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MIND & BODY

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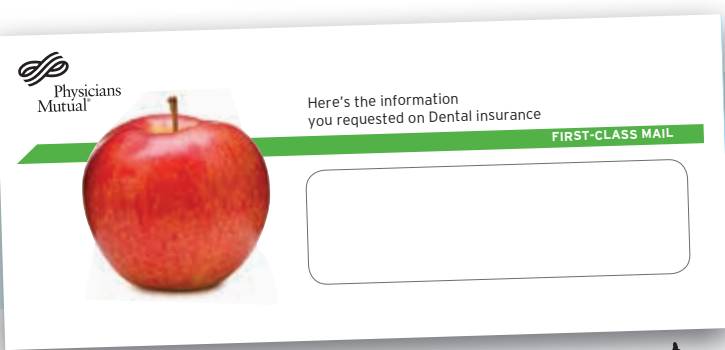
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Foods that are high in vitamin C and D will help ward off those inevitable germs you encounter.

Immune Boosters for Cold or Flu

TARA HANTSKE

Your immune system is your body's natural defense against illness and disease. Keeping your immune system healthy will ensure that your body will know exactly what to do when you are exposed to a cold, the flu, or other infections.

The health of your immune system will determine your overall health, how often you get sick, and how well you handle sickness.

Use these tips and tricks to keep your immune system healthy and able to handle it when that cold attacks.

Immune Boosters: Food

You can eat your way to a healthy immune system. The saying that an apple a day keeps the doctor away has some truth. Eating more organic fruits and veggies on a daily basis will boost your immune system, naturally. Foods that are high in vitamin C and D will help ward off those inevitable germs you encounter.

One of my favorite ways to do this is to make a smoothie in my blender. Here's a great recipe:

- 1 organic Honeycrisp apple
- 1 organic Bosc pear
- 2 stalks organic celery
- 1-2 organic carrots
- 6-8 leaves of organic romaine lettuce
- 1 organic green pepper
- splash of organic lime juice
- sprinkle of organic cayenne pepper

Blend and enjoy.

These "green drinks" not only taste great, but they will also increase your energy, decrease mental fog, boost your immunity, and can aid in weight loss. This is one great way to get a ton of immune system support that works for kids and adults.

Other foods that act as immunity boosters because they are loaded with vitamins and minerals include green pepper, spinach, kale, onion, garlic, lemon, cinnamon, and raw cacao.

Besides eating well, at the first sign of a sniffle, headache, or that feeling like you are dragging a little, there are

several things you can do to help your body combat and recover from a cold.

Lemon and Cayenne

Squeeze half an organic lemon into hot water and sprinkle in some cayenne pepper. Organic lemon is high in antioxidants called bioflavonoids which are credited with lemon's disease-fighting powers. Drink your lemon water daily or even several times per day.

The health of your immune system will determine your overall health, how often you get sick, and how well you handle sickness.

Apple Cider Vinegar

Apple cider vinegar, contains polyphenols, another antioxidant that is also found in fruit, vegetables, wine, coffee, and chocolate. These compounds can help your body deal with disease-causing free radicals and a spoonful of apple cider vinegar a day can be useful during cold season.

Vitamin C and Sleep

Researchers generally agree that high doses of vitamin C can shorten the duration of a cold. Sleep is also critical as your body is repairing each cell overnight. Sleep also allows your body to focus on fighting infection rather than dealing with all the daily activities you engage in.

Tara Hantske is a health advocate and former Division 1 athlete who knows first-hand the power and importance of the mind-body-health connection to success and optimal health. You can read her articles at Tara Hantske Wellness. This article was originally published on Naturally Savvy.

Social Distancing

The Best Tool We Have to Fight the Coronavirus

THOMAS PERLS

What is social distancing and why is it so important as the world grapples with this highly infectious disease?

As the coronavirus spreads into more and more communities, public health officials are placing responsibility on individuals to help slow the pandemic. Social distancing is the way to do it. Geriatrician Thomas Perls explains how this crucial tool works.

What Is Social Distancing?

Social distancing is a tool public health officials recommend to slow the spread of a disease that is being passed from person to person. Simply put, it means that people stay far enough away from each other so that the coronavirus—or any pathogen—can't spread from one person to another.

The Centers for Disease Control and Prevention describes social distancing as staying away from mass gatherings and keeping a distance of 6 feet or 2 meters—about one body length—away from other people. In New York City, for example, theaters have closed temporarily, many conventions around the world are being canceled, and schools are closing all across the United States. I've stopped taking the train during

rush hour. Now I either work from home or drive in with my wife, or I take the train during off-hours so I can maintain the 6-foot distance.

Social distancing also means not touching other people, and that includes handshakes. Physical touch is the most likely way a person will catch the coronavirus and the easiest way to spread it. Remember, keep that 6-foot distance and don't touch.

Social distancing can never prevent 100 percent of transmissions, but by following these simple rules, individuals can play a critical role in slowing the spread of the coronavirus. If the

number of cases isn't kept below what the health care system can handle at any one time—called flattening the curve—hospitals could become overwhelmed, leading to unnecessary deaths and suffering.

There are a few other terms besides social distancing that you are likely to hear. One is "self-quarantine." This means staying put, isolating yourself from others if there is a reasonable possibility you have been exposed to someone with the virus.

Another is "mandatory quarantine." A mandatory quarantine occurs when government authorities indicate that a

person must stay in one place, for instance, their home or a facility, for a period of time. For coronavirus, that is 14 days. Mandatory quarantines can be ordered for people who test negative for the virus but have likely been exposed. Officials have imposed mandatory quarantines in the United States for people on cruise ships and those traveling from Hubei province, China.

Why Does Social Distancing Work?

If done correctly and on a large scale, social distancing breaks or slows the chain of transmission from person to person. People can spread the coronavirus for at least five days before they show symptoms. Social distancing limits the number of people an infected person comes into contact with—and potentially spreads the virus to—before they even realize they have the coronavirus.

It's very important to take a possibility of exposure seriously and quarantine yourself. According to recently published research, self-quarantine

should last 14 days to cover the period of time during which a person could reasonably present with symptoms of COVID-19, the disease caused by the coronavirus. If after two weeks they still don't have symptoms, then it's reasonable to end the quarantine. Shorter quarantine periods could happen for asymptomatic people as tests to rule out the virus become widely available.

Why Is Social Distancing So Crucial?

At the moment, it's the only tool available to fight the spread of the coronavirus.

For now, there are no drugs available that can slow down a coronavirus infection.

Without a way to make people better once they fall sick or make them less contagious, the only effective tactic is making sure hospital-level care is available to those who need it. The way to do that is to slow or stop the spread of the virus and decrease the number of cases at any one time.

Who Should Do It?

Everyone must practice social distancing in order to prevent a tidal wave of cases. I am a geriatrician who cares for the most vulnerable people: frail older adults. Certainly, such individuals should be doing all they can to protect themselves, diligently practicing social distancing and significantly changing their public ways until this pandemic blows over. People who aren't frail need to do all they can to protect those who are, by helping to minimize their exposure to COVID-19.

If the public as a whole takes social distancing seriously, overwhelming the medical system could be avoided. Much of how the coronavirus pandemic unfolds in the United States will come down to individuals' choices.

Thomas Perls is a professor of medicine at Boston University. This article is republished from The Conversation.



How Well Does Your Nursing Home Fight Infections?

A new online tool can help friends and family look up infection-related citations a nursing home has received

JORDAN RAU & ELIZABETH LUCAS

With nursing home residents at particular risk in the coronavirus pandemic, residents and their families can discover which of the nation's 15,000 facilities have been cited for infection-control violations in recent years through a Kaiser Health News lookup tool published March 12, 2020.

More nursing homes have been faulted for failing to follow practices designed to prevent and control infections than for any other type of error. These shortcomings include staffers not washing their hands before and after helping each resident and not wearing gowns and masks around contagious patients. Such lapses have become matters of heightened concern with the spread of the coronavirus this spring, especially as the virus is a particular threat to the elderly and those with underlying health conditions.

Despite their frequency, these citations rarely are reflected in the overall star rating Medicare assigns each facility on its Nursing Home Compare website (Medicare.gov/NursingHomeCompare). Even among nursing homes crowned with the maximum government rating of five stars for overall quality, nearly half have been cited for an infection-control lapse.

Health inspectors visit nursing homes every nine to 15 months for comprehensive evaluations. The KHN tool draws from a database of health inspection records during the past two regular survey cycles, which go as far back as 2016 for some facilities. The data also includes inspections initiated by complaints as well as those prompted by a problem a nursing home identifies.

The tool shows how often health inspectors have cited each nursing home for violating infection-control rules. It also shows the level of the most serious violation and

the date it occurred.

Infections are a persistent challenge for skilled nursing facilities. As many as 3.8 million infections occur in homes each year, killing nearly 388,000 residents. Bacteria and viruses can spread through urinary catheters used by immobile patients and attack patients through soft tissues exposed as bedsores or wounds. Influenza and a serious infection caused by a bacteria known as MRSA (methicillin-resistant Staphylococcus aureus) can also spread from casual contact among residents and visitors. The infection threats have grown more serious with the spread of bacteria such as MRSA that are resistant to antibiotics.

More nursing homes have been faulted for failing to follow practices designed to prevent and control infections than for any other type of error.

The Centers for Medicare & Medicaid Services requires all nursing homes that accept government insurance payments such as Medicaid and Medicare to have a written plan to prevent and control infections. Each home must have a surveillance system to identify possible communicable diseases and contain them before they spread to other people in the facility and lay out the steps to report contagions to the authorities.

The program must instruct workers on all the precautions they should take to avoid contracting and transmitting diseases,

such as washing hands, disinfecting equipment and distributing linens and cleaning laundry in a hygienic manner.

The program also explains when employees must wear protective equipment, such as gowns, masks, and gloves, and tells them exactly how to don and remove the equipment. It must also describe when a potentially contagious resident should be isolated and how long that should last.

When inspectors visit a nursing home, either for a regular survey or in response to a complaint, they issue a deficiency if they see the nursing home not following its infection-control program. They also categorize its seriousness into one of these four levels, which the KHN tool identifies:

Level 4: Immediate Jeopardy, the most serious violation, is typically assigned when there is evidence that the home's faulty practice is putting residents at continued risk. That could include actions such as staff failing to sanitize equipment used on multiple residents. Nursing homes must remedy the problem at once, unlike lesser citations, for which they generally have 10 days to provide regulators with their plan to correct the violations.

Level 3: Actual Harm is usually assigned, as its name suggests when a failure to follow proper procedures led to a resident contracting an infection or sustaining another tangible injury. An actual harm deficiency might be issued, for instance, if a nursing home overlooked or failed to treat a case of scabies on a resident and it spread to other residents, causing severely itchy rashes.

Only about 1 percent of deficiencies are categorized as immediate jeopardy or actual harm. Both levels can incur federal or state fines or other financial punishments, such as Medicare refusing to pay for new

admissions for a set number of days. On rare occasions, a nursing home can be banned from Medicare and Medicaid.

Level 2: Potential for Harm, the most common citation level, is issued when no resident was hurt but a deficient practice might lead to a greater-than-minimal injury. Inspectors might use this if they observed staff members not washing their hands properly or allowing linens or wound care supplies to touch potentially contaminated surfaces, such as a resident's bed.

Level 1: Potential for Minimum Harm, the mildest violation level, refers to a deviation from safety rules that did not lead to a patient's injury and carried the potential for minimal harm, at most. It can be issued against a nursing home that failed to review its infection-control and prevention plan at least once a year, for instance.

Nursing home inspection reports can be found on Nursing Home Compare. After you locate a home, select the "Health Inspections" tab and then click on the link near the bottom to view all details on health inspections, complaints, and facility-reported issues.

To look up infection rates of a nursing facility, visit khn.org/news/look-up-check-out-infection-records-of-15000-us-nursing-homes/

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How to Actually Stop Touching Your Face

We do that hundreds of times a day without even realizing it

CAITLIN CLARK

Health care professionals keep saying avoid touching your face as protection from COVID-19, but it's a lot easier said than done.

Whether it's scratching an itch or resting our chins in our hands, the coronavirus outbreak has made many of us aware of the urge to reach for our faces—and we do it a lot. A 2015 study in the American Journal of Infection Control observed a group of medical students touching their faces an average 23 times an hour.

"It's just an activity we do that we don't even think about," said Cynthia Weston, an assistant professor at Texas A&M University's College of Nursing. "You feel like your hair's in your eyes, so you go to brush it away, or you feel tired and you rub your eyes, or your nose itches."

Communicable infections like the coronavirus spread through droplets mobilized when a person coughs, sneezes, or laughs. Those organisms fall on surfaces in the area of the infected person and the next person who touches the surface, like an elevator button, doorknob, or keyboard, picks up the virus on their hands.

That's why health officials, including the Centers for Disease Control and Prevention, recommend people wash their hands often and avoid face-touching. Touching facial mucous membranes—the nose, eyes, and mouth—gives the virus a source of entry, Weston said.

It's a simple way to protect ourselves from infection, but the advice can be tough to follow. So how do you break a habit that you might not even do consciously?

Know Your Face-Touching Triggers

Brian Anderson, an assistant professor in Texas A&M's psychological and brain sciences department, is an expert on habits, specifically how people learn to associate objects with outcomes that are either good or bad and how that influences behavior.

The phenomenon he studies is a non-conscious habit in the oculomotor system—something people aren't necessarily thinking about until they look at an object.

There are common threads between what he studies and habits that people aren't aware of, like face-touching, he said. The key is understanding that it's not something that happens randomly.

"For touching your face, you tend to do that when you are in certain situations or feel a certain way," Anderson said. "So if you feel bored, if you feel very empathetic in the context of a conversation, you may lean forward and put your hand in your chin. The first step for somebody trying to overcome a habit is to raise your consciousness."

To start, people should try to identify the kinds of situations or experiences that motivate them to touch their face. There will be variations day by day, but the urge will be much stronger under certain circumstances. People rub their eyes when they're tired, for example, or rest their chin in their hands during meetings or lectures.

People have to appreciate that they will always be habit-driven creatures, Anderson said, and "white-knuckling" won't be enough to kick the habit.

"That has some utility in the short term, but it's ultimately not going to be a long-term solution," Anderson said. "Consciously rehearsing, 'OK, don't do it,' you're actively thinking about it and monitoring your behavior. That only works when you're devoting conscious resources to doing that, and that won't be the majority of the time."

Change Your Habits—And Be Patient

If you know what your triggers are, you can more actively monitor

If you know what your triggers are, you can more actively monitor the habit.



COOKIE STUDIO/SHUTTERSTOCK

the habit. It's an important first step, but if people really want to curb face-touching, they need to develop new habits to engage in when they find themselves fighting the urge, Anderson said.

"To make your life as easy as possible, you want that habit to be somewhat similar, but safer," he said. "If you have a tendency to rub your eyes, maybe take a clean handkerchief with you and pull that out to rub your eyes, and then clean it at the end of the day."

People can also rest the sides of their heads against their fingers rather than putting their chin in their hands. Their hands would still be coming into close contact, but would not be near a mucous membrane.

"You can retrain new habits, and if you want to make your life as easy as possible, try to make those new habits at least similar to your old habits so they can still fulfill the same basic drive," Anderson said.

Don't expect a new habit to become automatic any time soon, though. Realistically, it could take weeks to more than a month. Habits become stronger and more ingrained the more people engage with them.

"You need to build up a lot of experience to make it automatic," he said. "Probably multiple hundreds of times. Within two or three weeks, hopefully, you'll start to feel some gravity toward your new habit. It's not going to be fully automatic, but within a few weeks expect it to become a little bit easier."

Until then, Weston urges people to practice good hand hygiene and wipe down shared surfaces.

"Handwashing sounds so simple, but that really is going to be the absolute best way to prevent the spread of any of these infections," she said.

Touching facial mucous membranes—the nose, eyes, and mouth—gives the virus a source of entry.

“The first step for somebody trying to overcome a habit is to raise your consciousness.”

Brian Anderson, an assistant professor in Texas A&M's psychological and brain sciences department

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Health Benefits of Oranges

Backed by Science

This sunny fruit has medicinal qualities that outshine the simple chemical known as ascorbic acid

SAYER JI

The orange is both a literal and symbolic embodiment of the sun, from whose light it is formed and vibrantly emanates. As a whole food, it irradiates us with a spectrum of healing properties, the most prominent of which some call "vitamin C activity," but which is not reducible to the chemical skeleton known as 'ascorbic acid.' Science now confirms the orange has a broad range of medicinal properties, which is why the ancients knew it both as a food and medicine.

As our increasingly over-diagnosed and over-medicated population leaps lemming-like over the cliff of pharmaceutical-driven conventional medicine, with most drugs carrying a dozen or more adverse side effects for every benefit advertised, we can find great wisdom in Meryl Streep's quote: "It's bizarre that the produce manager is more important to my children's health than the pediatrician."

Indeed, many common fruits and vegetables crouching at the local produce stand have hidden healing powers, and have been used as both medicines and nourishing foods since time immemorial. We're only just beginning to understand how these foods contain vitally important information-containing molecules, such as microRNAs, which profoundly impact the expression of our entire genome.

I firmly believe that access to fresh, organic produce is as vital to health as access to water and clean air. Over the course of hundreds of millions of years, the bodies of our ancestors (whose genes are still within our own) grew alongside flowering and fruiting plants, and the tens of thousands of phytochemicals (and informational molecules) they contain, many of which now regulate and maintain the expression and health of our genes. Therefore, without the regular consumption of these foods, the development of suboptimal health, and likely many feared acute and chronic diseases, is inevitable.

The orange is one such food-medicine marvel, containing a broad range of compounds increasingly being recognized to be essential for human health. We consider it a sweet treat, its juice a refreshing beverage, but do we ever really reflect on its medicinal properties? GreenMedInfo.com has indexed no less than 37 distinct health benefits its use may confer, all of which can be explored on our Orange-Medical Properties research page online.

What follows are some of its most well-established therapeutic applications, divided into three parts: the juice, the peel, and the aroma:

The Juice of the Orange

Many of us mistakenly look to orange juice today as a dangerous source of highly concentrated fructose—simple "carbs"—without recognizing its profound medicinal properties. We should be wary of over-processed and pasteurized juice that has lost its pulp and potent nutrient content. Fresh-pressed juice from organic oranges is best. This will ensure that the bioactivity and informational quality of the orange remain intact, and at its highest potency.



A 2000 study found that the aroma of orange essential oil reduces anxiety, generates a more positive mood, and a higher level of calmness in women exposed to it in a dental office waiting room.

Conventional nutritional science still looks at the vitamin C activity of oranges as equivalent to the molecular weight of the compound known as ascorbic acid, without realizing that an orange embodies (as do all whole foods) a complex orchestra of chemistries, the handiwork of millions of years of evolution, which is to say a process of intelligent biological design. The 'monochemical nutrient'—ascorbic acid—is merely a shadow of the vitamin C activity that is carried and expressed through only living foods.

The orange, after all, looks like a miniature sun, is formed as a condensation of energy and information from sunlight, and therefore is capable of storing, and after being eaten, irradiating us with life-giving packets of information-dense gene-regulating nutrition, by a mechanism that will never be fully reducible to or intelligible by the chemical skeleton we know of as ascorbic acid.

This is also why it's important to avoid

the reductionistic mode of thinking that likes to reduce the infinite complexity of foods, with all their many healing properties, down to single nutrients and their molecular weights. Oranges are a great example of this, as vitamin C alone can not account for the wide range of health benefits they possess, especially considering that their peel and their aroma also constitute therapeutic elements of this incredible whole food.

Given that thought, here are some of the evidence-based benefits of orange juice:

Orange Juice Improves 'Good' Cholesterol: While it is debatable that lowering so-called LDL cholesterol is nearly as good for heart health as statin drug manufacturers would like for us to believe, raising HDL cholesterol does seem to have real health benefits. This is, however, quite hard to do with diet and nutrition, and impossible through medication. Other than taking high-dose fish oil, few things have been studied to be effective. Except, that is, orange juice. A 2000 study found that the consumption of 750 mL of orange juice a day, over a 4 weeks, improved blood lipid profiles by decreasing the LDL-HDL cholesterol ratio by 16 percent in patients with elevated cholesterol.

Orange Juice Boosts Bone Health: A 2006 animal study in male rats found that orange juice positively influenced antioxidant status and bone strength.

Orange Juice (Mixed With Blackcurrant Juice) Reduces Inflammation: A 2009 study in patients with peripheral artery disease found that orange and blackcurrant juice reduced C-reactive protein by 11 percent and fibrinogen levels by 3 percent, two concrete measures of systemic inflammation. A 2010 study found that orange juice neutralizes the proinflammatory effect of a high-fat, high-carbohydrate meal and prevents endotoxin-induced toxicity.

Orange Juice Boosts Weight Loss: A 2011 study found that children who regularly drank orange juice consumed an average of 523 calories a day more than children who did not drink orange juice regularly. Yet surprisingly, there was no difference in the weight levels between the orange juice consumers and the non-orange juice consumers.

Orange Juice May Dissolve Kidney Stones: A 2006 study found that orange juice consumption was associated with lower calculated calcium oxalate supersaturation and lower calculated undissociated uric acid, two indices of lowered urinary calcium stone formation.

Orange Juice Extract Suppresses Prostate Proliferation: Despite the fructose content, a 2006 study found a standardized extract of red-orange juice inhibited the proliferation of human prostate cells in vitro.

The Peel of the Orange

The peel of the orange contains a broad range of potent, potentially therapeutic compounds. These include pectin and flavonoid constituents, such as hesperidin, naringin, poly methoxy flavones, quercetin and rutin, various carotenoids, and a major odor constituent known as d-limonene, which makes up 90 percent of the citrus peel oil content. It is listed in the US Code of Federal Regulations as generally recognized as safe, and is commonly

used as a flavoring agent. D-limonene has been studied to have potent anti-cancer properties, including against metastatic melanoma.

The whole peel extract has been studied to have a wide range of benefits:

Orange Peel Exhibits Anti-Arthritic Properties: A 2010 study found that orange peel extract significantly suppressed vaccine adjuvant-induced arthritis in a preclinical model.

Many of us mistakenly look to orange juice today as a dangerous source of highly concentrated fructose—simple 'carbs'—without recognizing its profound medicinal properties.

Orange Peel Flavonoids Exhibit Anti-Cancer Properties: A 2007 study found that orange peel extract inhibited tumorigenesis in a preclinical mouse model of adenomatous polyposis and increases programmed cell death. Two additional 2007 studies found that orange peel extract has anti-breast cancer properties. The first, by exhibiting chemopreventive properties against mammary tumor lesions in an animal model. The second, by inhibiting breast cancer cell lines in vitro. Additionally, a 2000 study found that flavanone intake is inversely associated with esophageal cancer risk and may account, with vitamin C, for the protective effect of fruit, especially citrus fruit, on esophageal cancer. Finally, a 2005 study found that carotenoids from oranges may help to reverse multidrug resistance.

The Aroma of the Orange

The physiological mechanisms by which aromas may have therapeutic properties (aroma-therapy) are well-established. The small molecules that comprise the aroma of things are capable of entering directly through the nostrils and into the olfactory lobe, thus enabling them to have profound effects on deep structures within our brain, and, as a result, our entire bodily and emotional infrastructure.

Orange Scent Reduces Anxiety, Boosts Mood: A 2000 study found that the aroma of orange essential oil reduces anxiety, generates a more positive mood, and a higher level of calmness in women exposed to it in a dental office waiting room. This finding was confirmed again in a 2005 study, where ambient odors of the oil reduced anxiety and improved mood in patients waiting for dental treatment.

Clearly oranges have a lot to offer as a medicinal food, beyond the obvious aesthetic pleasures they afford. Science may never plumb the depths of their value to our body and mind, but what has been revealed thus far is compelling enough to put it back on the list of 'superfoods' which we aspire to consume more of in order to nourish ourselves on a deep level.

Sayer Ji is the founder of GreenMedInfo.com, a reviewer at the International Journal of Human Nutrition and Functional Medicine, co-founder and CEO of Systome Biomed, vice chairman of the board of the National Health Federation, and steering committee member of the Global GMO Free Coalition. This article was originally published on GreenMedInfo.com

Healthy Stockpile Essentials to Get You Through a Quarantine

If you are homebound for two weeks, make sure you have foods that help, rather than hinder, your recovery

DEVON ANDRE

Coronavirus (COVID-19) is here, and it's likely only a matter of time before it's in your community. If that's not scary, think about this: If you're quarantined in your home for two weeks, what are you going to eat?

Frozen pizza, TV dinners, canned soups, and sugary snacks don't lend themselves to battling illness or keeping you healthy—especially if you've got a chronic health condition.

People with high blood pressure, Type 2 diabetes, high cholesterol, and heart disease might struggle to manage their conditions under such circumstances. Most non-perishable items, for example, are loaded with sugar, saturated fat, and sodium.

That could increase the risk of a non-coronavirus related medical event during a quarantine.

If you have an existing chronic medical condition, it's very important that you're prepared for a quarantine. Aside from having all of your required medication, stockpiling nutrient-dense, low-sodium, and low-sugar food can help you make it through.

Here are a few rules to follow:



DELIRIS/SHUTTERSTOCK

If you're going to be stuck in your home for two weeks, make sure you've prepared a healthy inventory of nutrient-dense foods that last.

Stock up on frozen or canned fruit and vegetables: Frozen fruit and vegetables are just as nutritious as fresh ones and can add plenty of healthy nutrients if you are quarantined. Frozen or powdered superfoods are rich in fiber and antioxidants and may help manage any chronic conditions you might have. Canned tomatoes are a great source of lycopene to promote heart health and can be used in a variety of meals like pasta, chili, or sauce.

Prioritize canned goods that are stored in water: Nutritious canned foods stored in water, like beans and tomato, can be useful if water supply runs short. You can save the water they are stored in to cook. Cooking with water can also be a useful form of hydration. Homemade soups, for example, can be made hearty and with far less sodium than prepared canned options and don't take up much more storage space.

Focus on satiety: Rice, oats, pasta, and beans are all pantry staples. On their own, beans and oats are very nutritious and filling. Pasta and rice can be easily filled out. Adding lean unprocessed meat, tomato, and leafy greens to your pasta can increase its satiety. So can stockpiling whole wheat options. Virtually anything can be added to rice to make a filling and nutritious meal.

Snack sensibly: Snacks should also be nutrient-dense and satiating. Nuts, seeds, nut butter, protein bars, protein powder, and jerky are all nutrient-dense, filling, and have a long shelf-life. When it comes to buying jerky, opt for low-sodium options. Getting enough protein during a quarantine is also important to promote strength, energy, and tissue growth.

Keep some treats on hand: Dark chocolate, coffee, and tea can last for a long time if stored correctly and can provide a morale boost if needed. These items are rich in antioxidants, and if you're quarantined, it's nice to have these tasty pleasures on hand.

If you're going to manage blood pressure, cholesterol, heart disease, and more under a COVID-19 quarantine, stockpiling the right items is essential. Follow these rules to pull nutrient-dense, anti-inflammatory foods from your freezer and pantry.

Devon Andre holds a bachelor's degree in forensic science from the University of Windsor in Canada and a Juris Doctor degree from the University of Pittsburgh. Andre is a journalist for BelMarra-Health, which first published this article.

BECOMING MINIMALIST

Quarantined?

Declutter Your Home While Stuck Inside

Here are 14 achievable tasks to help you simplify your home while you wait things out

JOSHUA BECKER

Got some unexpected free time in the schedule? Maybe your local church, school, or sports team gathering just got canceled. Maybe your vacation plans just got upended and now you're going to be stuck at home for the next few weeks instead of leaving. Or maybe your local stores are all out of necessary supplies so there's no use leaving the house anyway.

Take a look around the house and see if there is a lived-in room that you can declutter entirely in 45 minutes.

Either way, I think we all want to remain productive. Maybe some extra time at home could do us all some good—if we choose to use the time wisely. I've seen some recent chatter about people spending extended periods of time at home. Tasks such as cooking, cleaning, and decluttering seem to top their list of goals. And because Clutter-free, the first app to provide everything you need to own less, won't actually be released until next week, I thought it might be helpful to create a list of home-based decluttering tasks for you to work through with your family

today (or one each day if you're planning to be home that long).

14 Achievable Tasks to Help Declutter Your Home

Challenge-Based Tasks

1. Take the 12-12-12 challenge. The rules are simple: locate 12 items to throw away, 12 to donate, and 12 to be returned to their proper home. That's it. Repeat if desired.

2. Fill an entire trash bag. Get a trash bag and fill it as fast as you can with things you can donate at Goodwill. Ann Marie hosts 40 Bags in 40 Days challenge every year during the Lenten season. You can still hop in late and join the community of people completing this challenge daily.

3. Sort through a pile of mail or paper. Junk mail piling up on your kitchen counter or a stack of paper somewhere it shouldn't be? For this challenge, look for piles of paper in places they don't belong (kitchen counters, dining room tables, coffee tables) and tackle those piles first. Work to get through them quickly and easily.

4. Set a physical boundary for toys. I'm not a big fan of making your kids declutter their stuff unless you've led by example, so don't start with this challenge. But when the time is right, take a look at the toy collection in your home and create a helpful physical boundary for them (a shelf, a closet, a wall, etc) and then help your child curate their toys to fit.

5. Clean commonly-touched items. It's always important to keep often-used surfaces clean of germs and contagious viruses and stuff. Maybe now more than ever. Using an effective cleaner, take time to clean countertops, faucets, doorknobs, drawer pulls, light switches, remotes, keyboards. You know, all the things that should remain clean in order to shorten your time at home.

Time-Based Tasks

6. 15-minute family challenge. If your whole family is getting tired of the indoors, see if you can talk them into a fun game. Take 15 minutes as a family and see if you can find 100 things to remove from your home. Give them instructions to scatter, find only things that belong to them, and see if your total pile numbers 100 things by the end.

7. 20-minute linen closet clean-out. You can probably declutter all the old towels and linens in your linen closet in 20 minutes. Set a timer and get it done. You've been meaning to anyway, now's your chance.

8. Declutter one room in 45 minutes. Take a look around the house and see if there is a lived-in room that you can declutter entirely in 45 minutes. Maybe your living room, family room, or dining room. Work hard to challenge your assumptions about what needs to stay in the room, removing as much as you can. When it's complete, take a break and enjoy the peace and calm of a clutter-free room. Maybe tackle a new room tomorrow?

9. Skip one television show. I mean, really, you can only watch so much television before you start to feel terrible anyway. So skip one show that you'd normally watch and use the time to declutter. That's 30 minutes (or maybe even 60) of progress creating a new living environment.

Area-Based Tasks

10. Clean out your car/vehicle. Too often our vehicles fill up with unnecessary things: old CDs, sunglasses, Happy Meal toys, receipts, coins, empty water bottles, paper trash. Grab two bags: one for garbage and one for items to relocate. Fill them quickly with everything in your car that doesn't need to be there. You'll be surprised how quickly you can empty your vehicle of unneeded clutter.

Given the amount of free time you're going to have at home over the next couple weeks, you might be surprised what new opportunities you are paving the way for.

11. Clear out clothes you don't wear. Open your closet and drawers, notice how you usually wear the same things every day? Now's a good time to get rid of the others: clothes that don't fit, clothes that are too old, clothes that are out of style, clothes with holes, clothes that just don't complement your figure the way you thought they would. Clear them out and open up your closet (and mornings).

12. Sort through your pantry. It seems like now is a pretty good time to get a good handle on what home essentials you already have and what is still needed. So take an afternoon this week to sort out your pantry—removing anything old, expired, or unlikely to get used.

13. Food storage containers. Your kitchen doesn't need to be a punchline about Tupperware lids and the fact that they never match the container you need them to. We declared Tupperware bankruptcy many years ago, getting rid of our entire stack, and replacing them with containers that stack easily. Do the same.

14. Clear your desktop. A clutter-free desktop is such a beautiful place to get work done—whether it's career-based work or home-based work. So find some time and finally clear yours. Process piles of paper and remove unneeded supplies to craft an entirely new work environment. Who knows? Given the amount of free time you're going to have at home over the next

Spending a few extra hours or days over the coming weeks at home with family may be just what we need as a society.

couple weeks, you might be surprised what new opportunities you are paving the way for. We live busy lives—maybe too busy from time-to-time. Spending a few extra hours or days over the coming weeks at home with family may be just what we need as a society. If that's you, for whatever reason, I hope you find the list above helpful in making the most of your time making your home the best it can be.

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



BRITTA ZAR SHUTTERSTOCK

What Parents Should Know About Kids and COVID-19

Don't panic, wash your hands, and remember—children are not at high risk from this virus

YALE UNIVERSITY

While the situation is swiftly evolving, and experts are learning more about COVID-19 daily, there are things parents and their kids can do to take precautions.

"The first, and most likely scenario, is that children are contracting COVID-19 but are getting a milder version of the disease," says Thomas Murray, a pediatric infectious disease specialist at Yale School of Medicine and associate medical director for infection prevention at Yale New Haven Children's Hospital.

Other possibilities: they're not exposed, or they're exposed and don't contract the infection. "Given how quickly it circulates and what we know about other respiratory viruses in children, this is unlikely," Murray says. Based on what's known, it appears children contract COVID-19—but present a milder disease.

As of today, there have been no known deaths reported in the 0-9-year-old age group and there have been few hospitalizations. The disease seems to primarily affect older adults and those with underlying health problems.

As for how to protect children, the rules are simple, explains Murray.

"Wash your hands, wash your hands, and then wash your hands. Kids like to touch their face. Your nose, mouth, and eyes are all portals of entry for viruses into your body," Murray said.

Frequent hand washing, especially with toddlers and kids who are in daycare, is important.

Keep kids away from people who are

sick, especially if they have respiratory symptoms. And if your kids are sick, keep them home. For COVID-19, one of the most important things for containment is to isolate people who have the virus.

While it's not clear yet how much COVID-19 is transmitted from surfaces, we know other respiratory viruses can be, Murray says.

If children are sick, keep them home from school, as normal.

"Any fever, cough, respiratory symptoms—these are all reasons to stay home," Murray said.

And, if you have a child with a respiratory illness who has frequent contact with elderly grandparents or caregivers, try to separate them until the child is feeling better—kids can be reservoirs for respiratory illness.

Call your healthcare provider if you do contract COVID-19 or are exposed to a diagnosed patient, be prepared to be quarantined for 14 days—so have enough household supplies to keep you stocked for two weeks.

In closing, Murray says while there is a potential for widespread disease, his advice is simple: Prepare, don't panic.

"Just be vigilant. Wash your hands. It's about containment, not the seriousness of the disease, because it's new. In five years, this may be just like flu."

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Keep kids away from people who are sick, especially if they have respiratory symptoms.



NOLAN BELLE/ISTOCK

vigilant. Wash your hands. It's about containment, not the seriousness of the disease because it's new.

COVID-19 presents respiratory illness with symptoms including fever, cough, and shortness of breath. Flu symptoms are similar, and usually come on suddenly. Symptoms include fever higher than 100.5 degrees, extreme exhaustion, muscle or body aches, and chills. The flu, particularly influenza B, has hit children across the country hard this year.

"We're not out of the woods with flu season yet," Murray said.

For children with chronic pulmonary or respiratory illnesses like cystic fibrosis, it is business as usual.

"For those families, don't treat this any differently than flu or other highly contagious respiratory illnesses. Wash your hands and avoid sick contacts."

If you do contract COVID-19 or are exposed to a diagnosed patient, be prepared to be quarantined for 14 days—so have enough household supplies to keep you stocked for two weeks.

In closing, Murray says while there is a potential for widespread disease, his advice is simple: Prepare, don't panic.

"Just be vigilant. Wash your hands. It's about containment, not the seriousness of the disease, because it's new. In five years, this may be just like flu."

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MINDSET MATTERS

When Crisis Strikes, We Remember What Matters Most

In times of fear, we return to the simple joys, and to each other

NANCY COLIER

With all the craziness going on in the news, all the reasons we should avoid each other, not touch anything, not trust anything, not trust each other, I decided to take a walk in the park.

Why not?

It was a beautiful day and mother nature herself seemed to be conspiring to encourage me back into her embrace. I headed to Central Park, not expecting to find anything particularly surprising, maybe just some fresh air and the normal healing that comes from being in nature. But I was wrong. Wow, was I wrong.

What I found was a park with people. It seems that everyone in New York City had the same idea. Everyone was out—playing frisbee, playing catch, playing with their dogs, playing games, playing music—just playing, period. People were talking, walking, running, singing, laughing, flying kites, conversing, biking, yoga-ing. It was remarkable, a beautiful thing to behold. Yesterday in the park reminded me of who we really are as human beings.

When life feels uncertain, in times of instability, we return to what is most basic—the simple pleasures: conversation, walking, nature, making music, being together. When we are stripped of the ability and opportunity to acquire, avoid, distract, and entertain ourselves in the usual ways, we come back to what is



MARIA SBYTOVA/SHUTTERSTOCK

Now is a time to keep company with our friends, family, and faith, to convene with nature, be of service, walk, listen to and make music, listen too to silence, and find love where it lives.

most precious; we come back to each other and to nature.

Yes, there will be suffering that comes with this current health crisis. And, at the same time, perhaps there can also come some profound wisdom, a reminder of what really matters, and what's always here. Yesterday was a gift, a kind of shared Sabbath. It was a day we all took a communal breath, a step back, a beat to assess what really matters. When we are frightened, when our existence feels threatened, we return to each other. When everything is in flux, changing from moment to moment, we remember what is unchanging, what cannot be taken away, no matter what is

happening in our life situation. We come home to people, to nature, and in a sense, to love. We return to what truly nourishes us, calms and connects us, and reminds us that we are well—no matter what.

Under all the anxious thoughts, the choppy surface waves of our mind, there is a deep presence within us, an experience of being—a stillness, a silence. You can feel this presence right now. Just for a moment, unhook from the thoughts swirling in your mind, the fears and what-if scenarios (you can pick them up when you finish). Bring your attention out of your head and down

into your body. Take a conscious slow breath. Invite yourself to relax. Sense your own presence, feel the experience of just being, the here-ness below the thoughts. Within each of us, there is a peace, a calm that's always here. Now is a time to tap into this presence, this ground in the midst of the groundless.

This time of uncertainty will pass. The time will come when we will again feel protected and sheltered by our external system—when the predictability of our world will again lull us into a sense of safety and immortality. While this health crisis may

be temporary, and also extremely challenging, let us not get caught up in just the fearful thoughts and thus lose sight of the profound opportunity that a time like this offers. It is in times like these, which don't come often, times when we can no longer rely on our system to ground us, that we have the opportunity to go within, to rethink and reclaim what really matters to us, to reacquire ourselves with our deepest values.

Now is a time to keep company with our friends, family, and faith, to convene with nature, be of service, walk, listen to and make music, listen too to silence, and find love where it lives. This is also a time to cultivate the steady place within ourselves, the place that's here with or without a system.

Now, when the guard rails have temporarily come off our lives—and the structure that provides safety and a sense of who we are is momentarily dismantled—this is a time to ground ourselves in the present moment, find the steady place inside, and remember what really matters, what cannot be taken away.

Ultimately, this is the moment to remember who we are—no matter what.

Rev. Nancy Colier is a psychotherapist, interfaith minister, and the author of the book "The Power of Off: The Mindful Way to Stay Sane in a Virtual World." For more information, visit NancyColier.com

What's the Difference Between Pandemic, Epidemic and Outbreak?

REBECCA S.B. FISCHER

The World Health Organization has declared COVID-19 a pandemic. This is a landmark event. As an epidemiologist listening to the steady stream of conversation around the coronavirus, I'm hearing newscasters and neighbors alike mixing up three important words my colleagues and I use in our work every day: outbreak, epidemic, and pandemic. Simply put, the difference between these three scenarios of disease spread is a matter of scale.



Pandemic is the highest level of global health emergency and signifies widespread outbreaks affecting multiple regions of the world.

Outbreak
Small, but unusual. By tracking diseases over time and geography, epidemiologists learn to predict how many cases of illness should normally happen within a defined period of time, place and population. An outbreak is a noticeable, often small, increase over the expected number of cases. Imagine an unusual spike in the number of children with diarrhea at a daycare. One or two sick kids might be normal in a typical week, but if 15 children in daycare come down with diarrhea all at once, that is an outbreak. When a new disease emerges, outbreaks are more noticeable since the anticipated number of illnesses caused by that disease was zero. An example is the cluster of pneumonia cases that sprung up unexpectedly among market-goers in Wuhan, China. Public health officials now know

the spike in pneumonia cases there constituted an outbreak of a new type of coronavirus, now named SARS-CoV-2. As soon as local health authorities detect an outbreak, they start an investigation to determine exactly who is affected and how many have the disease. They use that information to figure out how best to contain the outbreak and prevent additional illness.

Epidemic
Bigger and spreading. An epidemic is an outbreak over a larger geographic area. When people in places outside of Wuhan began testing positive for infection with SARS-

pandemic only once the disease is sustained in some of the newly affected regions through local transmission. To illustrate, a sick traveler with COVID-19 who returns to the United States from China doesn't make a pandemic, but once they infect a few family members or friends, there's some debate. If new local outbreaks ensue, epidemiologists will agree that efforts to control global spread have failed and refer to the emerging situation as a pandemic.

Terms Are Political, Not Just Medical
Epidemiologists are principally concerned with preventing disease, which may be fundamentally different than the broader concerns of governments or international health organizations.

It doesn't mean the virus has become more infectious or more deadly, nor that your personal risk of getting the disease is greater.

The WHO has declared only two pandemics in history: for influenza in 1918 and for influenza H1N1 in 2009. For weeks, epidemiologists like me have been calling the coronavirus a

pandemic. From an epidemiological perspective, the WHO's declaration is overdue. As of March 11, the official numbers count excess of 120,000 cases in at least 114 countries. Eight countries, including the United States, have more than 1,000 cases each, and community spread has been documented in several U.S. states.

Pandemic is the highest level of global health emergency and signifies widespread outbreaks affecting multiple regions of the world. However, the WHO statements remain hopeful that the pandemic can be controlled and the damage minimized by taking immediate aggressive steps.

The formal declaration of COVID-19 or any other infectious disease as pandemic tells governments, agencies, and aid organizations worldwide to shift efforts from containment to mitigation. It has economic, political, and societal impacts on a global scale and the WHO takes extreme care when making this determination.

This formal declaration needn't incite fear or cause you to stockpile surgical masks. It doesn't mean the virus has become more infectious or more deadly, nor that your personal risk of getting the disease is greater. And it doesn't mean that efforts to fight COVID-19 are being abandoned. But it is a historical event.

Rebecca S.B. Fischer is an assistant professor of epidemiology at Texas A&M University. This article is republished from *The Conversation*.

How to Keep Safe From the CCP Virus

In times like these, you need trusted information.

The Epoch Times was months ahead of other media in covering the CCP virus, commonly referred to as the novel coronavirus.

Similarly, The Epoch Times was among the first to report on the SARS epidemic in 2003.

That is because we are truly independent and not afraid of reporting honestly on the Chinese Communist Party (CCP) and the threat it poses to the world.

Now, during the CCP virus outbreak, the CCP is flooding the world with deceptive propaganda, and The Epoch Times is at the forefront of exposing the truth.

See through the deception, and keep yourself and your family truly informed, by reading The Epoch Times.

THE EPOCH TIMES

Please Visit: ept.ms/CCPVirus



HOW TO KEEP THE Greater Good in Mind During the Coronavirus Outbreak

In the midst of our panic around COVID-19, we must look to each other to help us get through it

During a crisis, we're more likely to help those most at risk—and affirm our humanity in the process.

JILL SUTTIE

I just learned that my son's college, the University of Washington, would be canceling all in-person classes and finals to help contain the spread of the coronavirus. One confirmed on-campus case prompted the university's response.

Though the university will incur high costs—they have to deep-clean the whole campus, for example—I, for one, am truly grateful for their swift action and putting students first. It's one of the many ways that I feel cared for in the midst of this crisis, and one of many caring acts that I expect to see in the weeks ahead.

Contrary to popular belief, crises often tend to bring out the best in people.

Why expect more cooperation and compassion in the face of an epidemic? Because, contrary to popular belief, crises often tend to bring out the best in people. A report that looked at how people responded during the Sept. 11, 2001, Twin Tower attacks showed that people bent over backward to help others escape, sometimes at great personal risk to themselves. Other reports on the aftermath of natural disasters show that strangers will stick out their necks for each other to help.

While it's true that sometimes disasters can lead to a minority of people taking advantage of the situation—for example, stealing people's possessions when they have to leave their house—this is not a

common response, much as it grabs headlines. Instead, when we face a common enemy, like an epidemic, we are more likely to pull together for the benefit of everyone.

Notice how many young and healthy people are taking seriously the need to wash their hands frequently, cover their mouths when they cough, stay home when sick, or wear masks when in public. Sure, no one wants to get sick—but, at the same time, no one wants to be responsible for making others sick.

In fact, research shows that protecting others is a huge motivator for doing the right thing. For example, one study looked

Continued on Page 13

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MADE TO MOVE

Why You Get Shorter as You Age

Several factors, some of which you can control, will see you shrink as you age

ADAM HAWKEY

While you may be aware that a loss of vision, hearing, and memory is a sign of aging, something that is perhaps not so noticeable is a reduction in height. This apparent shrinking is due to several factors relating to changes in bone, muscles, joints, and other tissues in your body. While a certain amount of height loss is a normal part of aging and unlikely to be associated with any health problems, significant height loss may indicate underlying issues. Understanding what happens to your body as you age is important so you can counteract some of the negative effects of aging.

As early as your 30s, age-related muscle loss, known scientifically as sarcopenia, can mean you lose muscle mass at a rate of 3–5 percent each decade. Of particular concern are those muscles in your torso, which are primarily responsible for keeping you in an upright position. A reduction in their ability to maintain your posture can make you look stooped and hence shorter.

Another reason for height loss as you age is your bone health. Bone is an extremely complex connective tissue that can adapt its size and shape in response to mechanical loads. This enables your bone to remodel itself throughout your life.

In your younger years, you go through a growth stage, depositing bone so rapidly that 90 percent of your peak bone mass is reached in your late teens. This growth is consolidated in your mid-twenties when peak mass is reached.

Around the age of 35–40, you begin to lose more bone than is generated. Eventually, this loss of bone leads to a condition known as osteoporosis, which is characterized by low bone mass and increased bone fragility. Combined, these factors result in a greater risk of fracture. While the hips and forearms are common sites for the disease, it is most common in the vertebrae (spine) where it has a negative impact on stature.

Also located in the spine and responsible for maintaining your posture are the vertebral discs. These gel-like cushions sit between the vertebrae and act as shock absorbers, helping to keep the back flexible.

When we are young these discs, which are about 80 percent water, are strong and supple. As you age, the discs gradually compress and

flatten. Consequently, the spaces between the vertebrae are reduced. A similar effect is seen in the arches of the foot as you age when the ligaments begin to degenerate. This leads to flat arches, causing you to walk with a more flat-footed style.

As early as your 30s, age-related muscle loss, known scientifically as sarcopenia, can mean you lose muscle mass at a rate of 3–5 percent each decade.

Keep Your Stature

While most height loss is determined by your genes, there are some lifestyle factors you can follow to help maintain your height and, perhaps more importantly, reduce the effects that aging has on your health and well-being.

Regular exercise, especially activities that incorporate some form of weight-bearing like walking, hiking, jogging, climbing stairs, playing tennis, dancing, and resistance exercises—such as lifting weights—are good for generating bone. While you are never too old to receive some benefit from exercise, research has shown that developing strong bones in the teenage years (when most peak-bone mass is established) offers some protection as you enter older age. This kind of exercise inherently benefits muscle growth, too, and so has the potential to protect against both osteoporosis and sarcopenia.

While a healthy balanced diet is essential for general health, foods high in vitamin D and calcium, including almonds, broccoli, and kale, also contribute to bone health. Not smoking or drinking alcohol and limiting caffeine consumption also helps.

While a bit of shrinking is a normal part of aging, it can suggest more serious issues. Ensuring that you maximize bone health and well-being throughout your life is vitally important.

Adam Hawkey is an associate professor at the School of Sport, Health and Social Sciences at Solent University in the U.K. This article was originally published on *The Conversation*.

EDMUND LOWE PHOTOGRAPHY/SHUTTERSTOCK



Our bones are complex tissues that can adapt to the loads they are asked to carry.

THE ROOT CAUSE

New Scent Therapy May Improve Memory

Researchers have tested a novel way to use smell in the process of memorization

ARMEN NIKOGOSIAN

An innovative method for improving memory during sleep was recently discovered. This new intervention could potentially restore memory capabilities following brain injuries, or assist treatment of patients with post-traumatic stress disorder (PTSD).

Researchers at Tel Aviv University and the Weizmann Institute of Science have found a method that relies on a memory-evoking scent administered to one nostril. Their findings were recently published in the journal *Current Biology*.

Memory consolidation is a process that occurs in the brain during sleep. New memories begin as short-term memory and are stored in a region of the brain called the hippocampus. The hippocampus is a deeply embedded structure in the temporal lobe and its name is derived from the Greek word for “seahorse,” which the structure loosely resembles. The memories gradually transition from this temporary cache to various regions of the cerebral cortex for long-term memory storage. How this transition actually occurs has eluded scientists for years.

Our current knowledge reveals that memories associated with physical locations on the left side of a person are primarily stored in the right brain hemisphere and locations on the right side being stored in the left brain. The investigators then proceeded to expose the research participants to the scent of a rose while they were asked to remember the location of words presented on either the left or right side of a computer screen. The participants were then tested on their recall of the word locations, after which they proceeded to take a short nap in the lab. During their nap, the rose scent was administered again, but this time to only one nostril. With the odor being delivered to only a single nostril, the researchers were able to improve recall and consolidate specific memories that were stored in the specific brain hemisphere side opposite the nostril receiving the scent (i.e., left nostril, right brain; right nostril, left brain).

Electrical brain activity was recorded during sleep with electroencephalography (EEG). The results of the EEG were significant for different sleep wave patterns in the two hemispheres following



Many of us have experienced the exceptional power of scents and smells on memory.

Their findings reveal that long-term memory consolidation can be assisted by external cues such as scents or smells.

“one-sided” odor administration. The hemisphere that received the scent (which would be opposite the nostril receiving the scent) revealed electrical signatures representing improved memory consolidation during sleep.

The last test was performed after the subjects woke. They underwent a second recall test for the words memorized prior to falling asleep. The subject’s memories were significantly better for words presented on the side affected by smell than the words presented on the other side.

Their findings reveal that long-term memory consolidation can be assisted by external cues such as scents or smells. Although further clinical study is needed, memories can potentially be manipulated with scents and smells by intervening in the nocturnal communications between the hippocampus and regions in the cerebral cortex.

While the exact pathway from short-term memory formation to long-term memory consolidation continues to evade scientists, we now know that smell seems to improve or strengthen this process. Many of us have experienced the

exceptional power of scents and smells on memory, like the potent antiseptic smell of a hospital where your baby was born, the deep and rich smell of a French restaurant where you proposed to your spouse, or the melange of body odors present on the homeless man who happens to also be your first emergency room patient. Scents and smells can powerfully evoke these life-changing memories.

In addition to furthering our understanding of how sleep aids memory formation, the researchers anticipate potential clinical applications from this method in the future. This method could be particularly helpful for patients with PTSD, where memory can serve as a strong emotional trigger as well as assisting the rehabilitation process after cerebrovascular accidents or strokes. The vast majority of strokes result in one-sided brain damage.

In the technocratic, digital age of today, less and less emphasis seems to be placed on curating our own memories. After decades of using an appeal to fear (fear of lost memories), the tech industry has successfully convinced most

of us to outsource our memories to technology. We now have hard drives and servers full of phone numbers, shopping lists, photos, and videos. That’s great, but it will never replace the depth of detail from a strong memory composed of all the five senses.

In addition to the obvious memory aids of adequate sleep, paying attention, and reflecting on your day, we can now add scent and smell therapy to the list. So the next time there is that special occasion you want to never forget, cook a pungent meal, bring some flowers, or just light a candle. The smell will help you remember.

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.

AGING WELL

Look Inside for the Ultimate Anti-Aging Routine

Staying young isn’t so much about appearance as it is about living well as we age

MOHAN GARIKIPARITHI

You might be guilty of approaching aging from the outside in. You’re certainly not alone. Skincare, hair treatments, and more are usually marketed as the preservers of youth.

But if you’re in middle age, you might want to consider refocusing your efforts on what’s happening inside of you. Internal health is the real key to any anti-aging strategy. Limiting inflammation, promoting healthy cell growth, and ensuring your organs function optimally is how to keep the effects of aging at bay.

How can you do that? After all, you can’t exactly see what’s going on in there or

perform surgery on yourself. Instead, you can do little things that have shown to promote anti-aging effects.

Research has uncovered five habits that contribute to longer life expectancy and, more importantly, a higher quality of life. Studies have shown that when people adopt more of these habits, they are likely to live even longer and healthier.

The habits are:

- Eating a healthy diet
- Getting at least 30 minutes of moderate/vigorous activity each day
- A healthy body weight (Body Mass Index (BMI) between 18.5 and 24.9)

- Not smoking
- Moderate (low-risk) alcohol consumption

If you have one of these habits, you’re likely to live two years longer. If you have all five of these habits by 50, there is a good chance you will live an extra 12–14 years you wouldn’t have lived otherwise.

Research has shown that having at least four of those habits will significantly protect people from cardiovascular disease, Type 2 diabetes, and other chronic health conditions. These habits don’t only correlate to a longer life, but a better life.

How do these things improve the length and quality of your life? Each

component is associated with lower levels of inflammation, which can have a profound impact on health.

If you have all five of these habits by 50, there is a good chance you will live an extra 12–14 years you wouldn’t have lived otherwise.

A healthy diet featuring a diverse array of plant foods provides all the vitamins,

minerals, and antioxidants your organs need. Avoiding processed and refined foods and opting for lean meats is also essential.

If you can make time for 15 minutes of exercise in the morning and 15 in the evening, you should be doing enough to extend your life and improve health. Activity improves blood pressure, balance, and may help control food cravings.

If you’re eating a healthy diet, weight loss is likely to follow. You won’t have to think about keeping weight in check.

Disease prevention is essential to anti-aging. It allows you to get the most out of your life and limit the risk of pain and more. Looking to the outside to stay young won’t offer the same results.

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*.



We can use nutrition to promote better mental and emotional health. Food is also a great way people can fine-tune lifestyle habits based on their own unique needs.

Nutrition and Its Impact on Mood and Mental Health

Nutritional psychology is an emerging field of study looking at the relationship between our minds and food

JAYA JAYA MYRA

It's National Nutrition Month, and here are some things about nutrition you may not have known.

When you think of nutrition, what comes to mind? The food pyramid many of us grew up with? Getting the vitamins and minerals you need to stay healthy through the food you eat? What about the impact food and nutrients have on mood and mental health?

Food as medicine is not a new concept, but using it to treat mood and mental health issues is now beginning to take focus in allopathic medicine. Nutritional psychology is an emerging field of study looking specifically at the relationship between what people eat and how it affects mood and mental health. While nutritional psychology may be an emerging discipline, Ayurveda and traditional Chinese medicine (TCM) are not and have long held the idea that what you eat affects the mind, body, and soul.

Both Ayurveda and TCM take the mood and mental health connection further than nutritional psychology, showing how a food affects you also depends on your own unique constitution. Since every person has a different constitution, every person requires something slightly different in or-

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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

der to stay healthy. I find this fascinating, as there are core nutrition principles that show the common nutrients every person needs each day, and there are also aspects to nutrition that are solely dependent on your own unique personal constitution.

Nutrition has a profound impact on mental health and emotional well-being. We experience the positive benefits of this through two primary mechanisms: neurotransmitter production, and consumption of prebiotics and probiotics. Two primary neurotransmitter pathways are for the creation of dopamine and serotonin.

"Dopamine is essentially in charge of your reward pathway. When dopamine is firing it is essentially saying, 'Hey, let's do that again!'" said Dr. Terilyn Sell, psycho-therapist and creator of Pro Recovery RX, a supplement line created to help people overcome addiction naturally.

"Dopamine helps with a sense of drive, focus, and attention. It gives us a little boost of energy to keep things going."

Whereas dopamine helps people feel motivated and energized, serotonin is a hormone that helps us feel good, calm, and relaxed. It's also primarily created in the gut by eating foods that contain the amino acid tryptophan, so if you're not eating the right foods, you are much more prone to have a serotonin deficiency.

Chronic pain, fibromyalgia, IBS depression, and low libido are all connected to depleted levels of serotonin in the body.

Prebiotics and probiotics also play a major role in the gut-brain connection, affect-

ing our mood and mental health. They can impact performance, cognitive function, energy levels, and how well you perform your daily responsibilities. Probiotics are the microbes themselves, and prebiotics are the fiber-containing foods they feed on. A primary source of probiotics comes from fermented foods.

There will always be heroic efforts in a disaster—people who sacrifice themselves for the good of others. Think of the health care workers who are treating people infected with this virus at great personal risk. Or those infected with the virus who voluntarily isolate themselves for weeks to protect the public.

When we hear stories of these people, we feel what is called moral elevation—a warm feeling inside that inspires us, fueling optimism and a desire to act altruistically ourselves. While the temptation might be to focus on fear and everything going wrong, we can redirect our attention to those who are doing the right thing, which will lead us to be better citizens ourselves.

2. **Stay Calm and Focused**
It's easy to be lost in fear when disaster strikes. However, it doesn't help anyone to stir up panic about the situation, because we don't think as clearly when we are in emergency mode. You can see how this has played out already, as people have been stockpiling masks and creating a shortage that could affect the people who truly need them—those who are sick and need masks to avoid spreading the disease to the rest of us.

How can we stay calmer and make wiser choices? One way is to use whatever tools you have at your disposal for keeping a cool head—like practicing mindfulness, which has been shown to both lessen emotional reactivity and help us make better decisions. We might take a walk in the park or nearby woods and let nature soothe us. Or we could

Using nutrition to promote better mental and emotional health, and cultivate mind-body balance, is a great way people can fine-tune lifestyle habits based on their own unique needs.

Having a stressful day? Eat something that will help alleviate nerves and tension, perhaps something with ginger or nutmeg. Did you get in a fight with a loved one? Add on some dopamine-producing foods like cacao or omega-3 rich foods like flax or salmon. If you're having trouble unwinding at the end of the day, try something to produce serotonin, like a glass of warm milk, some tofu, or turkey.

Focusing on how foods and nutrition impact more than just the physical body is food for thought, quite literally, and adds new meaning to the saying, "You are what you eat."

HOW TO KEEP THE

Greater Good in Mind During the Coronavirus Outbreak

In the midst of our panic around COVID-19, we must look to each other to help us get through it

Continued from Page 9

at what prompts handwashing behavior in hospital doctors and nurses. Researchers found that signs saying, "Hand hygiene prevents patients from catching diseases," were more effective at prompting hand washing than signs simply saying, "Hand hygiene prevents you from catching diseases." In other words, appealing to the health care workers' altruistic care for their patients was more effective than appealing to their self-interest.

In fact, it may simply be human nature to be kind and helpful when others need us. In one recent study, children only 4-5 years old who were told that resisting a treat would benefit another child were better able to delay gratification than children told their actions would only affect themselves. Similarly, babies as young as 19 months old were willing to give food away to someone who appeared to need it, even when hungry themselves.

Of course, not everyone acts altruistically in these situations. So, what makes it more likely they will, and how can we use that to our advantage? Here are four ways we can encourage more altruism for fighting the virus.

1. **Look to the Heroes**

There will always be heroic efforts in a disaster—people who sacrifice themselves for the good of others. Think of the health care workers who are treating people infected with this virus at great personal risk. Or those infected with the virus who voluntarily isolate themselves for weeks to protect the public.

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talk to a friend—a calm friend, that is—who can help us reduce our anxiety.

Of course, our normal ways of connecting socially—like singing together at a concert or going to large parties—may have to change. But whatever we can do to maintain an air of calm, and to spread it to those around us, the better. After all, our emotions tend to be contagious in our social circles, and we should do our best to keep fear and panic contained.

3. **Show Gratitude**

One of the kindest things we can do is to say "thank you" to those who are doing what they can to fight the outbreak. As with my son's university, it doesn't hurt to send a message of thanks to people and organizations that are doing the right thing—whether it's a tour group that offers refunds for canceled trips, the neighbor who delivers a spare mask to you, or viral experts who give you straight-up information on how to stay safe.

When we show gratitude toward others, we let them know that their actions matter, which encourages more of the same kind of behavior—not only toward the grateful person but to others. Creating a cycle of altruism is helpful when we are faced with a challenge that affects us all, helping to foster trust in each other and care for each other's plight.

4. **Remember Our Common Humanity and Show Compassion**

When we are fearful, our first instinct might be to cast blame on others or to indulge in prejudice toward groups we

see as responsible. News reports already show that some people of Asian descent in the United States are finding themselves shunned or the victims of racial profiling, simply because the virus appears to have originated in China. Though we might rationally know that no one person or country can be blamed for a viral outbreak, our minds still seek simple explanations.

Research suggests that when we recognize our common humanity and show compassion, we are more likely to pull together and to solve issues that may be complex in nature. You can start by giving yourself some compassion, which can help you become more willing to admit mistakes and take steps to correct them. This is important, as human error can be costly when there is a viral outbreak, and we need to work together to learn from our mistakes.

Of course, all of these guidelines don't supplant the importance of practicing good hygiene. We need to continue to frequently wash our hands and avoid touching our faces so that we can lessen the chance of infecting ourselves and others. But we also should remember our social hygiene—looking for the heroes, staying calm ourselves, being grateful, and remembering our common humanity. In this way, we can help to make the world safer for all of us.

Jill Suttie, Psy.D., is Greater Good's book review editor and a frequent contributor to the magazine. This article was originally published by the Greater Good online magazine.

Leading Medicare Changes to Know About in 2020

LINDSAY ENGLE

With a new year comes new changes to Medicare. You may be eligible for Medicare sometime soon, or maybe Medicare's been your health coverage for years now. Either way, the annual changes that came with 2020 could impact you and it's important to understand how.

Premium and Deductible for 2020

Most times, beneficiaries don't pay a premium for Part A benefits. For the few individuals that do, you'll pay a premium ranging from \$252 to \$458 each month depending on how much you've contributed to Medicare taxes over the years.

In 2019, the Part A annual deductible was \$1,364. With this year's changes, it has increased to \$1,408, which all Medicare

beneficiaries will encounter. However, beneficiaries with a Medigap plan will not have to pay this deductible. All Medigap plans, with the exception of Plan A, cover the Part A deductible.

The Part B monthly premium also saw an increase of \$9.10, bringing the total premium cost to \$144.60 while the new Part B deductible is \$198—a jump of \$13 from 2019.

Discontinued Plans

Medicare has discontinued its first-dollar coverage plans this year as a result of the Medicare Access and CHIP Reauthorization Act (MACRA). The U.S. Congress put this in action to have patients pay out-of-pocket for some health care services with hope that beneficiaries won't overuse health care resources.

First-dollar coverage plans include Plan C, Plan F, and high-

deductible Plan F. However, anyone eligible for Medicare prior to 2020 can still enroll in any first-dollar coverage plan. If you're currently enrolled in one, you'll be grandfathered in, meaning there are no changes you need to make at this time.

For those not eligible for one of the first-dollar coverage plans (those Medicare eligible after 2020), your next best option is Plan G. The only benefit Plan G doesn't cover is the Part B deductible.

New Rules Regarding Guaranteed Issue Rights

Guaranteed Issue Rights are in place to help protect you in certain circumstances, but with the recent changes to Medicare, we've also seen changes to these policies as well.

Some examples of change in circumstance that would grant



The annual changes that came with 2020 could impact you and it's important to understand how.

Understand the changes to Medicare and how they will affect your coverage in the year ahead

you Guaranteed Issue include if you're leaving employer coverage or if you qualify for Trial Rights due to leaving a Medigap plan for a Medicare Advantage plan.

Up until 2020, Plan G didn't accept Guaranteed Issue, so anyone who had Guaranteed Issue Rights couldn't use those rights to enroll in Plan G. However, because of MACRA, newly eligible beneficiaries can now exercise these rights if they choose to enroll in Plan G.

Non-Newly Eligible

The beneficiaries who were eligible for Medicare before Jan. 1 are considered non-newly eligible. If you fall into this category, you can still use Guaranteed Issue Rights to enroll in Plan F or any other plan that accepts these rights. However, you can't use them to enroll in Plan G.

Newly Eligible

Those beneficiaries who became or will become eligible for Medicare after Jan. 1 fall under the category of newly eligible. If you fall into this group, you're eligible to use Guaranteed Issue Rights to enroll in Plan G since you're not eligible for Plan F.

Introduction of New High-Deductible Plan

A new high-deductible plan, high-deductible Plan G, was introduced this year with a deductible of \$2,340. In this plan, once you meet the deductible, the benefits will kick in at 100 percent. All beneficiaries are eligible to enroll in this new high-deductible plan. However, you can only use Guaranteed Issue rights if you weren't eligible until after 2020.

It's important to note that premiums are less for the high-de-

ductible version of Plan G than they are with the standard Plan G. The high-deductible version is a great choice for those who prefer to have a lower monthly premium in exchange for paying the high-deductible upfront.

New Medicare Advantage Enrollment Window

The Medicare Advantage Open Enrollment Period was previously known as the Medicare Advantage Disenrollment Period. The ACA put an end to the Medicare Advantage Disenrollment Period in 2010, but as of Jan. 1, this enrollment window is back with a new name.

The Medicare Advantage Open Enrollment Period will occur annually between Jan. 1 and March 31. During this period, Medicare Advantage enrollees can make changes to their current policy, including:

- Switching from your current Advantage plan to another Advantage plan
- Disenrolling from your Advantage plan and going back to Medicare Parts A and B

New Long-Term Care Benefits Included With Medicare Advantage Plans

Historically, Medicare hasn't covered long-term care for beneficiaries. Centers for Medicare & Medicaid Services (CMS) announced recently that Advantage insurers now have the option of offering long-term care benefits.

While the coverage isn't mandatory, it's a benefit for all Medicare beneficiaries. The supplemental benefits will cover both at-home care and some long-term care services including but not limited to meal deliveries, bathing,

dressings, eating, and transportation.

Staying on Top of Medicare Changes

Medicare is an ever-changing system. Whether you're newly enrolled, a seasoned beneficiary, or caring for a beneficiary, you'll want to stay current with the annual changes. Not only can some of these changes impact your health care, but they can impact your wallet as well.

Lindsay Engle is a Medicare expert at MedicareFAQ. She loves sharing her expertise and knowledge with those who are looking to learn more about Medicare. Her goal is to make sure Medicare beneficiaries are given the right resources to become educated on all their Medicare options.



At age 14, Caleb Stenvold was a high school freshman in the gifted and talented program. He ran track and played defensive cornerback on his school's football team. Just two months into high school, Caleb killed himself on Oct. 22, 2019.



Kerri Countess, Caleb's mother, called his suicide "totally unexpected and unimaginable." He was the youngest of her five sons.



"This wasn't a conversation that ever entered our house until June 8, but knowing what we know now, it should be. We were blindsided by it," Lee Murray says. "It's hindsight. We could have done better, but how would you know?"



At age 13, Alec Murray enjoyed camping, fishing and skiing. At home, it was video games, movies and books. Having just completed middle school with "almost straight A's," those grades were going to earn him an iPhone for his upcoming birthday. Instead, he killed himself on June 8, 2019 — the first day of summer break.



As Youth Suicides Climb, Anguished Parents Begin to Speak Out

Talking to children about enduring the greater difficulties of life that are painful but pass is important, say experts

SHARON JAYSON

Alec Murray was 13. He enjoyed camping, fishing, and skiing. At home, it was video games, movies, and books. Having just completed middle school with "almost straight A's," those grades were going to earn him an iPhone for his upcoming birthday.

Instead, he killed himself on June 8, the first day of summer break.

Caleb Stenvold was 14. He was a high school freshman in the gifted and talented program. He ran track and played defensive cornerback on his school's football team. Just two months into high school, and four months after Alec's suicide, Caleb killed himself on Oct. 22.

The teenagers, both from Reno, Nevada, didn't know each other. But their families now do, bonded by loss. Their parents are haunted by what they don't understand: why.

They, along with mental health experts, school leaders, and researchers, are trying to understand why suicide by children ages 10-14 has increased. The suicide rate for that age group almost tripled from 2007-2017. Newly released 2018 data from the Centers for Disease Control and Prevention (CDC) show a 16 percent increase over the previous year.

While experts point to a host of explanations for the alarming rise, scientific proof about cause isn't conclusive. Some research shows correlations with social media use, cyberbullying, and the internet, but studies citing them as a suicide cause are less decisive.

The parents of Caleb and Alec believe impulsivity—very common in teens because their brains aren't fully developed—played a role in their suicides.

Kerri Countess, Caleb's mother, called his suicide "totally unexpected and unimaginable." He was the youngest of her five sons.

Paige Murray said her son Alec "showed no signs of mental distress or anxiety."

"We think it was an incredibly impulsive act by a hormonal young man," she said, noting that Alec's stellar grades were posted online the day of his suicide.

Experts suggest that our celebrity culture, where suicidal thoughts are sometimes romanticized or normalized, also plays a role. Alec's parents and Caleb's parents say they need to speak out and warn other families.

When Caleb died, "we wanted everyone to know he died of suicide because if it can happen to my child who was not bullied and did not fit into the reasons people

Paige Murray said her son Alec 'showed no signs of mental distress or depression or anxiety.'

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.

kill themselves, it can happen to anyone," Countess said. "It was an impulsive and immature act."

Amy Kulp, executive director of the Washington-based National Center for the Prevention of Youth Suicide, said the youth, in particular, "have very few experiences with dealing with outside stressors" and "tend to be quite impulsive."

"If they have a precipitating event like they are bullied or don't make a team or a friend stops talking to them or something is on social media that they're embarrassed about," she said, "they don't know they will get through it."

Kulp said the rise in suicide among the youngest adolescents has spawned prevention programs targeting elementary and middle schoolers, teaching things like resilience, wellness, self-care, and coping behaviors.

Psychologist Mary Alvord said she's been seeing "younger and younger kids" in her practice.

"At ages 6, 7, and 8, I'm now seeing kids with depression," said Alvord, of Rockville, Maryland. "It used to be suicide attempts were more in high school. Now, I'm seeing more completed suicides in middle school and even upper elementary school."

The CDC data illustrate "a steady

constant increase" that "deserves our focus and our attention," said CDC statistician Sally Curtin. "It's linear and has gone up every single year since 2010."

The CDC also monitors suicide attempts and self-inflicted injuries, based on data from emergency rooms. The latest CDC report published Jan. 31 found that from 2001-2016 such visits for those 10 and older increased 42 percent, with "substantial increases occurring in younger age groups."

During the most recent study period, from January 2017 to December 2018, such visits increased more than 25 percent. For girls ages 10-14, data from 2009-2015 reflects almost a 20 percent increase in emergency visits for self-inflicted injury.

Youth today are much more familiar with death, said Jonathan Singer, board president of the nonprofit American Association of Suicidology, citing more than 20 years of mass shootings at schools among reasons.

"Death has become public," he said. "With the internet and social media, when somebody dies, it's all over your newsfeed. Hundreds of millions knew within minutes that Kobe Bryant had died. Death is much more a part of their generation."

The CDC data illustrate "a steady

Among those aiming to reverse the trend is the National Association of State Boards of Education, based in Alexandria, Virginia, which examined the 2017-18 school year and determined that 25 states and the District of Columbia required or encouraged school districts to develop suicide prevention policies.

According to the organization's policy review, author Megan Blanco said only three of 10 states with the highest youth suicide rates (ages 10-24) had a suicide prevention policy. The youth suicide rate for Nevada, where Alec and Caleb lived, is 14.4 deaths per 100,000, which is higher than the national average of 10.6 deaths per 100,000. Nevada wasn't among the 25 states with a prevention policy, she said.

Alvord has conducted programs to promote suicide awareness as a joint effort of the National PTA and the American Psychological Association (APA). She also helped APA develop online advice for parents to talk to teens about suicide.

Dr. Kenneth Ginsburg, a pediatrician and an adolescent medicine specialist at the Children's Hospital of Philadelphia, co-founded the Center for Parent and Teen Communication.

"It's never a mistake to ask a person about their emotions or whether [someone should] be worried about them," he said.

"People think depression is always seen as sadness," Ginsburg said. "While sadness is a very important clue, adolescent depression can present with irritability, rage, or anger, instead of just sadness. Physical symptoms such as headaches, fatigue, belly pain, dizziness, loss of weight—these are all things that can present as having problems with mood or depression. Parents may miss the signals."

The day after his death, Caleb's parents sought answers on his phone and computer, asking their son Matthew, then 16, to search Caleb's history back to middle school for possible clues. They found one thing: a search for "suicide" the day before Caleb hanged himself.

Nadine Kaslow, a professor of psychiatry and behavioral sciences at Emory University School of Medicine in Atlanta, said parents need to realize that kids communicate differently today and any thought of banning social media or phones isn't realistic or wise.

"Parents often get mad at kids because they're texting or Instagramming or Snapchatting," she said. "I worry when kids are not doing those things. If they stop doing that, they're not having fun."

Jean Twenge, a psychology professor at San Diego State University and author of the book "iGen," has a darker view of the effects of media consumption and technology, based upon her research. Studies published in several journals in recent years—including the Journal of Abnormal Psychology, Psychiatric Quarterly, and Sleep Medicine—found detrimental connections between the omnipresent smartphone, social media, sleep disruption, and depression.

The mother of three (including a 13-year-old) believes technology shouldn't be in a child's room overnight, and she doesn't believe anyone 10-14 "absolutely needs a smartphone."

Twenge said it's difficult to determine a reason other than technology for the suicide spike in recent years.

"Phones and smartphones check all the boxes of possible causes," she said. "It's something that's affected a very large number of people and affected their everyday lives. It's hard to think of anything else that fits that criteria."

Perhaps the most significant analysis supporting Twenge's worries appeared this month in the Canadian Medical Association Journal. The evidence from cross-sectional, longitudinal, and empirical studies "implicates smartphone and social media use in the increase in mental distress, self-injurious behavior and suicidality among youth." The review also found that social media "can affect adolescents' self-view and interpersonal relationships through social comparison and negative interactions, including cyberbullying; moreover, social media content often involves normalization and even promotion of self-harm and suicidality among youth."

A Pew Research Center report on cyberbullying released in 2018 found 56 percent of 13- to 14-year-olds had experienced cyberbullying; more than one-third said they had been the victim of offensive name-calling or false rumors.

Their parents said neither Alec nor Caleb were bullied. But many others are.

"We don't know if bullying is the cause, or if kids who are depressed make better targets for a bully," said Justin Patchin, co-director of the Cyberbullying Research Center.

Henry Kautz, a professor of computer science at the University of Rochester in New York, sees a similar dynamic with technology. "People have been quick to point to studies that show increases in screen time and increases in depression. But it's really unclear which way the causation goes," he said. "Are people who are bullied and isolated seeking refuge in more screen time or is it the other way around?"

The parents of Alec and Caleb are moving past blame into action. The Murrays are working with the Reno Behavioral Healthcare Hospital and other agencies to better coordinate local suicide prevention.

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The parents of Alec and Caleb are moving past blame into action. The Murrays are working with the Reno Behavioral Healthcare Hospital and other agencies to better coordinate local suicide prevention.

Caleb's parents created Forever14.org, a website dedicated to promoting conversation and human connection in order to prevent teen suicide. They have filed paperwork to create a nonprofit with the same mission.

"Don't think it's too young to talk to your kids about if they might feel like hurting themselves. You might think you have time to tell them, but you can't go back," Caleb's father, Storm Stenvold, said. "I don't know what pain he was in for that time that he felt he needed to do this. He decided on this very quickly. He was rarely alone. He was home less than three hours by himself."

Paige Murray agrees, which is why she and her husband, Lee, said they weren't going to be silent about Alec's suicide.

"Every family needs to have a conversation about suicide with their children, starting very young. Don't just spring it on them when they're 10," she said. "It should be part of everyday conversation about loving yourself and making sure tomorrow is another day. Make sure it becomes a part of everyday knowledge."

"This wasn't a conversation that ever entered our house until June 8, but knowing what we know now, it should be. We were blindsided by it," Lee Murray said. "It's hindsight. We could have done better, but how would you know?"

Clashes of Expectations or Values

In one of my research projects, which is based on more than 100 diary report forms in which participants told me stories of occasions where they felt offended, I discovered that our expectations are usually formed in the context of our relationships with others—and when they are breached, we tend to feel offended. I call these expectations interpersonal as they make the most sense in the context of particular relationships that we have with others. These can roughly be broken down into three different types, according to research by me and others.

"Foreseeability expectations" drive us to expect others to predict the potentially negative impact of their words and actions, simply be-

cause we think they know us well. ("I did not expect to hear this from my best friend.") Meanwhile, "reciprocity expectations" are based on hoping that our favors, gifts, or kindness are returned in kind. ("I stopped sending her birthday wishes when she forgot mine four years in a row.") There are also "equity expectations," which are about our desire to be treated fairly and equally. ("It offends me how dad always has my sister's back, but never mine.")

That said, we also take offense outside our personal relationships. For example, we may take offense at a comment on Facebook or Twitter which ridicules or questions something important to us, such as our nationality, political stance, or religion.

Our judgments are informed by our values and beliefs, and they become a yardstick against which we evaluate others—including those we don't know very well. Our belief in these values may be an important part of our identity, thus giving us a sense of entitlement to take offense because we believe that those values are salient and should be, among other things, respected.

As research has shown, our expectations, values, and beliefs are all based on our previous experiences, accumulated throughout our life span. These are unique to each individual, which explains why people take offense for so many different reasons. For example, if you were bullied at school for having red hair, you may take more offense when someone stereotypes you as being "fiery" when compared with someone who wasn't bullied for having red hair.

This is one of the many reasons there is so much anger and offense on, for example, social media—people constantly take offense at what they think is a breach of their values. This gets worse when some take it to a nasty level by lashing out in defense of their own values, which ultimately creates a vicious and endless circle of causing and taking offense.

So, if you worry about causing offense, try to put yourself in the shoes of the people you are talking to. What could they realistically expect you to say, and are you treating them fairly?

And similarly, if you feel that you take offense too easily, consider what the offending person may not know about you.



We take offense at what was meant or implied rather than what was actually said.

MINDSET MATTERS

Why People Take Offense

We can all offend or get offended at some point, especially in the era of social media

TAHMINEH TAYEBI

Most of us have felt offended at a remark made by a close friend or a random comment on our social media. Even worse, the chances are that we have experienced the shock of hearing that others were offended by our comments—despite the fact that we had no intention of hurting them.

While no one can deny that certain words and actions can be offensive, the taking of offense is more complicated than that. As research findings in linguistics demonstrate, people aren't necessarily offended by rude language, and they get offended for a range of different reasons.

The words we use aren't polite or impolite in and of themselves. Even the most offensive words can be generously used among close friends, as in-group solidarity markers, without anyone ever taking it to heart. It's the context that determines the offensiveness of our words.

In the right context, we do of course take offense at explicitly rude language directed at us. But regardless of the words used, we also take offense at what was meant or implied rather than what was actually said. ("Were you implying that I'm not a good cook when you said 'Pass me the salt?'"

If you feel that you take offense too easily, consider what the offending person may not know about you.

But how does the taking of offense happen? What actually motivates this ubiquitous phenomenon? The taking of offense—or feeling offended—often involves an experience of negative emotions caused by a word or an action that's in conflict with what we expect and believe to be the right, appropriate, moral, and acceptable behavior. Feeling offended or describing something as offensive is deeply rooted in those expectations that govern our daily interactions.

Clashes of Expectations or Values

In one of my research projects, which is based on more than 100 diary report forms in which participants told me stories of occasions where they felt offended, I discovered that our expectations are usually formed in the context of our relationships with others—and when they are breached, we tend to feel offended. I call these expectations interpersonal as they make the most sense in the context of particular relationships that we have with others. These can roughly be broken down into three different types, according to research by me and others.

"Foreseeability expectations" drive us to expect others to predict the potentially negative impact of their words and actions, simply be-

cause we think they know us well. ("I did not expect to hear this from my best friend.") Meanwhile, "reciprocity expectations" are based on hoping that our favors, gifts, or kindness are returned in kind. ("I stopped sending her birthday wishes when she forgot mine four years in a row.") There are also "equity expectations," which are about our desire to be treated fairly and equally. ("It offends me how dad always has my sister's back, but never mine.")

That said, we also take offense outside our personal relationships. For example, we may take offense at a comment on Facebook or Twitter which ridicules or questions something important to us, such as our nationality, political stance, or religion.

Our judgments are informed by our values and beliefs, and they become a yardstick against which we evaluate others—including those we don't know very well. Our belief in these values may be an important part of our identity, thus giving us a sense of entitlement to take offense because we believe that those values are salient and should be, among other things, respected.

As research has shown, our expectations, values, and beliefs are all based on our previous experiences, accumulated throughout our life span. These are unique to each individual, which explains why people take offense for so many different reasons. For example, if you were bullied at school for having red hair, you may take more offense when someone stereotypes you as being "fiery" when compared with someone who wasn't bullied for having red hair.

This is one of the many reasons there is so much anger and offense on, for example, social media—people constantly take offense at what they think is a breach of their values. This gets worse when some take it to a nasty level by lashing out in defense of their own values, which ultimately creates a vicious and endless circle of causing and taking offense.

So, if you worry about causing offense, try to put yourself in the shoes of the people you are talking to. What could they realistically expect you to say, and are you treating them fairly?

And similarly, if you feel that you take offense too easily, consider what the offending person may not know about you.

If they make a negative comment about you having a certain type of dog as a pet, rather than spending lots of time being angry about what they said, remember that they might have had some sort of traumatic experience with that animal before.

You may not like what others are saying, but chances are you can take some comfort from knowing that what has offended you might be rooted in the many different experiences and worldviews we all have.

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The parents of Alec Murray and Caleb Stenvold are moving past blame into action. Paige and Lee Murray are working with the Reno Behavioral Healthcare Hospital and other agencies to better coordinate local suicide prevention. Caleb's parents, Kerri Countess and Storm Stenvold, created Forever14.org, a website dedicated to preventing youth suicide by promoting conversation and human connection. They have filed paperwork to create a nonprofit with the same mission.

CONNECT TO LEAD

Relationships Before Transactions

Putting another person's goals before our own can ensure our mutual benefit

SCOTT MANN

In the early 2000s, I spent much of my time in remote areas of Afghanistan conducting village stability operations, cultivating relationships and mobilizing tribes and clans to stand up on their own against the Taliban.

One of the challenges we faced was that Afghanistan, by definition, is an area that doesn't trust its government or outside coalition forces, like the American military. This is due to their long history of being occupied by different armies over the centuries. The tribal elders are really the governing body in this status society and the central government holds very little regard in the eyes of these informal leaders.

We needed these elders and their villagers to stand up and push the Taliban out. All we had to do was win them over. Easy right? Hardly. We were ten years into the war. Trust gaps between most Afghans and U.S. Military Forces seemed impossible to overcome and U.S. Politicians were putting the pressure on to wrap up the fighting and bring our forces home.

Enter hero Jabar Abdul, a highly regarded tribal elder who had mobilized the grassroots campaign against Mullah Omar back in the '90s when the Taliban first came into the country. The Taliban hated him and, like most elders, he wasn't crazy about the central government or coalition forces either. Over time, we built a strong relationship and talked about him going to the district of Maiwand, a very violent, contentious area where he had led a grassroots campaign a decade earlier.

It took a while, but eventually



Scott Mann (C) with the hero Jabar Abdul (R).

he decided to go and I told him, candidly, that I thought it was the right decision for his country and what we were building there. He stopped me, looked me dead in the eyes, and said, "I'm not doing this for your coalition. I'm not doing this because I trust my government. I'm doing this because I trust you."

Those words hit me like a ton of bricks, and it wouldn't be the last time. We saw this happen again and again; local elders would walk their way back from their village to connect with the formal district governor, the provincial government center, even to the national government. They did this not because they trusted their government, but because they trusted the Green Beret who was living in their village, who had gone to the rooftop with them, who stood

shoulder to shoulder with them like promised, who helped them farm, who helped them solve water problems, who administered care to their children.

Our Green Berets had gone far beyond rapport. They had built deep trust with the local leaders because they operated with the mindset of putting relationships before transactions. This is the key for leaders today. The relationship is the biggest asset in your portfolio. It's primal, but it's true. This mindset will allow you to build lasting loyalty and trust that generates multiple transactions. But if you look at our society today, we have it backward—we are preconditioned to put the transaction before the relationship. We have largely become a transaction based society.

Having this transactional ca-

capacity in our society has led to our incredible economy. However, people still buy, invest and follow the people they have a relationship with. The second something requires deep risk, we're likely going to follow the people that we trust. Beneath all of these transactions, relationships are still the core element.

Shifting to this relationship-focused mindset means you have to view the relationship as the asset—not the transaction. You have to treat these relationships as precious commodities that must be stewarded and managed.

Take the time to identify the key relationships in your arena and understand which are the critical relationships that you must build and sustain in order to be relevant and meet your goals. Identify those relationships. Identify where the

tensions are. You have to be deliberate in how you approach and evaluate each relationship.

Where most people find resistance in adopting this mindset, is in the ability to foster these relationships when risk is low and there is no 'ask' currently on the table. If you try to build a relationship when the stakes are high, they're going to see right through it and view you as being transactional. Find out what their goals are, what their pain points are, what keeps them up at night, what they need from you. Then ask permission to talk about your goals. Build that trust when risk is low.

If you meet their goals first, you're going to have a better chance of meeting your own. The 'relationships before transactions' mindset results in reciprocity. They will want to do something for you. If you apply this mindset authentically and transparently, and listen to someone's goals and then make a legitimate effort to meet them where they are, you will be amazed at the exponential return on investment it has in the relationships you build.

Your relationship portfolio is everything. Focus on building those deep relationships for the greater good of both parties, and the transactions will follow a game-changing path for your life and business.

Scott Mann is a former Green Beret who specialized in unconventional, high-impact missions and relationship building. He is the founder of Rooftop Leadership and appears frequently on TV and many syndicated radio programs. For more information, visit RooftopLeadership.com

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