

# MIND & BODY

Fear can help us survive—if we remain kind-hearted.



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Benefits of  
Massage Therapy  
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## When COVID-19 Anxiety Is Useful and When It Isn't

As anxiety around COVID-19 skyrockets, it's important to ensure our fear is helpful —not debilitating **2**



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## When COVID-19 Anxiety

### Is Useful and When It Isn't

YASMIN ANWAR

**E**xcessive worry about COVID-19 is becoming a mental health pandemic unto itself. Fears and questions about the future can keep us up at night, distract us during the day, and make it hard to find the motivation and energy to take care of ourselves and our loved ones.

But anxiety can also be useful, explains University of California-Berkeley professor Sonia Bishop. Negative emotions like fear are a natural response to what's going on in our environment. The key is to channel those emotions to help us act appropriately, rather than getting stuck in cycles of rumination.

Below, Bishop talked to Berkeley News about how to manage anxiety amid the unprecedented COVID-19 pandemic and achieve a measure of peace and quality of life in the coming weeks and months.

**BERKELEY NEWS:** What use is anxiety in today's world?

**SONIA BISHOP:** Fear and anxiety helped our early ancestors survive very real threats. Today, our fear response helps us act quickly in the face of modern dangers, like freezing in place instead of stepping into the path of an oncoming speeding car. In the case of this COVID-19 pandemic, our anxiety motivates us to run through different courses of action and identify the best options available to us. This process of simulation can result in successful future planning, but also in chronic worry, which can be exhausting, distressing, and debilitating.

**BERKELEY NEWS:** Responses to this pandemic range from denial to partying to catastrophizing. What's a reasonable middle ground?

**MS. BISHOP:** If I told you the person next to you at a bar had a 1 in 10,000 chance of having COVID-19, you might respond very differently than if I said the risk was 1 in 1,000, 1 in 100, or even 1 in 10. At the moment, we don't know how to respond, because the probability of exposure to the virus is rapidly changing.

In times of uncertainty, our personality traits have a big influence on how we react based on our assumptions about the world and our level of "optimism bias." Research by psychologists Ronnie Janoff-Bulman and Neil Weinstein shows that to get through life, many of us use subconscious, self-protective assumptions—for example, that the world is a good, safe place and that bad things happen to other people, not to me. When the probabilities of danger are very low, for example, such as dying in a plane crash, these assumptions protect us from worry.

However, with this pandemic, optimism bias can lead us to ignore guidance on social distancing and possibly get ill or pass on the virus to a loved one, and unknowingly add to the spread of the virus and, sadly, deaths. This is a particular risk for young people who might have few if any, symptoms and are especially likely to feel invulnerable.

Meanwhile, people who have experienced and adapted to bad things happening may adopt the subconscious assumption that taking certain actions can prevent bad things from happening. This may explain the panic buying and even an uptick in gun purchases. People are trying to gain a sense of control over the situation that will make them feel safe. Hopefully, if people realize this, they may be able to stop and ask themselves, "Do I really need a gun?" or, more mundanely, "Can I leave that extra package of toilet paper for someone else?"

**BERKELEY NEWS:** How should we characterize this pandemic and its dangers to children?

**MS. BISHOP:** Research suggests that children may possess the most extreme models of the world as being a safe, controllable place. Those models are

reinforced by adults who try to shield them from the worst of the world. If children's models of the world as a safe place are suddenly shaken, they may suffer anxiety or stress reactions. Hence, with COVID-19, we need to help them adjust gently. Maybe we can tell them we are staying at home more because there is a new bug that can make old people quite sick, so we don't want to risk spreading it to them. It also helps to give them age-appropriate answers and reassurance. For example, you can tell them that children don't seem to get very sick from it.

**BERKELEY NEWS:** What's the best way to stop catastrophizing?

**MS. BISHOP:** Already, governments are busy putting in place measures to help people financially. Hopefully, those who can will give generously to charities for the less fortunate. From day to day, try to stay as positive as you can. Spend time with loved ones, have long chats on the phone with older relatives. When I lost my dad a few years ago, I appreciated how much time we had spent together in the year before his death. While challenging to the max, the current situation gives us the opportunity to spend more quality time in person, or by phone or video, with those we care about.

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**When we are  
empathic and  
think of others,  
we often find we  
stop worrying  
about ourselves.**

Sonia Bishop, University  
of California-Berkeley  
professor

**BERKELEY NEWS:** So, what can we do to channel our anxiety in productive ways?

**MS. BISHOP:** When we are empathic and think of others, we often find we stop worrying about ourselves. I cannot emphasize enough how much we need to be altruistic at this time and think of those vulnerable in our society. First and foremost, please follow any social distancing advisories released in your area and make a special effort to reach out to those living alone, especially those who suffer from depression and anxiety. Keep reaching out, not just for the first couple of weeks. Also look out for the signs or symptoms of depression in yourself and others.

The next most important thing is to make concrete plans about how to get through the following weeks and months instead of letting one's mind wander around all the possible things that might happen. Here are some ways to control anxiety while under stay-at-home orders in the coming weeks or months:

- Stock up on medical and food supplies in a calm, measured way without panic buying and hoarding.
- Think about what you enjoy doing around the home, such as gardening, and carve out time for those activities. Take a relaxing bath, if you have a tub.
- If you have children, play or read with them and arrange online play dates. Watch out for signs of stress.
- Stay in regular touch with family and friends through your digital devices or social media channels.
- Take breaks from electronics and play board games, cards, or other games with your household members.
- Limit how often you watch the news.
- Make sleep, a healthy diet, and exercise a priority.

Yasmin Anwar is a Media Relations Representative at UC Berkeley. This article was republished from the Greater Good magazine.

## Faith Helps Business Owner Navigate Pandemic

Woman facing financial crisis says her spiritual practice has helped her through the hardship

KEVIN HOGAN

**N**EW YORK—She's a mother of three youngsters and runs an antique furniture business in New York City. Out of her Queens apartment, she rents a private room as an Airbnb superhost. But she and her husband lost their sources of income as the economy shuttered due to the pandemic. Yet one cornerstone in her life is helping her overcome the crisis—her faith in a spiritual practice.

Virginia Neville decided to flee the city and spend time with her parents in rural Quebec. She knew there was a moratorium on her rent so she couldn't be evicted, but she was still concerned about whether her next few months' rent would be pardoned.

“With the crisis, obviously, almost all of our income stopped coming in. We were selling a very small fraction of the furniture that we had been selling, and obviously, Airbnb completely died,” Neville told NTD.

“In order for us to pay our rent for these next few months, we would have to pretty much use all of our savings to do that. So, we're in a pretty tight place,” she said.

The CCP (Chinese Communist Party) virus is wreaking havoc on the U.S. economy, with Goldman Sachs predicting a 34 percent drop in Gross Domestic Product for the second quarter.

Over 3 million Americans are filing for unemployment, and the St. Louis Federal Reserve Bank estimates that 47 million Americans will lose their jobs, with some economists expecting that to happen this month. Neville was already living week-to-week and had limited savings before the crisis. The city has halted evictions, but she is unsure whether or not her rent will be pardoned.

However, Neville has a slightly different outlook on her problems than many people. She views difficulties as a way for her to grow spiritually, an idea held by many faiths and philosophies including the mind-body practice called Falun Dafa or Falun Gong.

“When we suffer, when we endure hardship, we eliminate karma, and we gain something whereby we can return to a divine state,” Neville said.

“I haven't actually had that much fear towards the virus in relation to the virus for myself. I know that my immune system is very strong, and I'm not really that scared of getting sick. But I am still taking precautions because of my family.”

Neville said the health effects of the practice were noticeable and a good reason for others to give it a try.

Falun Dafa is an ancient Chinese spiritual discipline that consists of five exercises which includes a sitting meditation. The heart of the practice is in the mind, so to speak. Practitioners are guided to look inside and cultivate themselves according to truthfulness, compassion, and forbearance.

Falun Dafa was introduced in China in 1992 and became immensely popular in a short period of time. By 1999 there were an estimated 100 million Chinese people practicing, a number that exceeded membership in the Chinese Communist Party. In 1999 the regime began a systematic persecutory campaign meant to eradicate the practice. To this day, however, there are Falun Dafa practitioners throughout China.

For Neville, it was a clear path to take up the practice.

“The exercises are very easy to learn. They're easy to do,” Neville said. “And read the book, read ‘Zhuan Falun’ and give it a try. And I really believe that it can help, and it can protect you.”

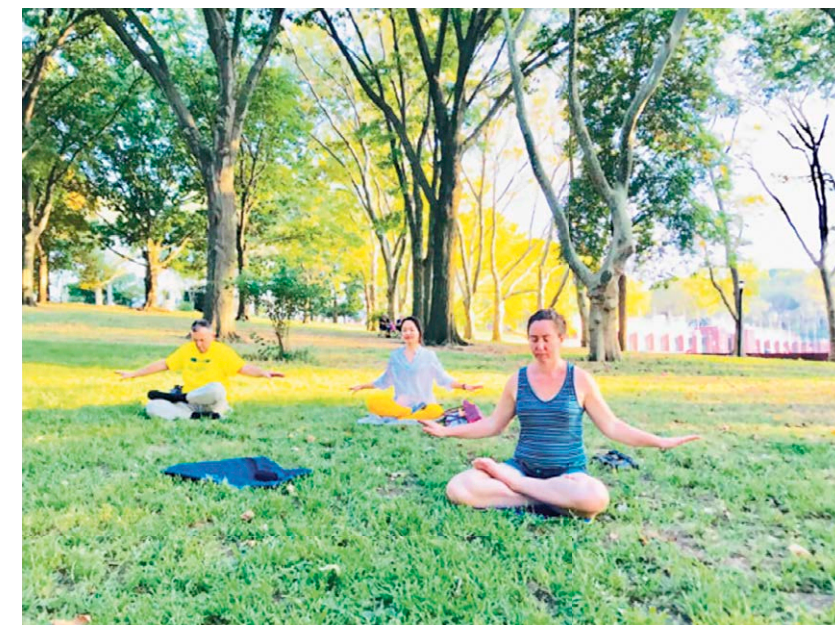
**‘Something Worked Some Kind of Magic’**

Neville's mother, Cathy Brochet, took a nasty fall in the parking lot of a pharmacy in Sherbrooke, Quebec, last Thursday. She smashed into a trailer hitch and the fall left her bloodied with a black eye, and busted several of her teeth causing “extreme tooth pain.”

The police arrived and took her to the hospital. At the emergency reception, she explained to the staff that her daughter had just come to visit her from the United States. They asked, “From where exactly?” After she told them New York City, they put her in a cubicle that she likened to a jail cell.

Brochet wondered if she was in the area with people infected with the virus. And then the doctors entered, all wearing

Virginia Neville (R)  
meditates in Astoria  
Park in Astoria, N.Y.,  
in October 2019.



ALL PHOTOS COURTESY OF VIRGINIA NEVILLE

**Neville views difficulties as a way for her to grow spiritually, an idea held by many faiths and philosophies including the mind-body practice called Falun Dafa.**

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**I'm somewhat spiritual, but I'm not going to say that I think it was the Falun Gong, but I will say that I think that it might have been that.**

Cathy Brochet

Virginia Neville and her daughters in her Queens, N.Y., apartment in the spring of 2019



personal protective equipment from head to foot in order to enter her cell. They performed some X-rays on her and when they found no broken bones, told her to go home. She was still in pain.

It was 2 a.m. on Friday morning when her husband drove her home from the hospital. At this point, she started to feel nauseous. She vomited when she returned home and the pain grew more intense. She started to lose her strength.

Neville called the 8-1-1 healthline and the operator told her if ice doesn't help soothe the pain, she needs to go back to the hospital. Her daughter suspected she might have internal bleeding.

Her husband drove her to a different hospital. When she arrived, she answered the staff's questions and told them her daughter's roommate in New York had been tested and did not have COVID-19.

The staff brought her to the Emergency Intensive Care ward and put her in a booth with curtains separating her from the others. She suspected she was in the presence of the “poor virus patients,” which was later confirmed.

The doctors tested her blood, scanned her head and abdomen, gave her an ultrasound, and told her she needed to see a specialist.

A cardiologist came to talk to her, but the medical team was unsure of her diagnosis. Brochet wondered if she had a heart attack, if it was a blood clot in her lungs, or if her heart was bleeding from when she crashed on the pavement. With each sip of water her stomach pain worsened, so she suspected that the problem may be with her stomach.

Her symptoms were inconsistent with any single diagnosis. The doctors decided to do another test on her in which they inject dye into her veins to see if an artery is blocked.

As they prepared for the procedure, a doctor came rushing in and told them to stop, saying a technician has found internal

bleeding. Since internal bleeding is a side effect of the dye procedure, they cannot take the risk of making it worse.

They took her to the coronary ward and kept her under observation. They gave her half a gram of the narcotic dilaudid to relieve the pain, but it made her nauseous as she is intolerant to morphine and its derivatives. They switched to Tylenol, but it didn't relieve her pain.

Later that evening, Brochet felt that she was “slipping away.” She said, “when you're in so much pain, you're more accepting that death could come.”

At around 8:30 p.m., she was in a daze when her daughter called her, as no visitors were allowed during the pandemic.

Neville read to her some of the Fa, or teachings, from the book “Zhuan Falun” over the phone. And on the same phone call, her husband told her to repeat words that Brochet herself “could but recognize as eternal wisdom,” she wrote in a Facebook post describing the chain of events.

He told her to repeat the words “Falun Dafa is good,” and “truthfulness, compassion, forbearance is good,” silently, deep down inside.

Brochet said when you are in a situation like that, “you're ready to almost do anything.” So, she repeated the words a few times, as much as she could.

At 9:30 p.m. the night nurse came in and gave her an anti-nausea medication followed by a quarter gram of dilaudid.

At around 2 a.m. the next morning, she awoke, which meant that she had slept—“Oh glorious sleep!” she wrote. She was having a hard time falling asleep through the whole ordeal.

But when she awoke she “could barely feel but a small remnant” of the pain. “Something worked some kind of magic,” she told NTD.

She wondered what healed her. Was it the narcotic? Was it “the healing power of the Fa?” she wrote. Was it that her body healed itself?

“I guess this will remain forever a mystery to me, probably,” she said.

When she woke up, the pain that was at 100 percent earlier, went down to 2 percent or just about zero, she said. “Oh my gosh, oh, and then I tried to move a little. Wow! There is no more pain in my abdomen!” Brochet said.

“I'm somewhat spiritual, but I'm not going to say that I think it was the Falun Gong, but I will say that I think that it might have been that. I'm a bit of an agnostic on things like that. So I give it the benefit of the doubt,” she said.

“Yeah, just magic, because they didn't do anything more other than just give me that dilaudid. And then all of a sudden, five hours or so, four and a half hours later. Wow!” she said.

Brochet is now finishing up the last of her two-week self-quarantine that she is obliged to do after coming out of the hospital. She is scheduling a dentist appointment to fix her teeth that were damaged in the fall—something she wanted to do during her quarantine but wasn't able to.

From NTD

CONNECT TO LEAD

# Leading Beyond Fear

When crisis strikes, take a few deep breaths and set a course

If we allow fear to dominate our minds, it's almost impossible to regain control.



SCOTT MANN

The spread of the COVID-19 pandemic is creating chaos. I've seen chaos before. As a Special Forces officer in Afghanistan, there was always one chaotic battlefield event after another. Some of these events were localized tactical engagements with the Taliban. Other chaos-inducing incidents were large scale events such as country-wide riots, or mass assassinations of Afghan elders by the Taliban. One event, I will never forget, in 2005, was the downing of one our transport helicopters in southern Afghanistan, at the very beginning of a combat mission led by my best friend.

When my friend's chopper was shot down, all hell broke loose. In our command center, the cacophony of frantic radio transmissions shouting "chopper down" and "troops in contact," turned my blood to ice. It was chaos.

The first thing I did was to close my eyes and take three deep breaths. I'd learned this from retired Lt. Col. Dave Grossman, before embarking on our first deployment to Afghanistan.

As the operations center director, I needed to gain situational awareness and then start mobilizing support to help my guys get out of this terrible situation. As the flurry of reports rolled in from the guys on the ground, getting clarity was difficult. They were under duress. They were getting shot at. There was complexity. There was ambiguity. There was confusion. There was emotion. There was... Fear.

Fear can be a good thing. It warns of us threats and elevates our response to those threats. All of the operators on the ground and all of us back in the operations center were facing our own brand of fear and fighting hard to overcome it. Eventually, we did. And we got everyone out of that kill zone alive. Fear did its job that day.

Fear is a primal reality. No one is beyond it. But if we allow fear to dominate us, it can have a prolific negative effect on us achieving our goals. Fear is what a lot of us are feeling right now as the coronavirus pandemic unfolds.

We are at a critical point in

our history where a leadership mindset is more important than ever. Like the virus itself, fear can be contagious. Fear can spread through the ranks rapidly. If we allow fear to dominate our minds, it's almost impossible to regain control.

How do we lead through fear? Here are a few things I learned from the battlefields of Afghanistan that might help inform your mindset as you lead here at home.

**The first report is always wrong.** So when we check the news for latest coronavirus updates, you should always assume that at least some degree of that report is probably wrong. The same ambiguity, complexity, and emotion that drove that chopper down scenario, creates inaccurate reports in our lives. Continue to accumulate the facts over time. Let the picture build. Don't over-react. You will start to see common threads, trends, information that will remain constant and begin to accurately illuminate the situation. The real facts will reveal themselves.

**Avoid headline saturation.** Information is power. But, too much debilitates us. Stay away from 24-hour news cycle reporting. I made this mistake after 9/11. I was obsessed with the 24-hour news cycle. Understand that the media are masters of fear-based behavior, and they know how to draw you in. Getting drawn in is not going to help your ability to lead through this developing situation.

**Find a rational thought partner.** They can help you start thinking through things and bounce ideas around. Ask each other, "what can we control right now? What can we influence?" Identify what your issues and unknowns are.

**Manage your time.** Time is a valuable resource at this point. Developing a plan will put you in control of the situation and force you to focus on what you can actually get done. Build a timeline of the facts that you know. Then find out who the constituents are and how you need to communicate with them. It goes against our instincts in situations like this when chaos and confusion feel

**We are at a critical point in our history where a leadership mindset is more important than ever.**

**There is a whole tribe of leaders, just like you, around the world, in the trenches, leading through this chaos.**

like they're taking over.

**Over-communicate.** Stay connected over "social distancing" into your teams, families, and organizations. Keep everyone succinctly tied into each other and gain a sense of unity.

**Embrace the chaos.** Take the information you have and start to make a plan. You may not have the facts and you may not know what you need to do next, but you can start to tame the problem.

What's your available time right now? What's your overall goal? Who are the relevant stakeholders in the problem? How do you want to communicate with them? How do you bring them into the collaborative framing of this problem in spite of social distancing? How do you communicate with each other?

These are the questions we can answer.

So answer them. Then step back and re-assess. Re-acclimate. Re-attune to your environment. Ask yourself open-ended questions such as, "how do we maintain client relationships through this social distancing imperative?" Finally, take care of yourself.

Don't get so caught up in caring for your people that you ignore your own well-being. If you do down, we're in trouble. Remember the acronym HALT-I (Hungry, Angry, Lonely, Tired - I). If you are feeling any of these, deal with them immediately. And don't forget to breathe.

It may seem like you're alone, but you're not. There is a whole tribe of leaders, just like you, around the world, in the trenches, leading through this chaos. What we cannot do is panic. What we cannot do in any situation is surrender to fear because then, we're done. You've got this.

Fear is contagious, but so is leadership.

*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*

## Sheltered at Home, Families Broach End-of-Life Planning

End-of-life wishes can limit unwanted suffering and potentially free resources for at-risk patients

JONEL ALECCIA

Long before she contracted COVID-19 at a Kirkland, Washington, nursing home, Barbara Dreyfuss made sure to document the wishes that would govern how she died.

The medical directive she signed last year at the Life Care Center outside Seattle called for no resuscitation if her heart stopped, and no machine to help her breathe. The 75-year-old, who suffered from lung disease and heart problems, had been on a ventilator for two weeks in 2016, a grueling experience she didn't want to repeat.

"Mom's form said, 'Do not resuscitate, allow natural death,'" said son Doug Briggs, 54. "That was her choice."

So after Dreyfuss fell ill in late February, becoming one of the first U.S. patients sickened by the new virus sweeping the globe, her family reluctantly allowed doctors to halt life-saving treatment in favor of comfort care.

Dreyfuss, a once-vivacious feminist and activist, died March 1, two days before tests formally confirmed she had COVID-19. But her decision to confirm her wishes in advance could serve as an example for growing numbers of individuals and families feeling new urgency to pin down end-of-life preferences and plans.

In the weeks since COVID-19 has surged, sickening nearly 350,000 people in the U.S. and killing more than 9,600 as of April 5, interest in advance care planning has surged, too. More than 4,000 requests poured in during the week of March 15 for copies of "Five Wishes," an advance directive planning tool created by the Tallahassee, Florida, nonprofit agency Aging with Dignity. That's about a tenfold increase in a normal volume, said Paul Malley, the group's president.

"We started hearing from families that they want to be prepared," said Malley, noting that more than 35 million copies of the living will be already in circulation.

Stephanie Anderson, executive director of Respecting Choices, a Wisconsin-based group that provides evidence-based tools for advance care planning, said her organization put together a free COVID-19 toolkit after seeing a spike in demand.

**More than 4,000 requests poured in during the week of March 15 for copies of 'Five Wishes,' an advance directive planning tool created by the Tallahassee, Florida, nonprofit agency Aging with Dignity.**

"We had hundreds of calls and emails saying, 'We need help having these conversations now,'" she said.

The tools and documents aim

to help adults of all ages plan for their medical, personal, emotional and spiritual care at the end of life with a series of thoughtful questions and guides.

Malley said the COVID-19 crisis has spurred interest from two primary groups. The first: people immediately concerned that they or someone they love will contract COVID-19.

"They're saying, 'Will we know what Mom or Dad wants?'" Malley said. "They're motivated by the urgency of a health crisis around the corner."

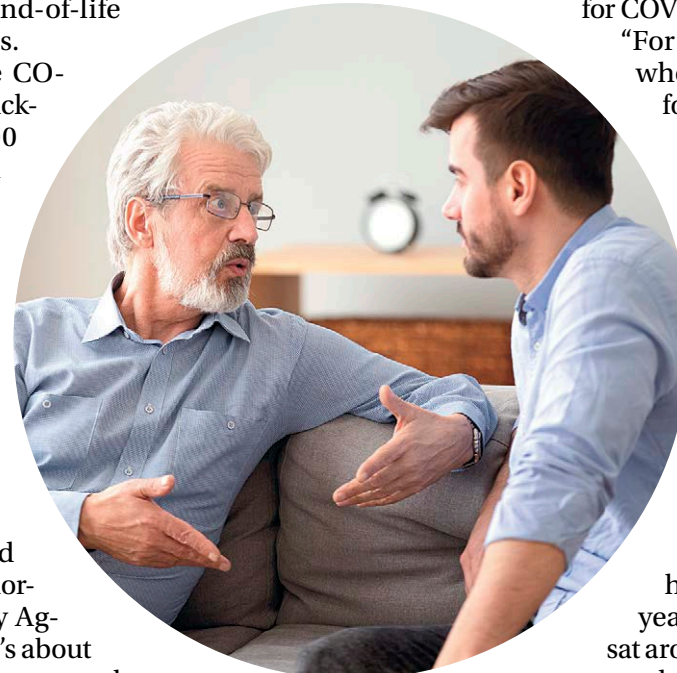
New requests also are coming from families sidelined at home by shelter-in-place orders, he said, as they spend relaxed time with loved ones and have more breathing room for such discussions.

"Their family is playing more board games together and catching up on movies," he said. "Advance care planning is falling into that bucket of that thing people wanted to do when they had time."

PHOTO: GETTY IMAGES/REXUS

These conversations can be difficult enough during ordinary times, but the crisis has provided an urgent new reason to start talking, said Anderson.

"We're hearing people are really worried," she said. "I've heard the word 'terrified' about what's happening in the country."



▲ The conversations about preferences and values can help provide real relief.

It's more than just filling out a document, Anderson emphasized. The conversations about preferences and values can help provide real relief. "They want somebody to talk about these things," she added.

Eliciting end-of-life preferences in advance also could help ease the strain on the health care system as doctors grapple with how best to divvy up care amid dwindling medical supplies and equipment.

Dr. Matthew Wynia, a University of Colorado bioethicist and infectious disease doctor, is planning how to triage seriously ill patients when the supply of mechanical ventilators runs short at his medical campus. Understanding—and soliciting—patients' end-of-life preferences are key, he said.

"We've always had the requirement that people get asked about an advance care plan, but now we are taking that incredibly seriously," he said. "Because we need to know if you get much worse, what would you want?"

One new and potentially controversial question his hospital is considering would ask patients whether they'd be willing to forgo a lifesaving ventilator for someone else in a crisis. "Would you want to get in line for those crucial care resources?" Wynia said. "Or are you the kind of per-

son who would say, 'I've had a good life and I'll let other people get ahead of me in line?'"

The most "ethically defensible" way to make a triage decision is to ask patients in advance, Wynia said. "By the time you're asking for volunteers, these people can't talk to you anymore."

But some experts worry that asking such a question crosses a line, even during an emergency. Malley balked at the thought of asking COVID-19 patients to weigh their lives against others, fearing it could pressure vulnerable people—the elderly, disabled, and others—into decisions they don't really want.

"I think we shouldn't resort to coercive questions," he said. "I don't think anyone should be made to feel they have a duty to die."

Even if you've made advance care plans in the past, Malley and Wynia emphasized the need to reevaluate them in light of the COVID-19 scare. If you've documented your wishes to decline CPR or intubation because of primary disease, such as cancer, consider whether you still want to forgo such treatment for the novel virus. Similarly, if you've opted for the full treatment—prolonging life by all measures—make sure you've considered the potentially devastating aftermath of mechanical ventilation for COVID-19.

"For this condition, people who need to be on a vent for COVID-19 are staying on it for two weeks or three, and they may have very severe lung disease afterward," Wynia said.

Indeed, Barbara Dreyfuss's two-week stint on a ventilator shaped her answer to questions on the medical directive that guided her care, her son said. "Because of what had happened to Mom four years ago, we had already sat around as a family and discussed this," Briggs said.

That doesn't mean it was easy, said Meri Dreyfuss, 62, Barbara's sister, who called stopping active treatment "a hellish decision." But as the infection in her lungs worsened, Barbara Dreyfuss was clearly in pain. "I was like, 'Oh, my God, I can't stand the thought of her suffering,'" Meri Dreyfuss recalled.

Late on the evening of March 1, Briggs was with his mother in her isolation room. Nurses asked him to step out because he had exceeded the allowed contact time. But when he looked back, monitors showed that his mother's vital signs were dropping fast.

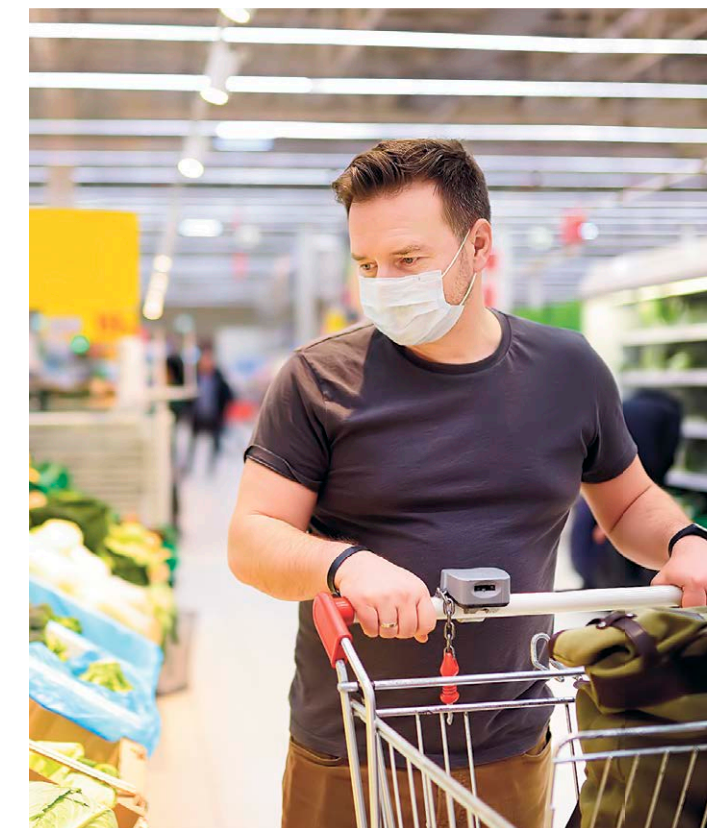
Nurses allowed him to rush back into the room. Dressed in a hospital gown, mask, and gloves, his cellphone wrapped in a plastic bag, Briggs quickly turned on the '60s music his mother loved. Nurses had increased doses of drugs to decrease her air hunger and anxiety.

"Somewhere between 'Stand by Me' and 'Here, There and Everywhere,' my mom passed away," he said.

At the center of a global crisis, Dreyfuss's earlier decision allowed her to have control over how she died.

"It felt like she was peacefully sleeping," Briggs said. "She just stopped."

*JoNel Aleccia is a senior correspondent, focused on aging and end-of-life issues, on the KHN enterprise team. This article was first published by Kaiser Health News.*



When shopping, know what you want and limit the items you touch. Bring some disinfectant wipes or hand sanitizer for the cart.

## Safe Shopping During the COVID Crisis

Take steps to speed up your trip and limit your exposure while at the grocery store

DEVON ANDRE

With experts suggesting "panic buying" has peaked, a trip to the grocery store remains nowhere near normal.

If you're running out of food and supplies, it's a good idea to be prepared to encounter a new shopping experience.

For those of you with chronic health conditions that could increase your risk for COVID-19, like being 65 or older, having conditions like heart disease, Type-2 diabetes, or immunosuppressive disorders, consider talking to a family member or neighbor about doing your shopping.

If that is not an option, many stores are offering specific hours for higher-risk populations. Inquire at your local shops if they are participating.

**Have a plan before heading out to the store.** Don't wait until you're out of food and supplies before you go, as the selection at many stores will be limited. Back-up plans for unavailable items and suitable substitutions are also part of a good plan. Know what you want so you can get in and out.

**Bring your disinfectant wipes or hand sanitizers to use on carts.** If you have surgical gloves to wear, those are helpful too.

**Do your best to maintain a healthy, Mediterranean-style diet is a good idea during the pandemic.** Eating this way can help limit inflammation, boost immunity, and manage any existing conditions. But shopping might be a little different.

**When you see the items you need, don't feel them.** If you touch it, buy it. Touching ten apples to find five puts you and others at risk.

**Pay attention to how many people are around you.** Do your best to maintain social distancing. If you're looking for spinach and there is currently someone in the area, wait a moment until you can safely maintain about six feet or two meters

of space between you.

**After loading your groceries into your car, disinfect your hands.** You want to do this before touching door handles, your steering wheel, or any other surfaces near normal.

**Once at home, wash your hands again before putting your items away.** If you want, wipe them with soap and water or a disinfectant before washing your hands again.

**For those of you with chronic health conditions that could increase your risk for COVID-19, consider talking to a family member or neighbor about doing your shopping.**

**If you've purchased fresh produce, take the appropriate steps to prepare it for freezing.** This could involve blanching or separating into individual serving sizes for easy storage.

The best and safest strategy, of course, is to stay out of the stores altogether. Taking advantage of grocery delivery or pick-up services is ideal, however, they might be unreliable given the climate. In some cases, heading out may be necessary.

Although your shopping routine may have changed drastically, your eating habits don't have to follow suit. Keep eating healthy nutrient-dense foods to boost immunity and protect yourself during the pandemic.

*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 BelMarraHealth, which first published this article.*

# Immune-Boosting Supplements

## in a Nutshell

Probiotics are helpful for maximizing the nutrients you derive from your food.

VICTORY VIKTOR/SHUTTERSTOCK

Your body can get some help fighting off potential viral infection from these supplements

LISA ROTH COLLINS

It seems it's more important than ever to be sure we do all we can to boost our immune system and ward off infection. While it's true that a healthy immune system relies on a variety of factors, including nutrition, exercise, stress management, sleep, environmental pollutants, and genetics, we all can also turn to some of the gifts of nature to provide extra support.

The following supplements are a sample of some of the immune-boosting options that are available. Each one has its own special qualities, and some may be better suited for your needs than others. Here's a review.

### Astragalus

Astragalus is an adaptogen, which means it is an herb with an ability to fight stress, regulate the nervous system, improve mood, and return the body to balance. Because stress is an important factor in compromising the immune system, the use of astragalus can be instrumental in supporting immune function. Many studies have explored the effect of astragalus on the immune system, including one in which the herb helped suppress inflammation.

When taking an astragalus supplement, follow the directions from the manufacturer or consult a knowledgeable health care professional.

### Colloidal Silver

Many people are confused about what colloidal silver is and how to use it. The term refers to various forms of silver available as dietary supplements. Basically, colloidal silver is a suspension that contains silver particles as well as silver ions. The particle sizes range from 10–1,000 nanometers (nm), and the smaller the particles, the more bioactive the supplement.

Colloidal silver is best known as an antimicrobial agent. According to Dr. Joseph Mercola, colloidal silver is active against certain bacteria, such as *Escherichia coli*, *Pseudomonas aeruginosa*, *Staphylococcus aureus*, and *S. epidermidis*. Research also shows that the supplement may help eliminate a limited number of fungi as well.

**Vitamin D has an ability to modulate immune responses, and a deficiency in the nutrient is associated with an increased risk of autoimmune conditions and higher susceptibility to infection**

Another way colloidal silver may benefit the immune system is as a booster for antibiotics. The use of the supplement along with amoxicillin, clindamycin, erythromycin, or vancomycin may enhance the powers of these drugs. Use colloidal silver as recommended by a knowledgeable health care provider.

### Colostrum

Nature is pretty smart, providing a wealth of vitamins, minerals, enzymes,

antibodies, and other essential ingredients to newborn mammals immediately after they are born. Colostrum is the source of this treasure, which is expressed by mothers during the first day of days following birth. This translucent substance also introduces critical beneficial bacteria, namely *Lactobacillus acidophilus* and *Bifidobacterium*, to the immune and digestive systems.

Adults can benefit from colostrum too. Colostrum supplements, which are made from bovine colostrum, can help balance our delicate microbiome and protect our gut lining from invading toxins and disease-causing microbes, such as *Escherichia coli*, *Helicobacter pylori*, *Campylobacter jejuni*, and others.

Colostrum supplements are available as powder, chewable, and capsules. It's best to take colostrum on an empty stomach 30 minutes before or two hours after eating. A standard dose is 1–3 grams daily, but higher doses are suggested for those experiencing significant stress.

### Echinacea

Echinacea is a flower that has both antibacterial and antiviral properties. Nature provides us with nine species of Echinacea, but only three of them are used in natural remedies: *Echinacea angustifolia*, *E. pallida*, and *E. purpurea*, so check your supplement labels.

All three contain phenols, which are potent antioxidants. Only *E. angustifolia* and *E. purpurea* also have alkylamides or alkaloids, which support immune system functioning. Caffeic acid is also present, and this compound has antioxidant and anti-inflammatory properties.

The infection-fighting powers of Echinacea have been demonstrated in various studies. One meta-analysis that included nearly 2,500 partici-

pants showed that the herb reduces the risk of recurrent respiratory infections, especially in vulnerable individuals.

Currently, there is no standard dose of Echinacea. For tinctures, a suggested dose is 0.75–1.5 milliliters daily. If you drink the tea, 6–8 ounces four times daily is one recommendation. Consult a knowledgeable health care provider for additional suggestions.

### Goldenseal

Did you know goldenseal is a member of the buttercup family? Goldenseal (*Hydrastis canadensis*) is often used along with Echinacea because the two herbs complement and increase the potency of the other. In fact, the main benefit of this mixture of herbs is to enhance the immune system. Goldenseal and Echinacea together is a favorite combination herbal remedy for cold, flu, and other infections, including those that affect the sinuses, throat, urinary tract, vagina, intestinal tract, and mouth.

Goldenseal contains berberine, a compound that has been shown to kill bacteria, yeast, and parasites. Berberine may also stimulate white blood cells to make them more effective at fighting infections. According to the authors of a study appearing in *International Immunopharmacology*, for example, berberine may be useful for the treatment of infections with influenza A.

Take goldenseal and Echinacea as directed on the package or discuss your options with a knowledgeable health care professional.

### Mushrooms

Medicinal mushrooms are valued around the world for their healing properties. Maitake, reishi, shiitake, Chaga, lion's mane, and others have demonstrated abilities to support and enhance the immune system. One of the immune system boosters in these and other mushrooms is glucan, a poly saccharide. Another immune system supporter is super-

oxide dismutase, a potent antioxidant enzyme found in abundance in Chaga mushrooms. These mushrooms, in particular, have been found to have at least seven other antioxidants.

Shiitake and maitake also can stimulate an immune response. In a 2014 study, researchers found that a combination of the two mushrooms resulted in the strongest response followed by maitake alone.

Medicinal mushroom supplements should be taken according to the manufacturer's directions or the advice of a knowledgeable health care professional.

### Oil of Oregano

This aromatic oil is derived from the oregano plant (*Origanum vulgare*) and contains potent compounds with healing qualities. Three of them are carvacrol, which can stop bacterial growth, including *Staphylococcus aureus* and *S. epidermidis*; rosmarinic acid, a potent antioxidant; and thymol, a natural antifungal, effective against *Candida albicans*, *C. tropicalis*, and *C. krusei* strains.

Lab and animal studies suggest oregano oil may reduce inflammation and swelling. Oil of oregano can be used topically or orally (drops, capsules). Use the oil on your skin to fight fungal infections or swollen glands. If you take it orally, use once or twice a day every other day to help prevent cold or flu. If you're already fighting a cold, a suggestion is to take it every day until symptoms disappear.

### Olive Leaf Extract

Extracts of olive leaf contain a unique molecule called oleuropein, which is found not only in the olive fruit but in the leaves as well. Oleuropein is a potent antioxidant and anti-inflammatory ingredient that may have cancer-fighting abilities as well, at least according to some research. For example, olive leaf extract reduced inflammation and inflammatory markers in animal studies, including those involving colitis and Crohn's disease.

In a 2018 study in the *Journal of Medicinal Food*, the authors noted that olive leaves are a rich source of polyphenolic compounds shown to have anti-inflammatory, antioxidant, and antimicrobial abilities. The herb's antibacterial is limited to gram-positive bacteria.

The standard dose of olive leaf extract is 500–1,000 mg daily.

### Probiotics

Let's hear it for beneficial bacteria, aka probiotics, which help keep our microbiome in balance, our immune system running smoothly, and our digestive track purring. Probiotics are so important for all these reasons because about 80 percent of your immune system is found in your gut. If you keep your gut happy by providing it with good bacteria species, especially those from *Lactobacillus* and *Bifidobacterium*, your immune and digestive systems can be happy as well.

**Lab and animal studies suggest oregano oil may reduce inflammation and swelling.**

Probiotics are also helpful for maximizing the nutrients you derive from your food. If you lack sufficient probiotics to aid with the absorption of nutrients, there's a chance you will experience nutritional deficiencies and as a result, problems with your immune function.

Generally, you want to take a probiotic supplement that provides at least 10 billion CFUs (colony forming units) daily for maintenance, and a higher dose if you are managing a health challenge. Take probiotic supplements 30 minutes before you have a meal for the best results.

### Vitamin C

Many of us begin to pop vitamin C supplements when we feel a cold or the flu coming on, but it's really important to always keep our levels of the vitamin up in the body. Why? This nutrient, also known as L-ascorbic acid, dissolves quickly in the body and is not stored. Therefore, it's essential to consume it on a regular basis in food and supplements when needed.

When it comes to the immune system, vitamin C plays several critical roles. Perhaps the most important is its antioxidant proper-

ties, which means it helps eliminate disease-causing, cell-damaging free radical molecules. Vitamin C also reduces inflammation and assists with wound healing.

The Recommended Daily Allowance of vitamin C for adult men and women is 90 milligrams (mg) and 75 mg, respectively, with an upper limit of 2,000 mg daily. Too much of the vitamin can cause nausea, diarrhea, headache, insomnia, abdominal cramps, and vomiting, so avoid taking too much in supplement form. High vitamin C intake from food does not usually cause a problem and is superior to vitamin tablets.

### Vitamin D

The story behind the sunshine vitamin and hormone is that the majority of people have insufficient levels or are deficient in this essential nutrient. People who have a vitamin D deficiency, for example, and who take a supplement, may develop fewer cases of flu or colds. One review showed a 12 percent reduced risk for respiratory infections after people took vitamin D supplements. The best way to get your vitamin D, however, is to just get some sun on your skin.

According to the *Journal of Investigative Medicine*, vitamin D has an ability to modulate immune responses, and a deficiency in the nutrient is associated with an increased risk of autoimmune conditions and higher susceptibility to infection.

Before taking a vitamin D supplement, ask your health care provider to test your levels. Then you and your doctor can determine the best dose for your needs.

### Zinc

Zinc has become almost synonymous with helping manage the common cold. Use of zinc lozenges may reduce how long you have a cold by a day or two if you take them within 24 hours of experiencing symptoms. Zinc also may reduce upper respiratory infections in kids.

Yet this mineral can also help with other immune system attacks. That's because zinc, which is found in cells throughout the body, helps ward off viruses and bacteria wherever they are. The RDA for zinc is 8 mg daily for women and 11 mg for men. If you are already getting enough zinc from your diet, experts are not certain that taking more from supplements is beneficial.

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

# CDC Now Recommends Wearing a Mask in Some Cases

A physician explains the facts behind a new advisory to wear face masks in certain public settings



The chance of catching COVID-19 from a person walking by outdoors is extremely small.

THOMAS PERLS

The Centers for Disease Control and Prevention has changed its policy and is now advising everyone, whether or not they have symptoms of COVID-19, to cover their face with a mask or cloth covering whenever social distancing is difficult to maintain. To be clear, the CDC is not saying you should wear a mask wherever you go, but rather in places where people congregate, including grocery stores and public transportation and ride-shares.

The shift in recommendations reflects growing evidence that COVID-19 can be transmitted by a person's exhalations and normal speech but also the fact that people are not effectively covering their sneezes and coughs.

### The Stealth Virus

COVID-19's middle name should be "stealth." People can be shedding virus for one to three days before showing any symptoms—including no coughing, sneezing or fever—in what's called "presymptomatic transmission." A Singapore study suggests that 10 percent of infections are attributable to presymptomatic spread. A study of the 3,711 passengers and crew on the Diamond Princess cruise ship indicates that close to 1 in 5 COVID-19 carriers never develop symptoms. Some of these people transmit the virus through "asymptomatic transmission." The proportion of infected people that never develop symptoms could be more like one-third for the general population that is younger and healthier than typical cruise takers.

The virus's ability to spread so easily from one person to the next is why people are being asked to physically distance themselves from one another. But people still have to go out to get essentials at places where people gather.

If a person is not coughing or sneezing, how are they spreading the virus? One way is by contact. The virus lives on the mucous membranes in the throat and nose. With people touching their faces every two-and-a-half minutes, on average it's easy to see how the virus gets on our hands, and then we can spread it to commonly used surfaces like doorknobs, a plastic handle in the subway, or someone else's hand. Steel and plastic surfaces can harbor live virus for three days.

The other manner of spread is by asymptomatic infected people simply breathing, talking, yelling or singing. These activities aerosolize virus, creating airborne virus particles—also called droplet nuclei—that are so tiny they can float around in the air for three hours. Coughing and sneezing produce larger water and virus-borne droplets, as well as producing aerosolized virus.

Common medical devices, like nebulizer machines for people with asthma and CPAP machines for those with sleep apnea, can aerosolize virus. But the concentration of aerosolized virus will be small in a large well-ventilated space and practically absent outdoors. The infectious aerosolized virus becomes more of a concern in a place like a small, poorly ventilated

room. Places like a patient's bedroom in their home, some nursing home rooms, and a classroom would all be concerning to me as a physician. Hospital rooms are generally better ventilated.

Another key determinant of getting infected is the amount of time you are exposed—so your risk is much less with five minutes versus 30 or more minutes of exposure. People think about the danger of radiation exposure in very much the same way—how close you are to the source, the concentration of exposure, and the amount of time you are exposed.

### DIY and Surgical Masks May Protect You and Others

The purpose of all of us wearing face coverings or surgical masks anywhere people congregate is first and foremost to protect others if we sneeze or cough. These coverings will stop much of the large droplets that could otherwise reach people as far away as 18 feet away. Just-published research indicates that surgical masks can also decrease the amount of aerosolized virus the people produce by breathing and talking.

A big question is: Can these DIY or surgical masks also protect the wearer? The same research study shows these masks impede aerosolized virus being expelled out by the user so presumably they can decrease breathing in the virus as well. But they aren't foolproof. These coverings don't fit the face tightly, so aerosolized virus and larger droplets can be sucked in through the gaps between the face and the mask when we take a breath.

Additionally, some of the viral particles are so small that they can be inhaled through the cloth or paper that's used to make these masks. People should not be lulled into a false sense of security in thinking that these types of masks will protect them from airborne, aerosolized virus especially in poorly ventilated spaces frequented by others. The best thing to do is to either avoid such spaces or be in them for as short a period of time as possible.

### The Bottom Line

The chance of catching COVID-19 from a person walking by outdoors is extremely small. Wearing face coverings is recommended and requested for when you are indoors, including mass transit and ride-shares, with other people.

Anywhere you go, maintain physical distancing of at least 6 feet with no bodily contact. If someone nearby sneezes or coughs and they aren't wearing a mask, get at least 20 feet away, quickly. When you do go out on an errand, wear a face covering and get your business done as fast as you can.

You don't need an N-95 mask if you wear a face-covering when you go out in a public indoor place or ride mass transit and practice good physical distancing. Health care workers have to care for their COVID-19 patients within very close distances for prolonged periods of time. If they don't have an N-95 mask, the risk goes way up for them. If you have an N-95 mask, please donate it to your local hospital or first responder.

*Thomas Perls is a professor of medicine at Boston University. This article was first published on The Conversation.*



## COVID-19: Social Distancing May Be a Rare Chance to Reset

As we self-isolate, we can change habits to get our sleep patterns closer to what nature intended

ZLATAN KRIZAN

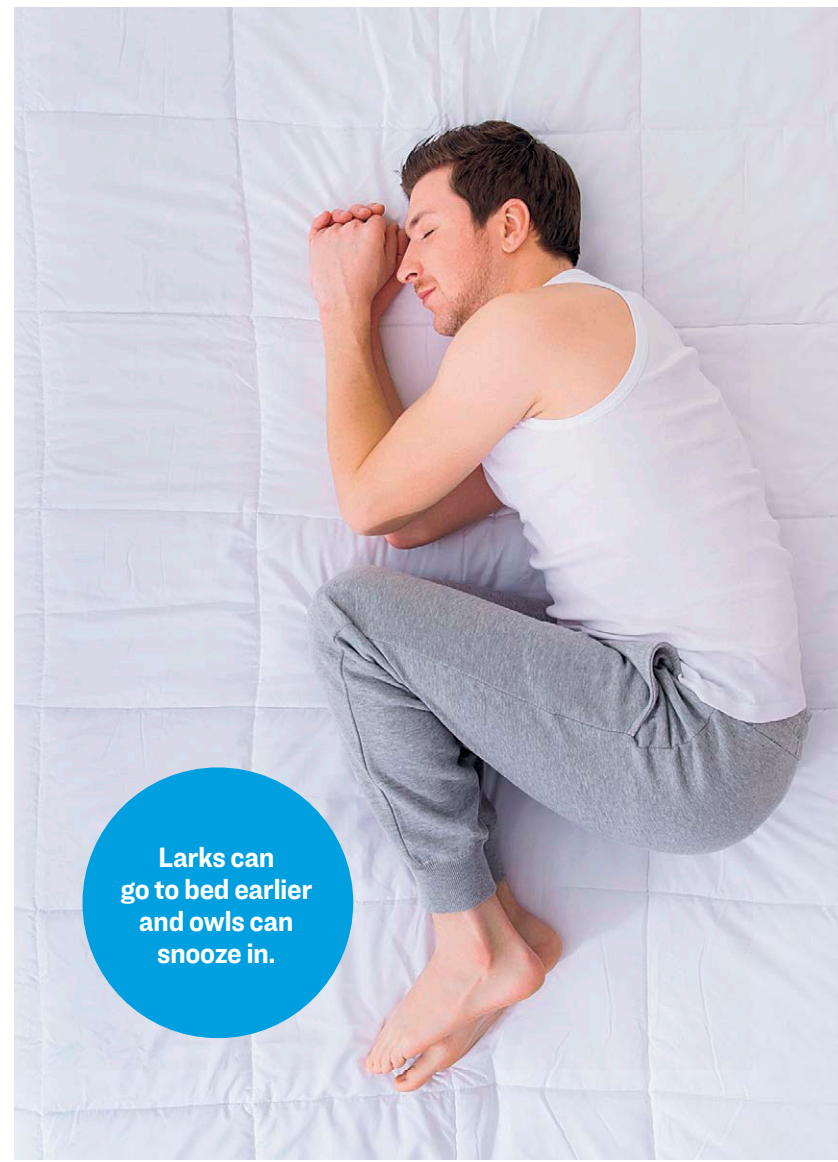
The COVID-19 pandemic is disrupting daily routines around the world. Overwhelmed hospitals, desolate schools, ghostly towns and self-isolation echo a campy horror flick, but an all too real one.

Companies are laying people off by the thousands, the service industry is teetering on the brink of collapse, and socialist ideas suddenly don't sound so bad to an average citizen suddenly left dependent and isolated. According to a recent poll by the University of Southern California, around 40 percent of individuals feel anxiety about the pandemic, and more than half have been avoiding some or all other people.

As a psychologist who aims to understand the role of sleep in what makes us tick, I focus mostly on how the sleep-wake cycle impacts our day-to-day social lives. This makes me think of one thing we can do, especially for those of us at home. That is to sleep.

**Sleep at the Dawn of COVID-19**  
This reversible state of disengagement with the world is one of the most important protective and restorative factors in human life. Slumber is essential for thinking

**Losing sleep makes people more susceptible to viral infections, and it undermines recovery from the common cold as well as more serious conditions.**



Larks can go to bed earlier and owls can snooze in.

YAKOBCHUK VIACHESLAV/SHUTTERSTOCK

clearly and staying upbeat during any time. Moreover, sleep is indispensable for maintaining the immunological function, which is key to preventing and recovering from infectious diseases like COVID-19. Losing sleep makes people more susceptible to viral infections, and it undermines recovery from the common cold as well as more serious conditions. For this lethally stealthy bug, it may be even more important.

Unfortunately, it is exactly during times of social uncertainty and anxiety, when we need sleep the most, that it is most disrupted.

Anxiety over the future and fear for the health of loved ones threaten calm nights and impinge on sleep by increasing hyper-arousal and rumination—reactions known to intensify insomnia. Isolation from regular social rhythms and natural light will further mess with our body clock, confusing us about when we are supposed to feel tired and when to perk up.

Most Americans are not meeting this crisis well-rested. Research we have conducted over the past few years using CDC data on hundreds of thousands of Americans suggests that the smartphone

age has led to a substantial deterioration in both duration and quality of sleep. A case in point, a recent analysis that my team conducted suggests that over the past five years, millions more Americans report sleeping problems.

And the psychological toll is not too far away, but it will register most forcefully after the infection rates start to decline. Once the pandemic peaks and the physical damage to bodies start to wane, only then will the full consequences of this pandemic on our well-being be apparent. Inevitable increases in psychological complaints, suicide, and substance use disorders need to be anticipated and mitigated now. Recall that after the "Great Recession" of 2008-09 there were millions more people with health and psychological problems in both the United States and Europe.

So how to go about protecting our sleep? Besides the threats and challenges, this time actually provides hidden opportunities as well. When is the last time that the majority of any population stayed at home for days, often without the need to use alarm clocks?!

Besides connecting with those closest to us, many of us can sleep in and organize lives in ways that suit our biological ticker. Larks can go to bed earlier and owls can snooze in. Families can synchronize their meal and play routines in new ways, honoring the time of their internal clock (what chronobiologists call the 'circadian phase'). For most of our history, we slept in a shared pattern when our bodies told us too, and not on our own cycle and only when work allowed. This may be an unprecedented opportunity to embrace a basic human need to switch off on a regular basis and help our bodies fight the wars only those bodies know-how.

Zlatan Krizan is a professor of psychology at Iowa State University. This article was first published on *The Conversation*.

TOMMASO79/SHUTTERSTOCK



# Covid-19

The biggest stressor for many is financial.

## Could Lead to an Epidemic of Clinical Depression

We need to prepare for the mental and emotional consequences of social isolation and economic hardship

JONATHAN KANTER & KATHERINE MANBECK

Isolation, social distancing and extreme changes in daily life are hard now, but the United States also needs to be prepared for what may be an epidemic of clinical depression because of COVID-19.

We are clinical psychological scientists at the University of Washington's Center for the Science of Social Connection. We study human relationships, how to improve them, and how to help people with clinical depression, emphasizing evidence-based approaches for those who lack resources.

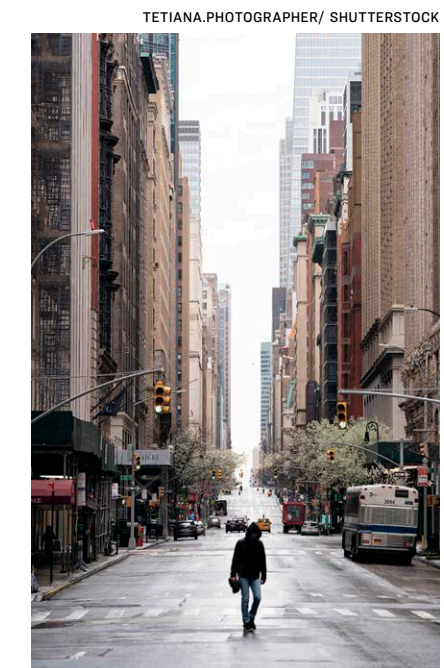
We do not wish to be the bearers of bad news. But this crisis, and our response to it, will have psychological consequences. Individuals, families, and communities need to do what they can to prepare for a depression epidemic. Policymakers need to consider—and fund—a large-scale response to this coming crisis.

### A Perfect Storm of Depression Risks

Most of us know the emotional components of depression: sadness, irritability, emptiness, and exhaustion. Given certain conditions, these universal experiences take over the body and transform it, sapping motivation and disrupting sleep, appetite, and attention. Depression lays waste to our capacity to problem-solve, set and achieve goals, and function effectively. Many people understand depres-

The unique environmental stressors of the COVID-19 crisis suggest that an unusually large proportion of the population may develop depression.

**Individuals, families, and communities need to do what they can to prepare for a depression epidemic.**



sion as a brain disease. Our genes do influence how easily we may fall into clinical depression, but depression is also, for most of us, substantially influenced by environmental stress. The unique environmental stressors of the COVID-19 crisis suggest that an unusually large proportion of the population may develop depression. This pain is likely to be distributed inequitably.

### Stress and Loss

Exacerbating the widespread stress of this crisis, many of us are suffering significant personal losses and grief reactions, which are robust predictors of depression. The ongoing and unpredictable course of these stressors adds an additional layer of risk.

As this crisis unfolds, death tolls will rise. For some, especially those on the front lines, acute experiences of grief, trauma and exhaustion will compound the stress and place them at even greater risk.

### Interpersonal Isolation

Prolonged social isolation—our primary strategy to reduce the spread of the virus—adds another layer of risk. Our bodies are not designed to handle social deprivation for long. Past studies suggest that people forced to "shelter in place" will experience more depression. Those living alone and lacking social opportunities are at risk. Loneliness breeds depression.

Families, who must navigate unusual amounts of time together in confined spaces, may experience more conflict, also increasing risk. China experienced an increase in divorce following their COVID-19 quarantine. Divorce predicts depression, especially for women, largely due to increased economic hardship over time.

### Financial Difficulties

The biggest stressor for many is financial. Unemployment and economic losses will be severe. Research on past recessions suggests that rising unemployment and financial insecurity lead to increased rates of depression and suicide. Home foreclosures during the 2008 recession produced a 62 percent increased risk of depression among those foreclosed.

The mental health burden of economic recession will be distributed inequitably. When the stock market crashed in 2008, the rich experienced large wealth losses but not increased rates of depression. In contrast, those who experience unemployment, debt, and financial deprivation during recessions are at significant risk for depression due to increased stress and difficult life circumstances. Small businesses are at particular risk for buckling under the strain.

**Recovery Will Be Harder**  
While the COVID-19 crisis increases the risk for depression, depression will make recovery

Continued on Page 14

THE EPOCH TIMES

TRUTH and TRADITION

# LIES KILL, TRUTH SAVES

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THE  
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## Massage Therapy's Top 10 Benefits

Research has found a variety of conditions that can be improved with massage

DIANE FULTON

Massage feels great and research shows it can improve your health in many ways. From depression and insomnia, to preterm birth and autism, massage has been found to offer important health gains for people from young to old.

Massage is often seen as a way to relax and indulge, but there is a wealth of scientific research documenting its health benefits. These are top ten conditions that research has so far found most benefit from massage.

[For links to the source studies this article references, please find it online at [TheEpochTimes.com/c-wellness](http://TheEpochTimes.com/c-wellness)]

### 1. Depression

Mothers who learned to give their baby an infant massage experienced reduced postpartum depression and increased mother-baby interactions. Massaged mothers had less postpartum depression, decreased anxiety and pain during labor and shortened labor time and hospital stays.

Women who were massaged during pregnancy were also less likely to have a premature birth or a baby with low birth weight. Senior depression was also reduced with an aromatherapy massage. Massage also alleviated depressive symptoms in a meta-analysis of 786 individuals.

### 2. Preterm Births

Massage benefited preterm infants leading to higher weight and growth. Massage increased vagal activity (vagus nerve regulates heart rate, vessel constriction, heart/lungs/digestive tract activities), gastric motility (greater food digestion) and led to higher awake periods and motor activity for pre-term babies.

Massaged healthy preterm infants gained more weight and were more active.

Massaged cocaine-exposed preterm neonates had 28 percent greater weight gain, fewer postnatal complications, and better motor skills.

### 3. Autism

Massage benefits autistic children by increasing the emotional bond with parents; improving language, social skills, and behaviors; lowering conduct problems and anxiety; and enhancing touch tolerance, routine tasks, and communication with parents.

### 4. Insomnia

Insomnia and sleep disorders can benefit from massage as well. For example, foot massage with acupuncture improved sleep quality for patients with insomnia. Massage improved sleep quality and life quality of end-stage renal disease patients suffering from sleep disorders. Advanced cancer patients receiving massage also improved their sleep and experienced reduced depression.

### 5. Immunity

Scientific research is uncovering the link between massage therapies and immunity. A study of aromatherapy massage showed immune properties and psychological benefits. Swedish massage also increased immunity markers for healthy adults.

Massaged patients with HIV showed increased cytotoxic capacity (as illustrated with higher natural killer cell (NKC) numbers and cytotoxicity, and lymphocytes). Breast cancer patients receiving massage showed greater immunity (increased dopamine levels, NKC, and lymphocytes).

Aromatherapy massage can be beneficial for the immune systems of colorectal cancer patients undergoing chemotherapy, by increasing the number of lymphocytes and reducing common symptoms of pain, stress, and fatigue. Massage also improved well-being

and helped to delay symptom progression in Parkinson's disease patients.

### 6. Cancer

A meta-analysis of 14 cancer studies demonstrated multiple benefits—including decreased pain, nausea, anxiety, depression, anger, stress, and fatigue—when massage was used as a treatment. Massaged cancer patients reduced their pain, symptom distress, and anxiety.

In a meta-analysis of 559 patients (12 studies), massage relieved cancer pain, particularly surgery-related. Touch therapies showed positive outcomes during bone marrow transplants. Breast cancer patients experienced lower nausea depression and neuropathy (nerve damage) from cancer treatments as well due to massage.

### 7. Knee Osteoarthritis

A study of 59 seniors found they experienced short-term relief from knee pain intensity, stiffness, and greater physical function with an aromatherapy massage. Osteoarthritic knee patients, who massaged their knee with ginger oil, reported lower knee pain and increased knee function.

Swedish massage helped those with knee osteoarthritis improve in pain severity, stiffness, physical function, range of motion, and time (seconds) to walk 50 feet.

Sixty osteoarthritis patients randomly assigned to Thai massage, Thai herbal compress, or oral ibuprofen had similar improvements in pain, stiffness, function, and climbing steps. Massage remarkably has been shown to be an effective natural alternative to drugs (some with long term side effects) for relief of osteoarthritis in the knee.

### 8. Lower Back Pain

Massage benefited lower back pain patients, according to a meta-analysis of eight studies and the improvements lasted for at least a year. Massage with stretching was also shown to reduce lower back pain intensity and increase range of motion. A randomized trial of 262 subjects with chronic lower back pain confirmed the benefits of massage to those from 20-70 years old.

### 9. Headaches

In a comparison study of the drug Amitriptyline, massage significantly benefited those who experienced chronic tension-type headaches (CTTH) by decreasing pain intensity and lowering tissue hardness. CTTH sufferers receiving neck/shoulder massages also lowered headache frequency and duration.

### 10. Stress

In a review of 21 studies, massage increased relaxation in seniors. Touch managed dementia symptoms including restlessness and stress. In healthy adults, research showed that massage decreased heart rate, blood pressure, and stress; improved muscle tension and emotional state; and increased oxygen exchange (lower chance of fatigue, restlessness, shortness of breath, high blood pressure) and relaxation.

### Massage Benefits

Massage has scientifically proven benefits for healthy adults to de-stress and improves depression, cancer, immunity, knee/back problems, insomnia, and headaches for those afflicted with these conditions. Autistic children and premature infants also benefit from massage treatments. For more information about the wide-ranging benefits of massage, please see the GreenMed-Info.com Massage/Therapeutic Touch Research Database.

*Dr. Diane Fulton is Emeritus Professor at Clayton State University. She holds Ph.D./MBA in Business (University of Tennessee-Knoxville) and B.S. with Math/Secondary Education majors (University of Wisconsin-Milwaukee). She authored 10 books, over 50 articles, and is now writing children's books about the body, mindfulness, and cross-cultural awareness. This article was first published on GreenMedInfo.com*



Massage can soothe a stressed mind, and also ease pain from a variety of conditions, improve premature infant outcomes, and alleviate postpartum depression.

## Catching ZZZs Instead of the CCP Virus

Getting good sleep can be important in warding off the flu or flu-like symptoms

BARRY KRAKOW

Have you ever awakened from sleep and felt so sick you imagined you had the flu? Then you went back to bed, fell fast asleep, and woke up completely recovered from all your symptoms? What started out feeling exactly like the flu—chills, headache, achy muscles, tiredness, scratchy throat, congestion, and feverish skin—somehow vanished after a few hours of solid sleep.

What explains this dramatic episode of "sickness" and "recovery?" Answering this question will provide insights into how we understand a genuine flu illness, like the CCP virus causing the pandemic. And, as we pull back the covers on these mysterious episodes, we'll unravel a few sleep secrets along the way.

### Cytokines: Our Immune System's Alarm

Most of us have suffered through this flu-like experience at least once. However, many people regularly live through these episodes, which are typically caused by unrecognized sleep disorders that block solid states of sleep known as high-quality sleep.

In the simplest explanation, this flu-like symptom cluster can occur for some people after just one night of horribly broken up sleep or no sleep at all. When the person wakes up, he or she declares, "I feel sick" and wants to rush back to bed hoping to repair the damage.

After gaining some high-quality sleep, they reverse the process and feel fine.

Make no mistake, sleep is extraordinarily powerful medicine. It is crucial to our body's repair and regeneration cycle.

The human body's inflammatory response can help explain these similarities between getting the flu and suffering from poor sleep. And, the most telling place to investigate is our bodies' first line of defense against infectious agents: cytokines.

When bacteria and viruses invade the body, the affected tissues release special biomolecules that conduct a reconnaissance mission to detect where trouble's afoot. These cytokines are released at the site of invasion and let other cells know an attack is underway and must be combated. Two of the most

common cytokines are interleukin-1 beta (IL-1β) and tumor necrosis factor-alpha (TNF-α).

Obstructive sleep apnea (OSA) also triggers the release of IL-1β and TNF-α. So, like flu, OSA causes a systemic inflammatory response in your body. Making matters worse, the cytokines triggered by this sleep breathing disorder directly attack the upper airway tissues through the friction caused by breathing in and out through a collapsing airway.

**In the 1990s, we learned that sleep fragmentation—a broken sleep pattern that destroys the brain's capacity to rest—also caused severe damage to mind and body.**

It is important we don't overlook that in the early stages of sickness like the flu, the symptoms we experience are largely the result of the body's immune system trying to combat the bug.

These cytokines trigger changes in cells and fluids in the tissues under attack or near those tissues. The changes are what cause redness, swelling, congestion, and pain—all of which produce the flu-like symptoms we've been describing.

Skimping on sleep or suffering from an untreated sleep disorder such as OSA can, therefore, mimic an attack and initiate the inflammatory cascade with symptoms similar to catching the flu.

### Sleep Fragmentation: A Broken Healing Process

When OSA was first discovered, most investigations reported dangerous disruption to oxygen levels in the bloodstream, because only serious forms of sleep-disordered breathing were recognized.

In the 1990s, we learned that sleep fragmentation—a broken sleep pattern that destroys the brain's capacity to rest—also caused severe damage to mind and body. Researchers found this disruptive breath-



Many people regularly live through these episodes, which are typically caused by unrecognized sleep disorders that block solid states of sleep known as high-quality sleep.

ALEXANDRA GORNI/UNSPASH

ing pattern during sleep causes your brain and body to cycle back and forth between being asleep and being awake which ultimately robs you of the deep restorative sleep your body needs to reset and rejuvenate at a cellular level.

Sleep apnea patients also suffer elevations in other biomolecules or cells designed to fight infections. For example, a white blood cell marker known as the neutrophil-to-lymphocyte ratio is elevated in OSA patients and signals chronic inflammation. Fortunately, usually a very brief treatment of obstructive sleep apnea can help decrease this neutrophil-to-lymphocyte ratio.

Another study, known as a meta-analysis, examined results from five different works, all investigating C-reactive protein (CRP), a common biomarker tested in clinical practice to gauge inflammation in medical conditions. The findings showed CRP was elevated in OSA patients. The authors theorized both the throat (pharynx) and whole body were subjected to greater inflammation due to OSA. No surprise, CRP is also invariably elevated in respiratory or viral illnesses such as influenza.

The take home message from this research is that OSA patients have greater risk or susceptibility to upper respiratory tract infection or dysfunction, such as chronic colds and sinus infections, chronic cough, pharyngitis (sore throat) and various forms of nasal congestion. They also

have a greater likelihood of experiencing immune responses that mirror those triggered by these upper respiratory conditions.

**A Dangerous Connection** Although there is no research on OSA and the CCP virus, a study in the past year on OSA and influenza yielded pivotal findings.

Patients with influenza who also had a prior diagnosis of sleep apnea ended up in the ICU more commonly when compared to any other factor studied in a group of hospitalized patients.

Moreover, sleep apnea patients manifested the highest odds ratios (a statistical term) confirming the greater likelihood of ending up in the ICU when OSA is present compared to all other factors studied. The researchers offered reasons to explain how sleep apnea patients end up in the ICU after developing influenza, including decreased breathing quality that weakens lung function, dysfunction of the inner lining of blood vessels, inflammation and oxidative stress.

Unfortunately, no information was available on whether patients were prescribed a CPAP device, considered the gold standard OSA treatment, or if they were using CPAP prior to the onset of their illness.

I believe this information about the possible connections between OSA and admittance to the ICU could prove highly relevant in the current pandemic. As you know, across the globe

there are huge concerns about shortages of ICU beds to manage CCP virus patients who need ventilators. Confirming whether these COVID-19 patients might also be diagnosed with sleep apnea, is important if such information predicts their chances of needing intensive medical care.

If OSA is a relevant factor, it raises questions on how quickly and effectively sleep apnea needs to be treated. Many of these CCP virus cases are likely to be among individuals previously undiagnosed with OSA. We know this latter statement's veracity because sleep apnea is a significantly under-diagnosed medical condition.

Summing up, sleep is a big deal and sleep is powerful medicine. If your sleep is compromised by sleep apnea, you may have a greater risk of getting sick or becoming sicker. I strongly encourage anyone experiencing symptoms of the CCP virus to discuss your sleep issues and problems with your healthcare professionals. For once in my career, I would strongly encourage you "not to sleep on it."

*Barry Krakow, MD is a board-certified internist and sleep medicine specialist who has practiced clinical sleep medicine and conducted sleep research for 30 years. He has pioneered innovative treatments for common sleep disorders and hosts the website [www.BarryKrakowMD.com](http://www.BarryKrakowMD.com). He lives in Savannah, Ga.*



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# Vaccine Officials Struggle With Public Trust Amid Lacking Science

Better safety monitoring and regulation are key to ensuring vaccine effectiveness and public participation

CONAN MILNER

**News Analysis** The pandemic that began in China after the Chinese Communist Party (CCP) suppressed news of the virus, now threatens the lives of millions of people. But what will it mean to the world's people when a vaccine for this CCP virus becomes available?

For those that catch and survive the CCP virus, often called the novel coronavirus, future infection will be less of a worry. For those that escape catching it, they must ask themselves whether catching the virus, and gaining natural immunity to it, is worth the risk should a vaccine become available.

The answer will hinge on good information. For example, what is the quality of the vaccine, what are its side effects, and importantly, what is the risk should they catch the virus. Unfortunately, that information will not likely be available in the needed quality or quantity, as in general hard data on vaccine safety is hard to come by.

When a vaccine does become available, it is possible it will be rushed and heavily marketed. While that may comfort some, it will likely further unsettle those concerned about vaccine safety.

Public vaccination programs are facing a fall in public trust in the United States, which mandates double the number of vaccines of many other developed nations. For drugmakers, the financial immunity granted to them by the 1986 National Childhood Vaccine Injury Act means the risk of putting out a bad vaccine is minimized, while getting a new vaccine mandated is highly profitable.

That scenario is one fact contributing to public uncertainty. Now public health officials are struggling to find a way to restore public trust as problems in the regulation, marketing, and development of vaccines become more widely known.

## Public Relations

### Versus Internal Concerns

The World Health Organization (WHO) released a video on Nov. 28, 2019, designed to bolster vaccine confidence. The video features WHO Chief Scientist Dr. Soumya Swaminathan describing vaccination as a medical treatment with virtually no downside—only benefits. She explains that vaccines “prevent disease without risks” because of “robust vaccine safety systems” that “allow health workers and experts to react to any problems that may arise.”

“Vaccines are one of the safest tools we have to prevent disease and ensure a healthy future for all children,” Swaminathan said.

The video assures viewers that hard data and rigorous science underlie all vaccination programs. But just five days after the video's release, at the WHO's annual Global Vaccine Summit in Geneva Switzerland, Swaminathan painted a far less reassuring picture. Before a panel of world health experts, Swaminathan said the evidence needed to substantiate vaccine safety claims was not nearly rigorous enough.

“I think we cannot overemphasize the fact that we really don't have very good safety monitoring systems in many countries,” Swaminathan said to the panel. “And this adds to the miscommunication and the misapprehensions because we're not able to give clear cut answers when people ask questions about the deaths that have occurred due to a particular vaccine, and this always gets blown up in the media.”

Swaminathan called for several steps needed to bridge the gap between claim and reality, such as more cohort studies and close monitoring of new vaccines. She says such efforts would allow for quick corrective actions when necessary, and clear explanations that quell concerns when they arise.



THE FINANCIAL IMMUNITY GRANTED TO DRUGMAKERS BY THE 1986 NATIONAL CHILDHOOD VACCINE INJURY ACT MEANS THE RISK OF PUTTING OUT A BAD VACCINE IS MINIMIZED WHILE GETTING A NEW VACCINE MANDATED IS HIGHLY PROFITABLE.

## Safety Science and Public Awareness

This call for more facts and transparency in regard to vaccines was a major theme at the WHO vaccine summit. The approach comes as officials discover that, in an age where people can easily access sources and figures that challenge the statements of governments and drug companies, public trust no longer comes as easily as it used to.

Previous efforts to simply denounce vaccine skeptics as irrational anti-vaxxers have also begun to backfire, warned Heidi Larson, head of the Vaccine Confidence Project at the University of London.

“One of our biggest challenges I think now is getting rid of the term ‘anti-vax,’ getting rid of the hostile language, and starting to have more conversations,” she said.

“There's a lot of safety science that's needed. And without the good science, we can't have good communication,” she said.

Experts believe a more open strategy will ultimately win back public trust, even if the record it shows isn't perfect. Swaminathan said the public has shown it understands that reality.

“As we've seen in the history of many drugs, we learn about adverse events only after the drugs have been licensed and introduced into the population. So I think that risk is all always there, and the population needs to understand that, and feel confident that mechanisms are being put in place to study some of those things,” she said.

If health experts can't deliver clear answers, skeptics and critics can take the opportunity to spotlight the risk of side effects and adverse reactions associated with a vaccine, Swaminathan said. This can severely hurt public support and vaccine compliance.

One example is found in India, with resistance to the HPV vaccine. In 2010, seven girls died during a pilot program to introduce the product to the country.

A government investigation concluded that the deaths were unrelated to the vaccine, but the incidents made the public extremely hesitant to try it for themselves.

“The HPV vaccine introduction basically got derailed by over a decade now, because of the association, so it can be very, very damaging for a country's introduction,” Swaminathan said.

## Calculating Risk

At the heart of the vaccine debate is the issue of adverse events. The conventional wisdom is that genuine vaccine injuries are extremely rare. But this belief is held while hard evidence is scanty.

Identifying a clear number of injuries that could end this argument is impossible because objective data is poor. Experts at the WHO summit highlighted the lack of “good science” and the inability of vaccine clinical trials to provide meaningful information about safety and risk.

One major issue is the comparative

lack of safety testing that vaccines are subjected to compared to pharmaceuticals, even though vaccines are administered to pregnant women and infants at critical stages of development with relatively weak immune systems.

Vaccines are classified as biologics rather than drugs. For that reason, they aren't put through double-blind placebo testing as drugs are, and vaccinated populations aren't compared to unvaccinated populations, which would provide assurance that vaccines don't cause secondary illnesses or compromise immunity to other diseases.

One verifiable measure is the over four billion dollars the U.S. government has paid out to victims identified by the federal vaccine court the 1986 National Childhood Vaccine Injury Act tasked with compensating individuals who have been injured by vaccines.

While health experts insist that adverse events are rare, the true scope of injury remains unclear. A study funded by the U.S. Department of Health and Human Services concluded that in the United States, fewer than one percent of vaccine injuries are reported.

## HPV Vaccine Injuries

How to identify a true adverse reaction is also in dispute. Doctors and patients from several countries point to alarming numbers of injuries associated with the HPV vaccine in particular. But Larson claimed that girls in countries around the world were having similar psychosomatic reactions to the HPV vaccine because of watching YouTube videos showing the reaction.

According to a WHO database from April of 2018, over 85,000 reports of adverse reactions were linked to the HPV vaccine, the majority of which resulted in nervous system disorders. But later that year, the WHO revised how adverse events were classified. They declared that only reactions that have been acknowledged in epidemiological studies are regarded as a genuine vaccine-related reaction.

New WHO rules state that any deaths observed during post-marketing surveillance are not considered to be “consistent with causal association

with vaccine,” if there were no statistically significant increase in deaths recorded during trials.

This means that, after a vaccine is licensed, any supposed reaction not detected in trials is labeled as “coincidental deaths/events” or “unclassified.”

## Safety Monitoring

Meanwhile, the post-licensing surveillance system in the United States, the Vaccine Adverse Event Reporting System (VAERS), was found unreliable by the IOM (Institute of Medicine) in its 2012 Adverse Effects of Vaccines: Evidence and Causality study.

The IOM rejected the findings of a study that seemed to link neurodevelopmental disorders to a thimerosal-containing DTap vaccine.

“This one study (Geier and Geier, 2004) was not considered in the weight of epidemiologic evidence because it provided data from [the VAERS] passive surveillance system and lacked an unvaccinated comparison population,” read the study.

While problems with post-licensing are acknowledged, they have yet to be addressed.

Meanwhile, the WHO's new classification helped improve the perception of safety but an article published in the journal F1000Research suggests that actual safety measures may suffer as a result.

“The Global Advisory Committee on Vaccine Safety has documented many deaths in children with pre-existing heart disease after they were administered the Pentavalent vaccine. The WHO now advises precautions when vaccinating such children. This has reduced the risk of death. Using the new definition of causal association, this relationship would not be acknowledged and lives would be put at risk,” wrote Drs. Jacob Puliyel and Pathik Naik.

With the world now experiencing the consequences of a pandemic, inconsistencies like these—which seem to put public safety secondary to public confidence in vaccine programs—exemplify the problems that Swaminathan and Larson have pointed toward. This will likely pose a major challenge to any future vaccine marketed in response to the CCP virus.



PUBLIC TRUST IN VACCINATION PROGRAMS HAS FALLEN IN THE UNITED STATES.



PYUNKANG KOREAN MEDICINE HOSPITAL

## Pyunkang Korean Medicine Hospital's Innovative Treatments

Bian Que, one of ancient China's most esteemed medical doctors, once shared a profound insight into what truly effective medicine looks like.

Bian Que lived from 407-310 B.C. and became famous during the Warring States Period. His two brothers were also famous doctors. The emperor of the Yuan Dynasty once asked which of the three brothers was the best doctor. Bian Que said he treats patients suffering from illness, but his older brother knows a serious illness is coming down on the patient and removes the cause before the patient gets sick. Though the patient did not even know that his older brother treated him, he was the most effective. The treatment of serious diseases is important, but this ancient anecdote emphasizes the importance of preventing disease to ensure quick treatment.

Dr. Seo Hyo-seok, clinical director of Pyunkang Korean Medicine Hospital, says preventing disease and strengthening immunity are what can truly overcome the “era of viruses.” Specifically, the key is to strengthen the tonsils, the gate leading to the heart and lungs, and the front-line defender of our body.

Amid the continuing COVID-19 outbreak, Seo Hyo-Seok, clinical director of Pyunkang Korean Medicine Hospital, has drawn attention to tonsils and lung health in preventing disease.

Coincidentally, the name of Bian Que is the combination of “tonsils” and “magpie.”

**REPORTER:** With the COVID-19 outbreak, there's a huge interest in lung health.

**DR. SEO HYO-SEOK:** Living means you're breathing. In the course of breathing, all kinds of viruses get in. The respiratory tract is the primary path for invading germs. Tonsils are like a military unit that protects the throat and helps the immune system filter out harmful invaders. Weakened tonsils can't resist external viruses and this can allow many diseases to develop. When the lungs are clean, the tonsils become stronger, and healthy white blood cells protect our body from external pathogens. This also keeps our immune system in fighting form. In Chinese medicine, there is a term called the pulmonary cycle. It means the lung is the organ that controls the body's strength.

**REPORTER:** One of the reasons I'm afraid of COVID-19 is that it can lead to lung damage, such as pulmonary fibrosis, even after a full recovery.

**DR. SEO:** Because it is a new virus, I can't say for sure, but it will damage your lungs to some extent. Lung damage can lead to severe lung diseases such as pulmonary fibrosis and COPD. Modern medicine often gives people with lung



fibrosis just two to three years to live, but it can actually be cured. But I recommend prevention. Any disease can be prevented in an easy and relatively short period of time, but treatment takes a long time and is difficult to cure. For example, if prevention takes about a year, complete recovery takes five to six years. It is the philosophy of Pyunkang Korean Medicine Hospital to eliminate the causes by focusing on the fundamental improvement of immunity. It is my belief that eventually “my body cures me.”

**REPORTER:** In the end, you focus on the importance of immunity.

**DR. SEO:** There have been repeated outbreaks of SARS, swine influenza, MERS, and COVID-19. And even if we get through this now, we don't know what the virus is going to look like in five years. If the body's immune system and self-healing capacity are undermined, there's no way to stop bacteria from attacking our body. There are two stages of body immunity. The first is that in a healthy way, the white blood cells with bright eyes prevent germs and viruses. The second is that the intestinal microbes fight and win against harmful bacteria. So we support these functions.

**REPORTER:** Atopic dermatitis, rhinitis, and asthma are typical chronic diseases that degrade the quality of life for modern people. Can they be treated?

**DR. SEO:** There are no drugs to cure rhinitis, asthma or atopy. There is no way to just get rid of the fog, but as the sun rises, it is bound to disappear. Likewise, when your lungs get better, you get stronger, you get healthy lymphocytes, and your body can overcome rhinitis, asthma, and atopy. It is not a temporary relief, it is a body that can find the cause and overcome it. To be honest, I was surprised to get over my atopy. But when you look at atopic patients, they often don't sweat and have clogged hair follicles. In Chinese medicine, there is a saying that the

Dr. Seo Hyo-seok, is the clinical director of Pyunkang Korean Medicine Hospital. He developed the herbal supplement Pyunkang-Hwan through decades of clinical research, and has brought health to over 160,000 patients of rhinitis, asthma, skin conditions, and severe lung diseases patients from around the world.

lungs control the skin and hair. If it is good for the lungs, the pores and hair follicles open, and the waste hidden under the skin can escape.

**REPORTER:** What's the most difficult thing about treating patients?

**DR. SEO:** Western medicine works quickly. Patients would say, ‘I am used to it’ and often ask for immediate effects. But it takes time to save the broken lung cells and clean them up with medicinal herbs. If you clean up your lungs for about a year, your lung cells will come alive like a bud in an old tree.

**REPORTER:** Tell us about the idea of medical food.

**DR. SEO:** Medical food is a term that contrasts with medical medicine. Synthetic drugs are usually divided into antibiotics, painkillers, sedatives, and so on. Antibiotics are used to kill bad germs, but the problem is that good germs, like our intestinal microbes, die with the bad germs. If you take antibiotics for a long time, you can lose your immunity. One of the best anti-inflammatory drugs is steroids, which also have significant side effects. Painkillers and sedatives are also far from being cures. They alleviate the symptoms but over time you develop side effects and drug resistance, sometimes requiring additional drugs. But medical food helps the body overcome illness. They strengthen the body's ability to fight disease and heal. These are all-natural foods that strengthen your immune system. This is especially true of root vegetables.

**REPORTER:** Some people say that Oriental medicine is not scientific.

**DR. SEO:** That is why I have made a lot of effort to objectively prove the ingredients and efficacy of herbal treatments. The thesis and research results were published in JTCCM, an SCI-class international journal of international studies, saying, “Pyunkang-Tang & Pyunkang-Hwan extracts improve respiratory inflammatory bulimia and philomycin-induced pulmonary fibrosis caused by air pollutants.” It was recognized as a non-toxic food product through analysis by a research institute registered with the U.S. Food and Drug Administration (FDA).

Seo Hyo-Seok is the clinical director of Pyunkang Korean Medicine Hospital Socho head office, he is a professor of Oriental medicine at Kyung Hee University, vice president of Korea Global Healthcare Association, and director of the Korea AIDS Prevention Association. He is a former chairman of both the Dongdaemun-gu (Seoul) branch of Association of Korean Medicine and the Association of Korean Medicine's drug screening committee.



THE LOGO OF THE WORLD HEALTH ORGANIZATION ON THE FACADE OF ITS HEADQUARTERS IN GENEVA ON OCT. 24, 2017.

FABRICE COFFRINI/AFP VIA GETTY IMAGES



WHO Chief Scientist Dr. Soumya Swaminathan.

MINISTRY OF HEALTH AND FAMILY WELFARE (GOV/INDIA)



**I'm most fortunate to have discovered the importance of examining my heart in a quest to return to the pure and simple state of mind I once had.**

#### SELF-CULTIVATION

# Returning to a Child's Heart

Looking inside to improve my character has lightened my heart and eased my hardships

#### TATIANA DENNING

*"The unexamined life is not worth living." — Socrates*

#### A Child's Heart

When I was little, I was rather shy and reserved, preferring to stay in the background and observe. While I had some friends, I was just as content to do my homework, or spend long hours reading on my bed, as I was doing anything else.

If others were unkind to me, I didn't think too much on it, and easily let things go. I wasn't unkind to others in return and never held a grudge. It didn't even occur to me to be this way.

I always listened to my parents and teachers and followed the rules closely. I thought of others first and tried to do what I could to be helpful. I believed others were good, even if on the surface they sometimes might not seem to be. I knew the difference between right and wrong, and doing the right thing came naturally and easily.

Like my state of mind, life was simple and uncomplicated.

#### Growing Up

As I grew older, my self-interests also grew. My desire to have fun and do what I wanted began to take precedence over being helpful, or even doing the right

**I've come to understand that it's important to look closely at myself, rather than pointing a finger at others for their wrongdoing.**

(Meditation image, right) Falun Dafa guides practitioners to look inside and evaluate themselves by the principals of truthfulness, compassion, and forbearance.

thing at times. As a result, I sometimes did things that I later regretted.

But when I compared myself to others, I thought I wasn't doing so badly. After all, I still tried to be kind and help others. But my standards for myself were not what they once had been.

I was often told I needed to toughen up, to not let others walk all over me, and to speak up for myself, lest I be taken advantage of. During my family medicine residency in Philadelphia, a classmate even suggested I move back to the gentle south after training, or else the city would eat me alive.

I grew to believe these things and felt that if someone wronged me, instead of letting it go, I should speak my mind. As my tolerance diminished, my feelings of competitiveness and jealousy grew, though I didn't know it at the time. I became more easily annoyed, and harbored bad feelings toward others, even over small things.

#### Selfishness

As my selfishness grew stronger, my patience and compassion weakened. Even so, I still believed I behaved better than

others. I often looked down on others, enabling me to justify my own bad behavior.

Many things were deeply buried, such as my desire to show off and my concern for what others thought of me, and

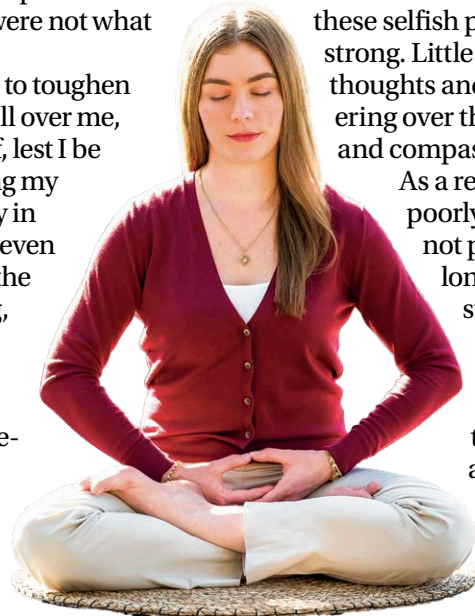
these selfish parts grew to be quite strong. Little did I realize, these thoughts and behaviors were covering over the true me, the kind and compassionate me.

As a result, I often slept poorly and my mind was not peaceful. Life was no longer as simple and straightforward as it had been when I was young. My heart was uneasy, and I sometimes didn't feel good about myself deep down inside.

Difficulties would come to help me understand where I needed to improve, and while I did make some changes, I would become complacent again when things eased up, once more relaxing my standards for myself.

#### Learning to Examine My Heart and Mind

Today, I'm most fortunate to have discovered the importance of examining my heart



# Covid-19 Could Lead to an Epidemic of Clinical Depression

Continued from Page 9

from the crisis harder across a spectrum of needs.

Given depression's impact on motivation and problem-solving, when our economy recovers, those who are depressed will have a harder time engaging in new goal pursuits and finding work. When the period of mandated social isolation ends, those who are depressed will have a harder time re-engaging in meaningful social activity and exercising.

When the threat of coronavirus infection recedes, those who are depressed will face increased immunological dysfunction, making it more likely they will suffer other infections. Depression amplifies symptoms of chronic illness. The inequitable distribution of the bur-

den of the crisis will exacerbate existing racial health disparities, including disparities in access to depression treatment.

#### What to Do?

Self-help suggestions are readily available. Evidence-based self-help priorities include staying connected with people, doing things that make you genuinely feel good, exercising, eating well, getting plenty of sunshine, and challenging negative thinking rather than simply accepting those thoughts. Often, however, self-help encouragement for depression are not enough for those who are truly struggling.

Economic relief measures from the federal government are crucial responses both to the economic recession and psychological depression. A

public health campaign can increase awareness of depression and treatment options. Improvements in mental health sick-leave policies and insurance reimbursement can also minimize barriers to treatment access.

The distress we feel is a normal human response to a severe crisis. Acknowledging and accepting these feelings prevents distress from turning into disorder. Describing depression solely as a brain disease increases helplessness and substance use among those who are depressed and decreases help-seeking.

It is important to emphasize that what happens around us can cause depression and matches how depressed individuals across different ethnicities view the causes of their suffering, decreases stigma and increases help-seeking.

We recommend specific treatment options be prioritized. Applicable and effective treatment options exist. Ideally, an army of practitioners would be trained and embedded in community and treatment centers across the country, and this army would represent the great diversity of our country.

Depression costs the U.S. economy US\$210 billion yearly. That is under normal conditions. An epidemic of depression requires a multi-faceted, multi-level response.

*Jonathan Kanter is the director of the center for the science of social connection at the University of Washington, and Katherine Manbeck is a doctoral candidate of psychology at the University of Washington. This article was first published on The Conversation.*

in a quest to return to the pure and simple state of mind I once had. This is thanks to an ancient practice known as Falun Dafa, also called Falun Gong.

Falun Dafa is a mind-body practice for self-improvement and good health, and while it originated in China, it's now practiced the world over. The practice, taught by Mr. Li Hongzhi, teaches one to live by the principles of Truthfulness (Zhen), Compassion (Shan), and Forbearance (Ren) and focuses on improving one's heart and moral character. An introductory video on the practice can be found online.

I've come to understand that it's important to look closely at myself, rather than pointing a finger at others for their wrongdoing. It's not easy, and sometimes it's even painful. I've uncovered things that I didn't know were there—selfish things. Many things that I saw in others, things that often annoyed me, were, in fact, things within me.

#### Genuine Self-Improvement

To genuinely improve, we must acknowledge those parts of ourselves that we normally try to hide, even from ourselves. This is the only path to true change.

I now understand the need to measure myself against what is truly right and wrong, rather than comparing myself to others. Looking at what my values are has been a part of this process.

Determining my values and who I want to be has helped me look at myself clearly and honestly, and work to change my heart. As I improve myself, my relationships with others improve, and my heart feels lighter.

I've discovered that when I let go of selfishness, my mind becomes calmer and my worries become fewer.

I'm also learning to follow the flow of life and go with what life naturally brings, rather than trying to resist and force things to go as I think they should. This seems to yield the best results.

"The ancients recognized that all life follows the rhythm of the universe. It's the wise person who internalizes this rhythm, harmonizes with the surrounding all, and conforms what he does to the flow of life, the Tao," writes psychiatrist Abigail Brenner in *Psychology Today*.

#### Better Health

It's believed that what's on the inside manifests outside. Therefore, the heart and mind have significant roles to play in one's health.

Since practicing Falun Dafa, I have experienced dramatic and unexpected improvements in my health.

As a teenager, I was diagnosed with scoliosis. The curvature of my spine was so severe that, in order to try to avoid major surgery, I had to wear a back brace twenty-three hours a day, seven days a week, for over two years.

Although I was able to avoid surgery, my back pain progressively worsened, and I often found myself irritable due to the constant aching and burning. Despite deep massage, stretches, strength exercises, and even an inversion table, my pain was unrelenting. It

became an unavoidable part of life.

After studying Falun Dafa and doing the exercises regularly, I realized one day that my back no longer hurt like it had. This improvement continued, and I now no longer have back pain, something I'd once thought impossible.

I'd also had gallbladder attacks multiple times in the past, and this too resolved, along with the hormonal issues I'd once dealt with. I now sleep soundly and have all the energy I need to get through my day, something I'd always lacked. There are many stories of practitioners experiencing health benefits, some of which are truly amazing.

In Falun Dafa it is said that if one repeats, with a sincere and genuine heart, the following words, that it will bring one blessings and protection:

"Falun Dafa is Good. Truthfulness, Compassion, and Forbearance is Good." Even those who don't practice Falun Dafa have seen their health and other situations improve from sincerely repeating these words. In these uncertain times, as the world deals with a viral pandemic, perhaps you, too, can give it a try. As a recent video points out, while doing this may seem simple, or even hard to believe in these modern times, what have you got to lose?

#### A Guide to Self-Examination

So when examining our hearts and minds, where do we begin?

While there are different approaches, similarities can be found. Pastor Yme Woensdregt writes on five ways St. Ignatius advised for self-examination, and converts the saint's recommendations into more secular words:

1. Become aware that we live in a vast universe in which we do not live for ourselves alone, a universe that we share with other people, other creatures, and forces which we cannot see or understand.
2. Become aware that our actions and words are determined by our upbringing, our culture, our origins, and that they have an effect on other people and indeed all of nature.
3. Review your day. Recall specific moments and your feelings at the time.
4. Reflect on what you did, said, or thought. Were you becoming more clearly the person you wish you could be or were you regressing?
5. Look toward tomorrow. How might you continue to be a force for good in your world? Be specific, and conclude with silent reflection.

For my part, when I encounter any difficulty, I look within to see where I need to improve.

When my attachment to something is strong, when I desire to have things benefit me, or when I cling to my old ideas and habits, it can be difficult to see what I need to correct. But with determination and a strong awareness of my thoughts and motives, I'm able to see my attachments and selfishness and correct them.

By following the principles of Truthfulness, Compassion, and Forbearance, I find that I naturally become patient and kind, think of others first, and know and do the right thing.

Life isn't easy for any of us. Trials and tribulations inevitably come, sometimes small, sometimes large, and sometimes like a storm, with many raining down at once. Yet when I persevere, and view hardships as opportunities, as chances to do the right thing, even when it's painfully difficult to do so, I find myself better for it.

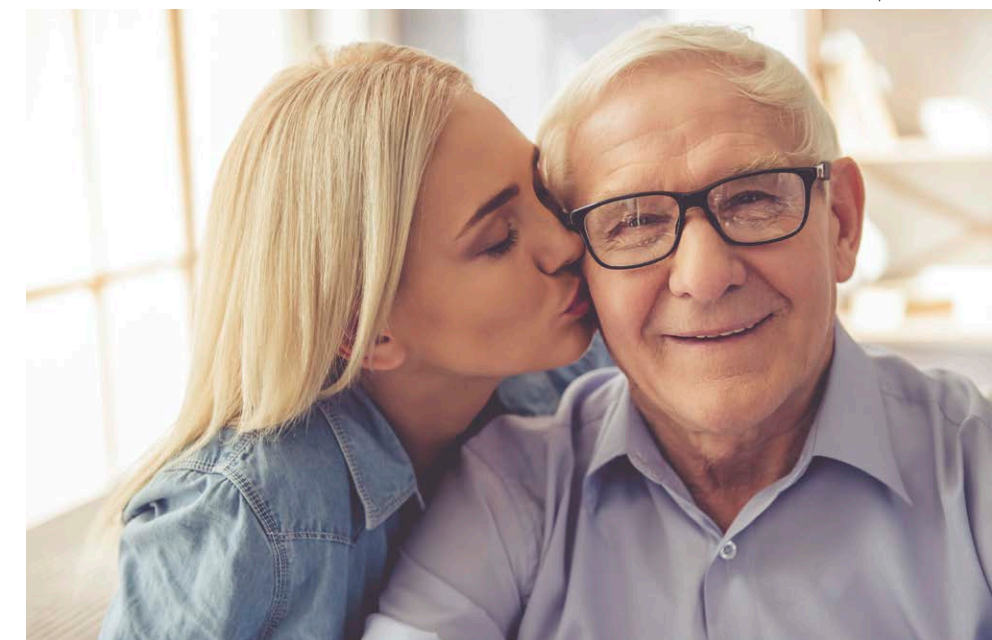
In the words of Carl Jung, "Your vision will become clear only when you can look into your own heart. Who looks outside, dreams; who looks inside, awakes."

No matter what one's belief, religion, or spiritual practice may be, the universal principles of Truthfulness, Compassion, and Forbearance are recognized by all as good and upright. Holding these in our hearts leads us to a place of self-reflection and self-improvement, and whatever our chosen paths may be, the world is naturally a better place when we improve our hearts.

There's still much I need to improve. Those I'm closest to help reveal my character most clearly, and also provide some of my greatest challenges. It's these types of challenges and this self-revelation that leads to the greatest improvements in my character.

The beauty in the difficulty is, I find that with each layer I peel back, it brings me one step closer to returning to the pure and simple state I once had, and as my self-interests dissolve, my true, original state gradually comes to emerge—the state of having a child-like heart.

*Tatiana Denning, D.O., is a family medicine physician who focuses on wellness and prevention. She believes in empowering her patients with the knowledge and skills necessary to maintain and improve their own health.*



# Should You Bring Mom and Dad Home From Assisted Living During the Pandemic?

Many factors affect the decision of whether to care for parents at home, including your capacity, their condition, and available care

#### JUDITH GRAHAM

Dr. Alison Webb took her 81-year-old father out of assisted living, to live.

Coleen Hubbard took her 85-year-old mother out of independent living, to die. With COVID-19 moving through facilities that house older adults, families across the country are wondering "Should I bring Mom or Dad home?"

It's a reasonable question. Most retirement complexes and long-term care facilities are excluding visitors. Older adults are asked to stay in their rooms and are alone for most of the day. Family members might call, but that doesn't fill the time. Their friends in the facility are also sequestered.

In a matter of weeks, conditions have deteriorated in many of these centers.

At assisted living sites, staff shortages are developing as aides become sick or stay home with children whose schools have closed.

Nursing homes, where seniors go for rehabilitation after a hospital stay or live long term if they're seriously ill and frail, are being hard hit by the coronavirus. They're potential Petri dishes for infection.

Still, older adults in these settings are being fed and offered other types of assistance. My neighbor's 80-something parents are at a continuing care community outside Denver. It has started a concierge service for residents who need to order groceries and fill prescriptions. Rehab centers also offer valuable services of physical, occupational, and speech therapists.

But would Mom or Dad fare better, even with all due social distancing, in the family home?

Of course, care there would fall squarely on the family's shoulders, as would the responsibility for buying groceries, cooking, administering medication, doing the laundry and ensuring the environment is free from potential contamination.

Home health care services could lend a hand. But they may not be easy to get because of growing demand, shortages of personal protective equipment, and staffing issues.

Another concern in bringing someone home: Some facilities are telling residents that if they leave, even temporarily, they can't return. That happened to a family in western New York, according to Roxanne Sorensen, a geriatric care manager with Elder Care Solutions of WNY.

When this family took their elderly parents out of an assisted living facility for a brief "stay-with-us" respite, they were told the parents had been discharged and had to be placed on a waiting list before they could return.

Sorensen has a client in her early 70s who's in rehabilitation at a nursing home after emergency surgery for a life-threatening infection. The facility is on lockdown and her client is feeling trapped and desperate. She wants to go home, but she's still weak and needs a lot more therapy.

"I've told her, 'stay here, get stronger and

when you go home you won't end up in the hospital or with disabilities that could put you back in a nursing home for the rest of your life," Sorensen said.

Those in nursing care who have cognitive impairments may become disoriented or agitated if a family moves them from an environment that feels familiar, said Dr. Thomas Cornwell, executive chairman of the Home Centered Care Institute. Some have behavioral issues that can't be managed at home.

Families with children need to think carefully about bringing an older parent home, especially if he or she has underlying chronic illnesses such as heart, lung or kidney disease, Cornwell said. "Kids, generally, even in the past few weeks, have been exposed to hundreds of others [at school]," he said. "They tend to be vectors of infection."

**Nursing homes, where seniors go for rehabilitation after a hospital stay or live long term if they're seriously ill and frail, are being hard hit by the coronavirus.**

Ultimately, every family must weigh and balance the risks. Can they give an older parent enough attention? Do they have the emotional and physical stamina to take this on? What does the parent want? Will the pangs of displacement and disrupted routines be offset by the pleasures of being around adult children and grandchildren?

Dr. Alison Webb, a retired physician, is a single mom raising a 3-year-old and a 7-year-old. Her father, Bob Webb, 81, has mild dementia and had been hospitalized for depression before she asked him to leave assisted living and move into her Seattle home.

"Initially he resisted. He feared change, and he was concerned that his stuff was going to be left behind and he wouldn't get it back, ever," Webb said. Even today, Bob talks about going back home to his apartment.

Webb said a geriatrician on a Facebook group for female physicians convinced her it was safer for her father to leave his assisted living center. "You'll do a lot better here with the grandkids. You can play games. There's a big yard. You can do some gardening," Webb said she told her dad.

There's another benefit. Because she's a physician, Webb said, she hopes "I'll notice if he's not doing well and take care of it right away."

Coleen Hubbard's mother, Delores, whom she described as "really resilient and really stubborn," had loved living in a

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# Should You Bring Mom and Dad Home From Assisted Living During the Pandemic?

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one-bedroom apartment in a Denver senior housing complex for the past decade. In October, Delores was diagnosed with endometrial cancer and decided not to have medical treatment.

“Mom had a lot of surgeries and hospitalizations in her life,” Hubbard said. “She was done dealing with the medical community.”

Every time Hubbard suggested her mother move in with her, Delores refused: She wanted to die in her own apartment. But then, a few weeks ago, serious pain set in and Delores asked the Denver Hospice to begin giving her morphine.

“That’s when I realized that we may be close to the end,” Hubbard said. “And I felt an incredible urgent panic that I had to get her out of there. Things were already starting to close [because of the coronavirus]. I could not fathom that she might be cut off from me.”

Hubbard prepared a room at home and found a small, tinny metal bell that Delores could ring if she needed help. “We made a lot of jokes about Peter Pan and Tinker Bell,” Hubbard remembered. “When she rang the bell, I’d come in and say, ‘Yes, m’ lady, what’s happening?’”

Five days after arriving, Delores passed away. “Grieving right now happens in a space of solitude and silence,” Hubbard wrote in a Facebook post. “Sure, there are texts and phone calls, emails and snail mail, but no embraces, no questionable casseroles delivered by neighbors, no gathering of family and friends



**Families with children need to think carefully about bringing an older parent home, especially if he or she has underlying chronic illnesses such as heart, lung or kidney disease.**

to share stories and memories.”

Amid the grief is relief that Delores had what she wanted: a death without medical interventions. “I’m pinching myself that we made that happen,” Hubbard said. “And I’m so glad we brought her home.”

Patricia Scott’s story is unfinished. The 101-year-old was living in a retirement community in Castro Valley, California, before her son, Bart Scott, brought her to his house in Santa Rosa, moving her into a spacious in-law apartment.

Asked how she felt about the change, Patricia Scott said, “I’ve never been particularly thrilled with the idea of homogenized residency.”

Yet, she longs for her two-bedroom apartment: “It’s just that everything is there. I know where [expletive] is. I miss my regular life.”

Bart Scott has four siblings, and they agreed that it was untenable to leave his mother alone during the coronavirus scare. “She is the matriarch of this family,” he said. “There are a lot of people who put a lot of store on her well-being.”

As for potential health threats, Patricia Scott is characteristically sardonic. “I was born in 1918, in the middle of the influenza epidemic,” she said, “and I think there’s a delicious irony that I could very well exit on this one.”

*Judith Graham is a contributing columnist for Kaiser Health News, which originally published this article. KHN’s coverage of these topics is supported by The John A. Hartford Foundation, Gordon and Betty Moore Foundation, and The SCAN Foundation.*

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