair, regroup, and try again. Apologies, forgiveness, and self-compassion are key. Remember, the biggest lesson your children are learning from you is how to handle themselves in a stressful situation.

A Higher Calling

Many studies of resilience find that survivors who do well have strong philosophies or spiritual traditions. Ann Masten, professor at the Institute for Child Development at the University of Minnesota, writes in her book, “Ordinary Magic: Resilience in Development”, that many faith traditions—including Buddhism, Hinduism, Judaism, Christianity, and Islam—incorporate all of the ingredients for resilience. They offer guidance for parenting and moral conduct; provide role models, mentors, and community support; teach and invite practice in self-regulation, and place a value on the greater good.

A connection to the divine, or a philosophical framework, or a connection to cultural traditions, each help survivors to make sense of their experiences, and in the process help them keep calm. Even finding awe in the moment may just be enough for now.

Long-term research in Kauai found that many adults who eventually created happy lives after adverse childhoods drew from their cultural heritage, becoming involved in Hawaiian conservation efforts, going to the ocean in times of trouble, or caring for their elders.

Recent psychological work suggests that having a sense of purpose helps, too. When children are able to pitch in and contribute—in their families or their community—they develop mastery, they feel valued, and their confidence grows.

TAKEAWAY: A connection to something greater than oneself—whether it's a spiritual practice, cultural beliefs, or a sense of purpose—can help families and children orient their thoughts, feelings, and actions. Children, even very young ones, enjoy and benefit from these kinds of feelings and experiences.

Children are neither inherently resilient nor inherently vulnerable. Instead, their well-being arises out of who they are as individuals together with the cascades of experiences they have. Some children may luck into competencies and circumstances that set them on a good path early on. But even for children who don't do well initially, studies of the life course show that many can still find happiness later from a new opportunity, education, a good relationship, or a fulfilling career.

For now, the world is in a difficult state of uncertainty. We don't know the course of the virus, the full economic impact, or what “normal” life we'll resume. But the enduring lessons for our children will surely be the emotional ones. These are the lessons they'll remember as adults when they inevitably experience upheaval again—only then, it may be without us. So let's stay focused on, and grateful for, what really matters.

This article is excerpted from a longer article on Diana Divecha's blog, developmentalscience.com

Diana Divecha, Ph.D., is a developmental psychologist, an assistant clinical professor at the Yale Child Study Center and Yale Center for Emotional Intelligence, and on the advisory board of the Greater Good Science Center.



A connection to the divine, or a philosophical framework, or a connection to cultural traditions, each help survivors to make sense of their experiences, and in the process help them keep calm.



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Writing out your plans can help you think them through, remember, and focus your will power.

There Is No Better Time Than Now

The top 5 time management tips you need during quarantine

MONROE MANN

Odds are, wherever you are in the world reading this, you are in some type of quarantine. You may have lost your job or key clients. Maybe you are becoming stir crazy, or frustrated trying to get anything done from home.

It's also possible your business has gone under, your dreams have been shattered, or your big travel plans scuttled. You may have no idea how to navigate this situation we are in.

Despite all of that, I want you to know that this time of quarantine is valuable, perhaps more than you realize. It is not a time to be sad, depressed, and downtrodden, it is a time to regroup, and re-plan. Let's get started.

There are some solid approaches you can use to get through a challenge or find a new opportunity. The first is to get it in writing.

1. Get It Out Of Your Head

You have to write it down. Write what down? Everything.

When you are trying to plan for the future or solve a problem, the best way is not to just take a walk around the block thinking it over. That's certainly a good first step, but ultimately, you want to dump it all out on paper.

Write down the problem and potential solutions.

Write the pros and cons of doing A, and then the pros and cons of not doing A.

Write your goals for the next 6 months, along with your daily and weekly to-do lists.

With the world becoming more digital, we have begun outsourcing things we once used our brain for, like remembering phone numbers or doing math. That comes with consequences. As Medical Daily notes (citing a study from Psychological Science), if you write something on paper rather than type it on a digital screen, you will activate more of the memory, and more problem-solving capacities of the brain.

So while you may want to keep that to-do list just on your phone or laptop—don't. Write it out. The study above tended to show that those who type things out tend to do so mindlessly. Those who write things out tend to remember more and were better able to process concepts and facts.

So get it on paper. Everything about your day, week, month, year, and life. Ideally, use paper and pen, but at the bare minimum, make sure you're not just typing things on a computer screen. Print out your musings, problems, solutions, and to-do lists, then post them on your wall and in your bathroom. Then watch: you'll start getting a lot more done and finding solutions to problems a whole lot more quickly.

2. All That Matters Is Why

But let's take a step back. The truth is, if you don't know why you are doing something, it doesn't matter one iota if you have a daily to-do list because you won't work efficiently to get the tasks done. As many an actor has asked “What's my motivation?” By the same token, if you don't have a super-strong why for solving a problem, you won't have a true impetus to find a solution.

Viktor Frankl, in the excellent book “Man's Search For Meaning,” recognized that holocaust survivors who visualized a strong future, beyond the war, and beyond the horror, had a higher likelihood of surviving the concentration camps. Those who tended to wither away, and give up hope, and ultimately die (not through the gas chambers, but simply from physical and mental deterioration) were those who gave up hope,

saw no positive future, and had no ‘why’ to continue reaching for beyond their current circumstance.

No matter how you are feeling this moment, consider how much better your life still is than the life of those poor souls in the Nazi camps. If the power of ‘why’ worked in those terrible camps, it can work for you amid this global pandemic. To get through it, and to get through it in an even better position than you are in now, ask yourself ‘why’? Why is it important that you get through this? Why is it important that you replan? Why is it important that you create a monthly to-do list? Why is it important to get the tasks done on your daily to-do list?

Most people do not have good answers to these questions. They say, “To make money,” Or, “Because I want to succeed,” Or, “Because it's important to me.” But none of those answers are strong enough. The why needs to be powerful. And the strongest why I've found is about others.

If you don't have a super-strong why for solving a problem, you won't have a true impetus to find a solution.

Frankl shares in his book that those who survived the camps didn't do so by thinking about money, success, or by saying, “survival is important to me.” They had reasons that came back to other people: “Because I want to see my wife again.” “Because I want to inspire people to overcome this horror.” “Because I want my daughter to see what it means to survive.”

Strong whys are always about helping others. So before you start creating to-do lists and solving problems, make sure you first know why it is important. Otherwise, you won't have the stamina to do what needs to be done.

3. Give Up Goals and Focus on Strives

Next, when you are creating your plans, try not to focus too much on goals. A goal is time-bounded. For example: “I will restart my business by September 1st, 2020.” That's a potential psychological disaster. Why? Right now, we have no idea when life will return to normal, so how can you create a specific date for re-opening? Even before the pandemic there were no guarantees on things. So if you focus on a time-bounded goal, and don't achieve it on time, you're likely going to feel like a failure.

Instead, use strives that are like goals but with a flexible moving deadline. When we change the above goal into a strive, it becomes, “I will restart my business within the next six months.” That's the strive for today. And when you wake up tomorrow, it's the same: “I will restart my business within the next six months.” And in mid-June, it is still exactly the same: “I will restart my business within six months.”

The idea behind this is that with a moving deadline, and no specific ‘success date’, it provides focus and impetus and a target, but without any of the emotional distress if the deadline suddenly approaches and you're far from the finish line.

Are there times when true timed goals are helpful? Yes, for sure. However, many times if you use a strive instead of a goal, you'll get more done in less time, and without the psychological damage of a missed goal.

4. Accountability is Dependability

Once you've got your plans on paper, your why is strong, and your strives are in place, you're ready to get to work. And you'll be more motivated to work if your reputation is on the line. So, it's time to put your reputation on the line.

You need to tell people about your plans. And the more the better.

Something I often do is share my plans and what I am doing in my alma mater alumni magazines. By seeing my goals in print (remember from above, we need to see things on paper for them to have a maximum psychological positive effect), I am spurred on to make it happen. Knowing that tens of thousands of others saw my targets is a wondrous first-starter under my pants You can do this through sharing on social media, telling your friends via text message, or posting a printed plan on the family refrigerator for your loved ones to see. You might post your plans on your blog, or even call someone you know and respect. Whatever you decide to do, just make sure you tell at least one other person. Knowing that someone else knows your plan will encourage you to get it done. If you tell no one, the only accountability you have is yourself, and let's be honest, we often let ourselves off way too easy.

5. Tomorrow Never Comes (Winners Do It Now)

This could be the title to a self-help Bond film: “Tomorrow Never Comes.” And it's true: tomorrow never does come. We think we have something known as ‘tomorrow’ to make our dreams come true but we don't. We think we have tomorrow to get out of the holes we dig ourselves into, but we don't. We think we have ‘tomorrow’ to solve the problems that come our way. But tomorrow is not real. It is a figment of our imagination.

To prove this, let's discuss tomorrow. On whatever day you are reading this article, think about tomorrow. Now, when tomorrow comes, I want you to ask yourself, “What day is tomorrow?” Was it that day, or are you now talking about the next day in the week? You see: tomorrow never arrives. No matter how much you try, it will never be there for you. It is eternally elusive, and if you push things off until tomorrow they may never happen. Because tomorrow will always turn into today.

This means that all you have to work with is today. Stop pushing things off to tomorrow. You cannot finish the task ‘tomorrow.’ You can only do it today. This is why one of my favorite slogans is the subtitle to my book Time Zen which says: Winners Do It Now.

In other words, do not wait until tomorrow. Look at your to-do lists and decide, “Can I do this today?” If the answer is yes, do it. If it is important, do it right that second.

I encourage you to put this on your wall and let it be your battle cry for the rest of this pandemic, and maybe even the rest of your life:

Do it immediately. Do it imperfectly. Winners do it now.

I hope this time in quarantine can be the most productive time of your life. Do not waste time or energy bemoaning what has happened, or what is happening. Focus on what you can do to influence the situation to your benefit. Ready? Set? GO!

Dr. Monroe Mann, Ph.D., is a time management coach, entertainment attorney, tech entrepreneur, Iraq war veteran, and the author of “Time Zen,” and “Successful New Year 2020.” Please read more at monroemmann.com. You can also join him in an inspiring world-wide community at breakdiving.io

We’re All Realizing Life Is Not Found in Material Possessions

We miss hugs, concerts, and gatherings with friends far more than new shirts and shopping malls

JOSHUA BECKER

Retail sales were down 16 percent last month. The largest monthly drop on record. To put that into context, the largest recorded single month decrease prior to April was a record 8.7 percent. In March of this year. Two months in a row of record-setting drops in retail sales.

People are shopping less and less—and we’re all learning that life continues without it.

Looking deeper in the numbers: Clothing stores took the biggest hit with a 78.8 percent tumble in sales. Other big losers were electronics and appliances (60.6 percent decline), furniture and home furnishing (58.7 percent drop), and sporting goods (down 38 percent).

In other words, nonessential consumer goods are not being purchased. And yet, for most of us, life continues.

Oh, there may be some people that miss shopping and wish their weekend could be spent at the mall, but I get the feeling that “digging through clearance racks” is not the top item on most peoples’ to-do list when shelter-in-place guidelines are lifted.

Because we are all realizing that life is not found in an abundance of material possessions.

Retail shopping is not needed for our survival. Of course, it never was. But it has been helpful to be reminded of that fact.

Given the reality that most of our homes are filled with more possessions than at any point in human history (even after two



months of stores being closed), buying stuff from the store is no longer about survival for most of us.

Shopping for clothes, electronics, or sporting goods is not a matter of life-or-death. We’re all learning that—or at least we should be.

But I think we are learning an even more important lesson.

We’re also learning that an excess of physical possessions is not where quality of life is found either.

I recently asked a group of random strangers on Twitter, “What are you most

looking forward to doing when shelter-in-place guidelines are lifted?”

Among the answers, nobody replied “shopping.”

Instead, people want to hang out with friends, see loved ones, take their family out for dinner, attend concerts, use the parks, hit the gym, or go out to enjoy ice cream.

And I think that’s the point.

When it comes to recognizing what activities contribute to quality of life, accumulating physical stuff pales in comparison to the actual life-giving pursuits we are being forced to go

without.

We’re all learning this aren’t we? That nobody is missing material things.

We miss hugging our grandparents, sharing experiences with friends, social gatherings, intimate conversations, and meeting new people.

That is where life is found.

In relationships with other people.

Not in material possessions.

Joshua Becker is an author, public speaker, and the founder and editor of “Becoming Minimalist” where he inspires others to live more by owning less. Visit [BecomingMinimalist.com](#)

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