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THE EPOCH TIMES

# MIND & BODY

The basic premise is that eating the right foods (and cutting out the wrong ones) can enhance your body's self-healing capabilities.

Exploring the  
Body's Self  
Healing Super  
Power 4

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Natural Substances  
to Treat Gum Disease

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ALL PHOTOS BY SHUTTERSTOCK

Researchers now believe flax seed oil has the same coronary disease-fighting benefits as fish oil.



## FOOD AS MEDICINE

# Flaxseed Oil Versus Fish Oil for People With Diabetes

These oils are filled with healthy fats that have several benefits for diabetics

New research found the effects of flaxseed oil are comparable to those of fish oil supplementation in diabetic patients with coronary heart disease.

While fish oil supplementation has long been considered the gold standard of natural remedies in supporting cardiovascular health, flaxseed oil supplements are often used for other ailments including diabetes, cancer, osteoporosis, and neurological and autoimmune disorders.

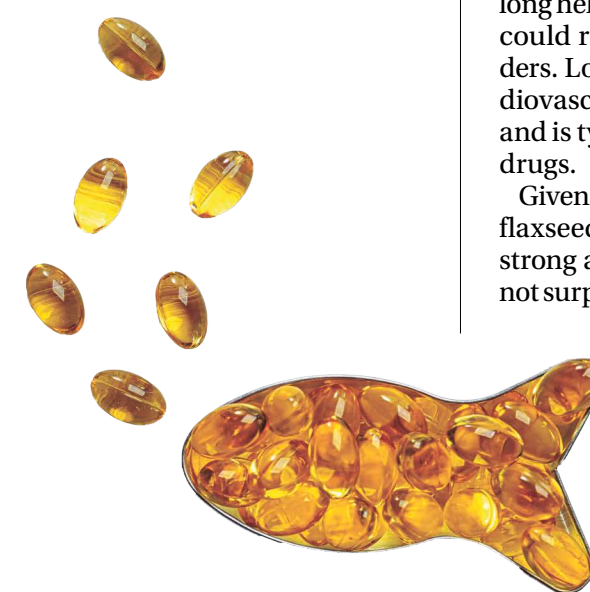
Although fish oil supplements have no serious adverse effects, some users find that fish oil causes bad breath, belching, upset stomach, acne, and loss of appetite, while other users complain about the strong taste. Others may prefer a plant-based option from which to obtain valuable omega-3 fats.

For these reasons, it would be helpful to have additional omega-3-rich substances to prescribe in place of fish oil. In this study, researchers found that flaxseed oil significantly reduced insulin levels in diabetic patients, which has significance for multiple ailments including polycystic ovarian syndrome.

## Flaxseed and Fish Oil for Coronary Heart Disease

During the study, participants were given either 1,000 milligrams (mg) of fish oil, 1,000 mg of flaxseed oil, or a placebo pill twice daily for 12 weeks. All participants

**For diabetics, flaxseed oil may be a similarly effective and safe supplement option to oft-prescribed fish oil supplements, without any of the fishy side effects.**



had Type 2 diabetes and were considered at risk for cardiovascular disease. In both the flaxseed and fish oil supplementation groups, patients experienced a significant reduction of insulin and nitrite levels and an increase in antioxidant capacity.

Additionally, participants taking flaxseed oil experienced a reduction in high-sensitivity C-reactive protein, a protein marker for inflammation in the body used to measure risk levels for heart disease and stroke. Based on these findings, researchers believe flaxseed oil to be equally effective in reducing coronary disease risk as fish oil.

This isn't the first study to find flaxseed oil effective in reducing insulin levels in Type 2 diabetics. In 2017, a similar report found that identical dosages of flaxseed oil (1,000 mg twice daily) not only reduced insulin levels but also improved gene expression levels in overweight diabetic patients compared with placebo following a 12-week period.

These results suggest that flaxseed oil could be taken instead of fish oil supplements to reduce the risk of heart disease in diabetic patients.

## PCOS, Coronary Disease, Diabetes, and Flaxseed Oil

Flaxseed oil has been heavily researched for its effects on numerous diseases and ailments, including polycystic ovarian syndrome (PCOS). PCOS affects hormone levels in women, causing a higher production of male hormones in women with the condition. These hormonal imbalances cause small cysts to grow on the ovaries, create menstrual irregularities, and can lead to infertility in some women.

PCOS is the most common endocrine abnormality in reproductive-age women in the United States, and researchers have long held that a reduction in insulin levels could reduce the effects of PCOS disorders. Long-term PCOS is linked with cardiovascular disease and Type 2 diabetes and is typically treated with anti-diabetic drugs.

Given the results of the study comparing flaxseed oil and fish oil and flaxseed oil's strong ability to reduce insulin levels, it's not surprising that researchers have found flaxseed oil to have beneficial effects on insulin metabolism in women with PCOS.

In a similar study, participants were given 1,000 mg of flaxseed oil omega-3 fatty acid supplements twice a day for 12 weeks and saw a similar reduction in insulin levels compared

to the results of the flaxseed-fish oil comparison study, suggesting that flaxseed oil could mitigate the long-term effects of PCOS by preventing diabetes and heart disease as well as reduce the risk of these diseases in Type 2 diabetics.

## Wound-Healing Benefits of Flaxseed Oil for Diabetics

Beyond flaxseed oil's ability to reduce the risk of coronary disease, flaxseed oil may reduce diabetic ulcer size.

In a 2017 study, patients receiving 1,000 mg of omega-3 fatty acid flaxseed oil supplementation saw a reduction in diabetic ulcer size and severity following a 12-week period, suggesting that flaxseed oil may play a beneficial role in wound healing by improving the metabolic profile of diabetic patients.

## Researched Benefits of Flaxseed Oil

A review by the National Standard Research Collaboration found that flaxseed and flaxseed oil have been studied for their effects on the following ailments: constipation, attention-deficit hyperactivity disorder, hyperlipidemia, coronary artery disease, cyclic mastalgia (breast pain), menopausal symptoms, breast cancer, hypertension, lupus, and human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS)

## Prostate Cancer

Many research reports on flaxseed oil supplementation study the effects of 1,000-mg dosages for 12-week periods, suggesting that flaxseed oil is effective at this dosage and provides relief when used regularly for a few months.

For diabetics, flaxseed oil may be a similarly effective and safe supplement option to oft-prescribed fish oil supplements, without any of the fishy side effects, or for those looking for a vegan option. To learn more about the benefits of flaxseed oil and its researched effects, visit the GreenMedInfo.com database.

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## Missing Sleep Apnea Link May Affect COVID-19 Outcomes

Wide-ranging effects from sleep apnea could undermine recovery for some patients

BARRY KRAKOW

If you've been hunkering down and watching the news, you probably know about the emerging developments on the CCP (Chinese Communist Party) virus, revealing many seriously afflicted cases—those in intensive care or dying—suffer from two common medical conditions: hypertension (high blood pressure) or obesity.

While these data are intriguing, we can drill deeper to learn more about these "co-occurring" conditions (or comorbidity in doctor-speak) to find additional links.

First, let's ask the obvious questions on how high blood pressure and obesity worsen COVID-19. Obesity patients suffer from systemic inflammatory processes burdening their immune systems; maybe the virus finds it easier to overwhelm an already compromised immune system.

High blood pressure, especially when ineffectively treated, damages large and small blood vessels. Specifically, the inner lining of vessels known as the endothelial layer becomes dysfunctional, no longer operating at full capacity to main-

tain the smooth flow of blood cells traversing the circulatory system. A compromised flow of blood prevents a healthy response to an infection.

Sounds credible, but might we uncover a deeper explanation? At the next level, most health care professionals know obesity causes hypertension, so is excess weight the real culprit? Perhaps, but I would like to examine the relationship between obstructive sleep apnea (OSA) and both obesity and hypertension.

Although these relationships are complex, obesity worsens sleep apnea, and sleep apnea causes and worsens hypertension. Coming full circle, many sleep researchers also think sleep apnea amplifies the negative influences of obesity such as exacerbating diabetes and kidney disease.

As OSA is a serious medical condition with critical relationships to obesity and hypertension, the two factors affecting morbidity (severity of illness) and mortality (lethality of illness) in CCP virus, commonly known as novel coronavirus, cases, by extension it makes sense to learn whether these patients are also suffering from undiagnosed and un-

Obesity patients suffer from systemic inflammatory processes burdening their immune systems; maybe the virus finds it easier to overwhelm an already compromised immune system.



Sleep apnea is more common among overweight people and those suffering hypertension.

treated sleep apnea.

OSA damages several major organ systems. Indeed, "obstructive sleep apnea" and "sleep-disordered breathing" are misleading names for this routinely undiagnosed sleep disorder. Yes, the condition blocks your airway and restricts airflow, but if you consider all the downstream mental and physical damage, a more comprehensive name would be "systemic sleep disorder of the brain, heart, lungs, and kidneys," and, even this name is too short.

There is compelling evidence to suggest OSA is a factor in many COVID-19 cases.

Sleep apnea begins in the upper airway, from the nostrils all the way down to the bottom of the throat or pharynx. At any point, restrictions in airflow disrupt breathing patterns. Having a broken nose or deviated septum, enlarged tonsils, excessive tissue in the back of the soft palate, or a large tongue all contribute to OSA. Greater collapsibility inside the throat caused by a large neck circumference is a

very strong contributor to OSA in an obese patient.

Sounds like a breathing disorder, doesn't it? Right, if that's all there were to OSA. Nonetheless, two more problems occur downstream when you cannot get enough air into your lungs while sleeping, and both could prove deadly over the long run. Health care professionals have only been trained to look at the first and most obvious damage caused by the decrease in oxygen getting into the bloodstream and incorrectly profess OSA is sufficiently treated by oxygen therapy. Supplemental oxygen helps, but if used in isolation, we would be neglecting the second and more common adverse component of OSA, namely, brain damage.

When the central nervous system or brain detects restriction in airflow, it is programmed to react to an anticipated drop in oxygen levels. The brain's response is so rapidly effective in the majority of OSA cases, oxygen levels fluctuate yet infrequently drop below 90 percent, that is, below the normal range for oxygenation during

**Scientific evidence has proven that this rapid cycling between being awake and asleep causes brain damage, even though you would hold absolutely no memory of the events taking place.**

sleep. The brain achieves this masterful result by activating a part of the nervous system to trigger brief awakenings, commonly for only 10–15 seconds, which is long enough to increase the volume of air. To be clear, you breathe more forcefully awake than asleep. You are unlikely to recall any of these events, because after the arousal you return to sleep and the breathing disruption cycle repeats ... usually all night long.

Scientific evidence has proven that this rapid cycling between being awake and asleep causes brain damage, even though you would hold absolutely no memory of the events taking place. Paradoxically, the usual way you gain awareness of brain damage is the degree to which you suffer from daytime sleepiness or fatigue after repeated tumultuous nights of disrupted sleep.

Lamentably, few doctors understand or discuss these disastrous consequences to their patients, and as a result, undiagnosed OSA patients experience progressive brain damage, manifesting as symptomatic deviations in executive function, typically impairment in memory, concentration or attention, and all the while these specific cognitive declines are erroneously attributed to stress, depression, or aging.

Making matters worse for this second process, also known as sleep fragmentation, are the harmful effects on the rest of the body, particularly through direct actions on the inner linings of the blood vessels. This damage to the endothelial layer is how OSA causes and aggravates high blood pressure as well as causing more damage to other blood vessels in the heart, lungs, and kidneys.

OSA acts very much like diabetes

as its tentacles reach into and degrade the normal functioning of virtually every cell in the mind and body. Most people struggle to digest these insights about the destruction OSA causes as it plows through their sleep and their health along with it. Despite the likelihood of OSA damaging health outcomes for COVID-19 patients, few health care professionals are likely to consider OSA as part of the CCP virus equation as these obese or hypertensive patients struggle to recover.

Great sleep is a powerful yet invisible healer. That makes treating OSA important and necessary. Ignoring this affliction is dangerous and unacceptable.

We now know many of the worst CCP virus cases, including the lethal ones, are found among patients suffering from obesity or hypertension. That means we can reasonably propose that a significant number, perhaps even a majority, of these patients are also suffering from sleep apnea.

Obesity or hypertension should serve as red flags to signal an urgent need for OSA testing. A large proportion of these patients will likely benefit from the diagnosis and treatment of their sleep disorder, which could aid in their recovery from the CCP virus. This is a supposition that needs to be affirmed, for the well-being of patients and to ensure effective use of medical resources.

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Healthy food is derived from living beings (plants and animals) that naturally have their own self-healing and regenerative mechanisms.

## Exploring the Body's Self Healing Super Power

CONAN MILNER

What causes disease? What can we do to improve our health?

Modern medicine's answer to these questions lies in its understanding of the human body as a complex machine. Like any mechanical contraption, the body is bound to break down. Doctors serve as specialized mechanics who wield sophisticated tools and procedures to address our malfunction. They can numb our pain, carve out and radiate our cancers, trigger or suppress our immune systems, recalibrate our neurotransmitters, and they may soon be able to retool the genetic flaws thought to be the progenitors of disease.

Compare this body-as-machine philosophy to the traditional medicine practices of our ancestors that looked to the natural world as a guide toward health. These old philosophies may seem primitive in comparison to the high-tech industry of modern health care, but they also hold an understanding that today's doctors and scientists are still working to comprehend: that our bodies possess the power to heal themselves.

Details of this mysterious self-healing superpower can be found in a new book: "Regenerate: Unlocking Your Body's Natural Resilience Through the New Biology," by Sayer Ji. The book examines how our understanding of health and the human

body has evolved over the last few 100 years, and how new research has forced us to reconsider everything we thought we knew.

While it sounds a bit mystical, there is objective evidence of this self-healing characteristic. Ji talks about the "immortal thread within our stem cells" to describe the body's amazing regenerative ability. One example is an entire category of stem cells released from the bone marrow called endothelial progenitor cells, which are constantly at work to heal the damage caused to the lining of our blood vessels.

"We really are this miracle that we can barely explain," Ji said.

Ji's credentials include being a co-founder and CEO of Systeme Biomed, a reviewer at the International Journal of Human Nutrition and Functional Medicine, and an adviser to the National Health Federation.

His book falls in line with those interests and relies heavily on research to tell the tale. But for Ji, the story is personal. He came into the world a sickly infant and grew into a depressed, overweight, and asthmatic teen. Over the course of his young life, he was examined by at least a dozen doctors. They performed surgeries and prescribed an ever-increasing regimen of pharmaceuticals in an effort to suppress his symptoms. But Ji said the treatments he received were more traumatic than helpful. As his hope of healing dwindled, Ji believed he was doomed to a short and miserable life.

Ji's health finally began to turn

around during his first year of college when he discovered a new kind of medicine—one that traded the surgery and drugs he had known his whole life for a more natural approach. Decades later, Ji has become an outspoken advocate for natural medicine. Despite his sad and sickly youth, today he runs marathons, feels stronger than ever, and hasn't taken any pharmaceuticals in years.

"I wouldn't be alive today had I not discovered natural medicine," Ji said.

But how is this possible? A core belief of modern medicine is that it has the most effective treatments ever developed, far superior to anything our ancestors relied on for health.

So how did Ji create vibrant health with some of the oldest forms of treatment—herbs, diet, and lifestyle changes—when modern medicine failed?

While ancient medicine practices are based on things like tradition and observations of nature, with lessons passed down to future generations who verify that knowledge through their own observation, modern medicine demonstrates its worth through science. Peer-reviewed studies and medical journals show proof. This is what is known as the modern health care system as "evidence-based" medicine.

But Ji says the science for much of what our evidence-based system stands on isn't as strong as we're led to believe.

"It's eminence-based medicine. It sounds like evidence, but it's re-

ally eminence-based, or science-by-proclamation. It's all based on smoke and mirrors, and belief structures. When you look at the literature and tease it apart, and you look at funding sources, rarely do you ever see anything of value," Ji said.

While modern medicine is responsible for creating some indisputable life-saving breakthroughs over the past century, it has also produced several undeniable disasters, despite the review of experts, journals, and clinical research. Ji explains that much of the process meant to show safety and efficacy in modern treatment methods has less to do with identifying something worthwhile, and more to do with manipulating public perception.

"The critical biomedical literature is so contaminated with influence, money, and bias," he said. "They'll fund a 100 trials on a drug and try to convert one of its many adverse effects into a therapeutic one. So they publish the one finding that shows maybe a little relative risk reduction. Then, with a semantic sleight of hand, describe it as an absolute risk reduction."

A 2008 article from the New England Journal of Medicine examining the selective publication bias of clinical trials came to a similar conclusion. The esteemed journal's own editor-in-chief stated: "It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no

pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor."

Look at the U.S. Centers for Disease Control or the World Health Organization and you'll find more eminence masquerading as evidence. These public health institutions urge everyone to get an annual flu shot, for example, but their recommendation doesn't reflect the conclusions of the scientific literature. A meta-analysis on flu vaccine studies by the highly respected and proudly independent Cochrane Collaboration found no unequivocal evidence in the literature on children, healthy adults, the elderly, or health care workers who worked with the elderly that the flu shot was safe or effective.

Science is supposed to be a tool to reveal the truth. Unfortunately, we live in a world where, if your pockets go deep enough, you can simply buy scientific credibility. After the Cochrane Collaboration received a \$1.15 million donation from the Bill and Melinda Gates Foundation in 2016, the organization's founders were let go, and Cochrane soon published a very favorable review of one of Gates's pet projects: the HPV vaccine.

Following the review, banished Cochrane co-founder Peter Gotzsche and his team put out their own read of the HPV literature, and came to a very different interpretation.

"Part of the Cochrane Collaboration's motto is 'Trusted evidence.' We do not find the Cochrane HPV vaccine review to be 'Trusted evidence,' as it was influenced by reporting bias and biased trial designs. We believe that the Cochrane review does not meet the standards for Cochrane reviews or the needs of the citizens or healthcare providers that consult Cochrane reviews to make 'Informed decisions,' which is also part of Cochrane's motto," they wrote.

### Food as Medicine

While modern treatments are described as evidence based, natural remedies are routinely dismissed as "unproven," even when there may actually be science to support it. This is why Ji founded GreenMed-Info, the world's largest open-access natural health database.

"For me, it was an activist passion," he said. "I would constantly find studies that were so amazing, like research on aloe curing different diseases. I was so excited to find it, and I knew no one would be talking about it in the mainstream media. I never thought it would become such a popular site."

They may not be as respected, well funded, or widely promoted as drug studies, but natural remedies have been proven to have regenerative and disease-fighting properties. Just getting an adequate amount of B vitamins will directly affect whether you can silence certain key genes necessary for health. The process is known as methylation, or the attachment of one-carbon tags to DNA molecules that effectively turn off certain expressions of that gene.

Food as medicine is a concept



While modern medicine is responsible for creating some indisputable life-saving breakthroughs over the past century, it has also produced several undeniable disasters, despite the review of experts, journals, and clinical research.

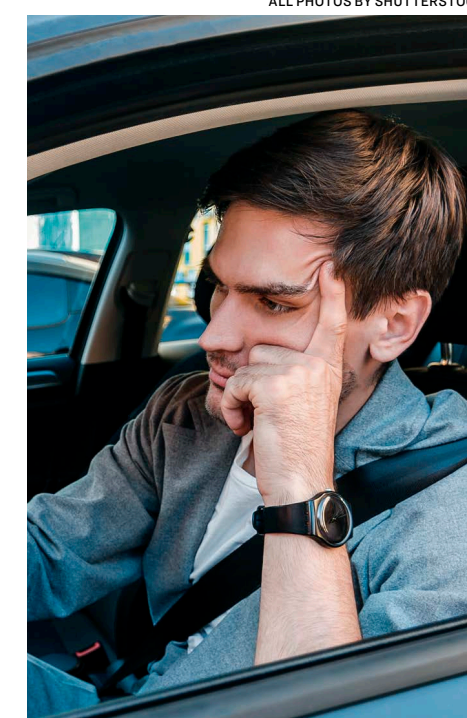
known since ancient times. The basic premise is that eating the right foods (and cutting out the wrong ones) can enhance your body's self-healing capabilities. The word "recipe," for example, comes from a Latin root that originally meant "take." Recipe was used in the Middle Ages to mean a medical instruction or prescription, inspiring the pharmaceutical abbreviation Rx.

### Pharmaceuticals essentially force the body to respond a particular way, rather than enhance its own capacity for healing.

Healthy food is derived from living beings (plants and animals) that naturally have their own self-healing and regenerative mechanisms. In fact, our bodies resemble plants in that our susceptibility to pests and infection escalates when we don't get enough key nutrients, our environment is poisoned, or we don't get enough sun.

"Why is there more influenza in places with higher latitudes? Because of lack of vitamin D due to sunlight deficiency. That's a more valid explanation than flu vaccine deficiency, obviously," Ji said. And the effect of food goes deep. With every bite we eat, we can deliberately choose which messages we send to our genome, and designate whether we strengthen or weaken our immune systems.

Compare the messages of food to that of pharmaceuticals. While drugs are often based on compounds found in nature, drug makers create synthetic variants in the interest of patent exclusivity. Drugs can certainly change our physiology, but they act in a different manner than food. Pharmaceuticals essentially force the body to respond a



Stress, a sedentary life, lack of sleep, processed food, exposure to industrial chemicals, pharmaceutical drugs, a lack of social support, and minimal contact with nature all constitute the primary risk factors for disease.

particular way, rather than enhance its own capacity for healing. Plus, drugs are composed of ingredients we wouldn't normally ingest.

"The medical system is based on taking petrochemicals—literally, some of the most toxic substances on the planet—patenting them, and selling them to the public as necessary," Ji said. "An average FDA approved drug has something like 75 adverse effects, and almost all of them have death as a possible consequence. Before their patent expires, 50 percent of FDA approved drugs are actually pulled from the market due to the fact that they cause disability."

### Rise of the New Biology

Ji suggests that it isn't just corruption that undermines the modern medical model. He says its very philosophy stands on shaky ground, and new research shaves it.

### Our bodies resemble plants in that our susceptibility to pests and infection escalates when we don't get enough key nutrients, our environment is poisoned, or we don't get enough sun.

One example is the widely accepted notion that genes are the main drivers of disease, and that changes to the genes happen slowly over the course of hundreds or even thousands of years. Recent research, however, has found that environmental variables can either activate or inhibit particular genes by influencing complex biochemical processes, and the changes can happen fast. Stress, a sedentary life, lack of sleep, processed food, exposure to

industrial chemicals, pharmaceutical drugs, a lack of social support, and minimal contact with nature all constitute the primary risk factors for disease. These lifestyle factors, which are largely under our control, determine whether our genetic blueprints express health or disease.

But perhaps the biggest factor that has turned the modern medicine philosophy on its head is the microbiome. The discovery of this colony of bacteria that lives inside of all of us at around the turn of the millennium has been nothing short of a biomedical revolution.

"It was a total eclipse of our previous state of awareness," Ji said. "Because none of the previous 29 million citations on Medline accounted for the role of the microbiome in any of the research. In a way, it non-validated all of the previous literature—the whole total sum of human knowledge in the realm of biomedicine."

The old paradigm of germ theory—an idea where microorganisms are identified as the root of infection—no longer holds true once we discovered that our bodies are not only ridden with bacteria and viruses, but our physiology depends on it.

Ji calls this new understanding the "new biology."

"The new biology helps us understand that we are infinitely more powerful and self-sufficient than anyone ever believed," he said. "We're totally self-healing and we don't have to be dependent on a global medical-industrial complex to experience joy."

It isn't a doctor, but a growing number of medical professionals are embracing the philosophy of the new biology he discusses. It's called "functional medicine," and its followers include MDs, naturopaths, osteopaths, acupuncturists, nurse practitioners, chiropractors, and nutritionists. Some may still occasionally prescribe drugs, but functional medicine practitioners are more likely to choose natural remedies and lifestyle changes that truly address the body's own capacity to heal.

In the functional medicine model, the doctor is less a mechanic and more of a coach or teacher—helping patients to understand the vital role they play in their own healing. Compare this to the conventional medical system, where health and disease are considered too complex for the average person to grasp. When only a doctor has enough know-how to address our health problems, how can we take responsibility for our own well-being?

Ji says that just realizing how much we can control our capacity to heal with the choices we make is like a medicine in itself.

"Unless we believe we are capable of healing or overcoming some diagnosis that we were saddled with, we won't take the action to make it happen," he said. "The faith in the healing ability of our body is indispensable for it to happen. That gives us a lot of power that a lot of people don't want. But some do, and they embrace that fully."

## The Challenges of Keeping Young Adults Safe During the Pandemic

Keeping your young adult active could make it easier for them to get through the lockdown

BERNARD J. WOLFSON

In March, after California Gov. Gavin Newsom ordered most of the state's residents to stay home, I found myself under virtual house arrest with an uncomfortably large number of Gen Zers.

Somehow I had accumulated four of my children's friends over the preceding months. I suppose some parents more hard-nosed than I would have sent them packing, but I didn't have the heart—especially in the case of my daughter's college roommate, who couldn't get back to her family in Vietnam.

So, I had to convince six bored and frustrated 18- to 21-year-olds that, yes, they too could catch the coronavirus, that they need-

ed to stop meeting their friends, wipe down everything they brought into the house, and wash their hands more frequently than they had ever imagined.

The first two weeks were nerve-wracking. I cringed every time I heard the front door open or close, and when any of the kids returned home, I grilled them remorselessly.

The day after a house meeting in which I laid down the law, I found my son, Oliver, 21, inside his cramped music studio in the back of the house with a kid I'd never seen before. And that night, I saw one of our extra-familial housemates in a car parked out front, sharing a mind-altering substance with a young man who used to visit in the pre-pandemic era.

If I've been neurotically vigilant, it's be-

cause the stakes are high: I've got asthma and Oliver has rheumatoid arthritis, making us potentially more vulnerable to the ravages of the virus.

But even as I play the role of enforcer, I recognize that these kids are as anxious and worried as I am.

### Volunteering, if they dare, is another good way for young people to feel independent and useful.

My daughter, Caroline, 18, is filled with sadness and despair, feelings she had largely overcome after going away to college last fall. She recently started doing telephone sessions with her old therapist. Oliver has begun therapy—remotely, for now after

dismissing it as pointless for the past several years.

A study released in April by Mental Health America, an advocacy and direct service organization in Alexandria, Virginia, shows that people under age 25 are the most severely affected by a rise in anxiety and depression linked to social isolation and the fear of contracting COVID-19.

That is not surprising, even though the virus has proved far deadlier for seniors. Mental health problems were already rising sharply among teens and young adults before the pandemic. Now their futures are on hold, they can't be with their friends, their college campuses are shuttered, their jobs are evaporating—and a scary virus makes some wonder if they even want those jobs.

Paul Gionfriddo, Mental Health America's CEO, says parents should be attentive even to subtle changes in their kids' behavior or routine. "Understand that the first symptoms are not usually external ones," Gion-

friddo says. "Maybe their sleep patterns change, or they're eating less, or maybe they are distracted."

If your teens or young adults are in distress, they can screen themselves for anxiety or depression by visiting MHAScreening.org. They will get a customized result along with resources that include reading material, videos, and referrals to treatment or online communities.

The Child Mind Institute (ChildMind.org or 212-308-3118) offers a range of resources, including counseling sessions by phone. If your young person needs emotional support, or just to vent to an empathetic peer, they can call a "warmline." For a list of numbers by state, check Warmline.org.

Caroline's case is probably typical of college kids. She moved back home from San Francisco in March after her university urged students to leave the dorms. Her stuff is stranded up there, and we have no idea when we'll be able to reclaim it. Meanwhile, she has been planning to share an off-campus apartment starting in August with four other friends from the dorm. We could have gotten attractive terms if we had signed the lease by April 30 but what if school doesn't reopen in the fall?

For Oliver, who's been living with me all

Bored teens and young people are particularly difficult to manage.



along, the big challenges are a lack of autonomy, a need for money, and cabin fever. Those stressors got the best of him recently, and he started doing sorties for a food delivery service. Of course, it makes me crazy with worry every time he goes out, and when he returns home I'm in his face: "Did you wear a mask and gloves? Did you keep your distance? Wash your hands?"

But what can I do, short of chaining him to the water heater? And if going out—and getting some cash in his pocket—makes him feel better, that can't be all bad (unless he catches the virus).

If your kid dares to work outside the house, and you dare let him, several industries are hiring—particularly grocery stores, pharmacies and home delivery, and food services. Child care for parents who have to work is also in demand, so your fearless teen might want to ask around the neighborhood.

Volunteering, if they dare, is another good way for young people to feel independent and useful. In every community, there are vulnerable seniors who need somebody to shop for them or deliver meals to their homes. You can use NextDoor.com, a local networking app, to find out if any neighbors need help.

Food banks are in great need of volunteers

right now. To find a food bank near you, go to FeedingAmerica.org. Blood donations are also needed. Older teens and young adults can arrange to donate by contacting the American Red Cross (RedCross.org). For a list of creative ways to help, check out Youth Service America (YSA.org).

While the kids are inside the house, which in my case is still most of the time, put them to work. "Anxiety loves idle time, and when we don't have a lot to do, our brain starts thinking the worst thoughts," says Yesenia Marroquin, a psychologist at Children's Hospital of Philadelphia.

I've harnessed the able bodies of my young charges for household chores. A few weekends ago, I decreed a spring cleaning. They organized themselves with surprising alacrity to weed the backyard, sweep and mop the floors, clean the stove, and haul out volumes of trash.

Considering the circumstances, the house is looking pretty darn good these days.

Bernard J. Wolfson is the managing editor for California Healthline, which is published by Kaiser Health News. This article was first published by California Healthline, a service of the California Health Care Foundation.



## MINDSET MATTERS

# When What We Want From Our Partner Is Not Possible

Our relationships are a dynamic beyond our complete control or understanding—best accept it

NANCY COLIER

There comes a time in every relationship when you realize that something you think you need and “should” have is not available.

What you do when you discover this can determine the future of the relationship, and your contentment within it.

Our partner will have limitations, just as we will. It might be something small and meaningless, or something more serious, like unacknowledged anger issues.

Sometimes it can be hard to tell if these are deal-breakers in the relationship.

Lily recently walked into the bedroom to find her husband, Ken, asleep. His sweater, which was covered in dog hair, was draped across her pillow.

She wasn't in the room but for a few seconds when Ken turned over, spun around to face her, and began unleashing what felt, to Lily, like rage.

“Look at it,” he said, accusatorially. “It's dog hair. She's been in here, sleeping in the bed. I had to change the pillowcases.”

His tone was furious and aggressive. There was also a pile of laundered clothing on Lily's side of the bed.

“What is all this?” she asked.

“Put it away,” he said sharply, and then turned back over and, after a few sighs, seemed to be back asleep. And no, he wasn't dreaming.

Lily felt blindsided and completely confused. Why was he attacking her about the dog? Was he implying that she had left the door to the bedroom open?

She had no idea what had just happened. But, given that it was late, she went about her nightly ritual, moved the clothing and hairy sweater, and went to sleep. Ken was already at the breakfast table drinking coffee when Lily got up. She was carrying a lot of feelings as she sat down to join him.

“What happened to you last night?” she asked. “I walked into the bedroom and you shouted at me, attacked me about the dog hair.”

“I attacked you?” he said, raising his eyebrows, making a face and other mocking sounds.

Lily spoke quietly, “In my world, that was an emotional attack.”

Ken responded:

“I didn't shout at you.

In what universe did I attack you? You think everything is an attack. Whatever

you think, I'm sure it's right.”

Lily didn't say any more. But when their daughter arrived at the table a few minutes later, Lily humorously told the story of what had happened the previous evening, mocking Ken's rage and actions.

As Lily put it, “I expressed myself to Ken, again, backhandedly this time, and let our daughter validate my feelings since he would not acknowledge anything had happened.”

Lily and Ken had been married for 14 years; for all those years, Ken had been quick to erupt over small things.

But when his eruptions were done, which was also quickly, he carried on as if nothing had happened. He didn't remember his anger. Anyone who pointed it out was then deemed to be distorting reality and attacking Ken.

Each time these eruptions occurred, Lily was left feeling wounded and in need of an apology or acknowledgment of what had transpired.

After “the dog hair attack,” Lily felt upset, closed off, and emotionally abused, even if it was in a small way. Maybe worse than the attack itself was the feeling of being further mistreated by her husband's demand that she pretend nothing had happened.

Lily desperately wanted to tell Ken that this was not OK, but she also knew no apology or empathy would be forthcoming. Rather, she would be judged and further attacked as attacking him and inventing the whole thing. She felt trapped and alone.

At the same time, Lily was angry and disappointed in herself for not having the courage to tell Ken how she felt. Lily believed that in order to truly respect herself, she had to be willing to be honest about how she felt.

**She realized that self-respect could come from not sharing rather than sharing.**

She also knew that letting the incident go and moving forward would be the best choice if peace was what she wanted. Indeed it was. As Lily saw it, there was no good option.

What she wanted, really, was a simple apology, an acknowledgment that he shouldn't have spoken to her like that.

For Lily, everything wrong about the marriage was contained in this one incident. She was hurt and craving empathy—or at least an acknowledgment of her feelings.

But her response felt inauthentic; making fun of his behavior with her daughter didn't take care of Lily—it didn't make her feel more understood or loved. Was there a way to take care of herself, she wondered, even if her husband couldn't give her what she needed?

When Lily and I dove into this experience together, we discovered a couple of powerful “shoulds” operating in the background of her mind and changing her experience of this event.

To begin with, Lily believed that she “should” be able to share all of her feelings with her partner and have them lovingly received. And that if she couldn't share her truth, all the time, she should not be in the relationship.

Lily also believed that she “should” have the courage (and be willing) to share her feelings with her partner, no matter what consequences doing so would create. Together, we unpacked Lily's suitcase of “shoulds,” exposing each “should” to the test of the light. Was it really true that Lily “should” be willing to share all her feelings, no matter what consequences the sharing would create?

Was sharing, even when she knew it would meet with defensiveness and rejection, really the self-respecting choice?

Was it possible that, in certain cases, the self-respecting and self-caring choice was to acknowledge and honor her experience—to herself—and not to her husband? Was it possible that the self-compassionate move was the one that took care of her pain but protected her from more aggression and misunderstanding?

And, was it really true that she “should not” be in a relationship in which she could not share everything? Did Ken really have to

always understand how she felt in order for her to feel good about herself? Furthermore, what if the story she was telling herself—that Ken had intentionally hurt her and was now bullying her into silence, was just a narrative of her own making and not the truth.

With her “shoulds” brought to light, Lily felt immediately freer. She realized that self-respect could come from not sharing rather than sharing—from actively choosing to protect herself from her husband's defensiveness and anger.

She accepted that his defensiveness was his issue and not something she could fix—and certainly not something that more disclosure on her part was going to change. She discovered that it was enough to acknowledge her experience to herself; she did not have to share all her feelings with her husband—even when they stemmed from his behavior.

She also saw through her belief that a worthy relationship was one in which everything could be shared and received with an open heart. She started accepting her relationship for what it was and was not. She realized she had been demanding that her relationship be something that it was not and that her husband be somebody he was not, which was creating extra suffering.

She was better off taking care of herself in the relationship that actually existed and with the partner who actually existed. Finally, Lily let go of the story she was telling herself about her husband's intention to hurt her with his eruptions and decided to let the meaning of his eruptions be the meaning he ascribed to them and not the meaning she had constructed.

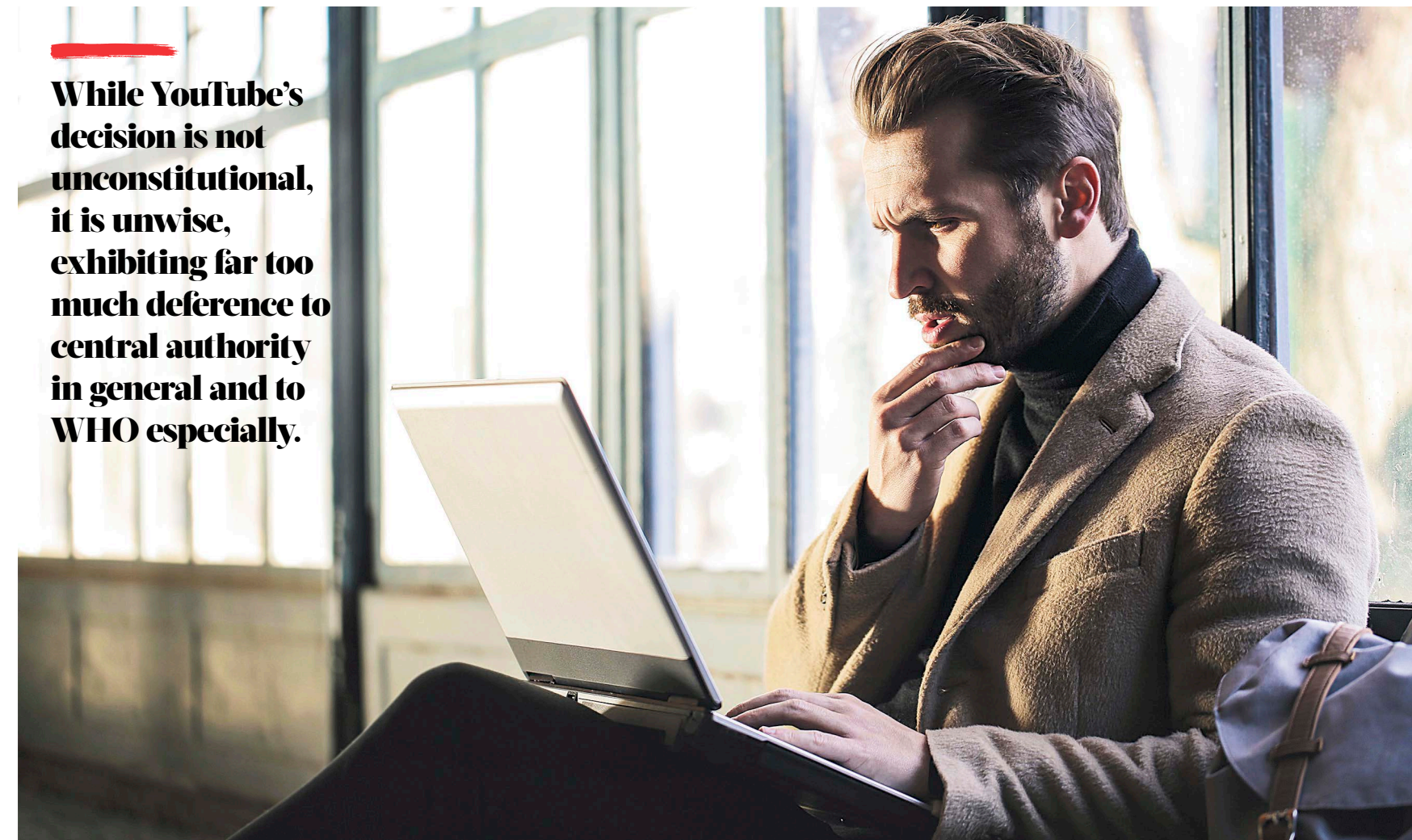
When what you want is not possible, and yet you still value and want to stay in the relationship, it is a good idea to investigate the stories you're telling yourself about your partner and what's happening in the relationship. Get to know the narrative you're writing in your head about your partner's intentions.

So, too, it's important to uncover the silent “shoulds” running in the background of your mind, the “shoulds” that are continually stoking your suffering.

Unpacking your stories and “shoulds” will free you to live more peacefully within your relationship—as it is.

Loosening your grip on your “shoulds” will allow you to create a new kind of contentment, a state of acceptance that may in fact be possible with the partner you have right now.

*Nancy Colier is a psychotherapist, interfaith minister, author, public speaker, and workshop leader. For more information, visit NancyColier.com*



**While YouTube's decision is not unconstitutional, it is unwise, exhibiting far too much deference to central authority in general and to WHO especially.**

## YouTube to Ban Content That Contradicts WHO on COVID-19

The policy represents a betrayal of the pioneering platform's founding principles

DAN SANCHEZ

YouTube's decision to silence YouTubers who don't agree with the United Nations on public health is a betrayal of the platform's founding principles. As The Verdict reported:

“YouTube will ban any content containing medical advice that contradicts World Health Organization (WHO) coronavirus recommendations, according to CEO Susan Wojcicki.”

Wojcicki announced the policy on CNN on April 22. WHO is an agency of the U.N., charged with overseeing global public health. The Verdict report continued:

Wojcicki said that the Google-owned video streaming platform would be “removing information that is problematic.”

She told host Brian Stelter that this would include “anything that is medically unsubstantiated.”

“So people saying, ‘Take vitamin C; take turmeric, we'll cure you,’ those are the examples of things that would be a violation of our policy,” she said.

“Anything that would go against World Health Organization recommendations would be a violation of our policy.”

While the decision has been welcomed by many, some have accused the streaming giant of censorship.

To be clear, for U.S. YouTubers, this kind of censorship isn't a violation of their constitutional right of free speech. The First Amendment protects citizens against government censorship, and YouTube is a private platform. Were the U.S. government to force the private owners of YouTube to continue broadcasting certain videos against their will, that would be much more a violation of the First Amendment.

While YouTube's decision is not unconstitutional, it is unwise, exhibiting far too much deference to central authority in general and to WHO especially.

### WHO's Track Record on the Issue

The World Health Organization is far from infallible. Its handling of information throughout the coronavirus emergency has been a long string of failures. As policy analyst Ross Marchand recently recounted on FEE, WHO failed to raise the alarm as the coronavirus rapidly spread through China during the crucial early period of the global crisis in January. Then, as Marchand wrote:

The global bureaucracy uncritically reported that Chinese authorities had seen “no clear evidence of human-to-human transmission of the novel coronavirus” on Jan. 14, just one day after acknowledging the first case

outside of China (in Thailand).

WHO Director-General Dr. Tedros Adhanom Ghebreyesus praised Chinese leader Xi Jinping for his “political commitment” and “political leadership” despite these repeated, reprehensible attempts to keep the world in the dark about the coronavirus.

President Donald Trump recently announced that the United States would cease its funding of WHO over its many coronavirus-related failures.

And it isn't just U.S. conservatives who have been critical. As FEE's Jon Miltimore wrote in March:

Our World in Data, an online publication based at the University of Oxford, announced that it had stopped relying on World Health Organization (WHO) data for its models, citing errors and other factors.

This raises an interesting question: Would YouTube censor Oxford if it posted a video on the coronavirus issue with recommendations based on data that

contradicts WHO's? As Miltimore wrote, “Recent reports suggest US intelligence agencies relied heavily on WHO in its national assessment of the COVID-19 threat.”

This is gravely concerning because bad information leads to bad policies. This is true not only for government policy (like mayors, governors, and heads of state deciding to largely shut down the economy in their jurisdiction), but for the policies of private decision-makers like doctors,

business owners, and individuals making decisions about the health and overall lives of themselves and their families.

Indeed, WHO's misinformation early in the crisis squandered the most precious part of the world's prep time, which likely crippled the public's responses and may have cost many lives.

YouTube risks compounding that tragedy by now insisting that the public's response to the coronavirus emergency conforms even more strictly with WHO's dubious pronouncements. Wojcicki wants to protect WHO's recommendations from contradiction. But WHO's recommendations are necessarily informed by WHO's information, which has proven to be extremely suspect. Sheltering untrustworthy pronouncements risks amplifying their dangerous influence.

### Why Censorship Is Counterproductive

So, it is ironic that YouTube justifies this policy in the name of protecting the public from dangerous misinformation.

It is true that many videos contradicting official pronouncements are themselves full of medical quackery and other misleading falsehoods. But, censorship is the worst way to combat them.

For one, censorship can actually boost the perceived credibility of an untruth. Believers interpret it as validation: evidence that they are onto a truth that is feared by the powers-that-be. And they use that interpretation as a powerful selling point in their underground evangelism.

Censorship also insulates falsehoods from debunking, allowing them to circulate largely uncriticized in the dark corners of public discourse.

This makes censorship especially counterproductive because it is open-air debunking that is one of the most effective ways to counter misinformation and bad ideas.

As Justice Louis Brandeis expressed in a U.S. Supreme Court opinion, the ideal remedy for bad speech, “is more speech, not enforced silence.”

Again, YouTube has a right to set the terms of service of its own website. But the general principle applies here as well: The truth has a much better fighting chance with a proliferation of competing voices than with inquisitorial efforts to circumscribe discourse within a narrow orthodoxy.

fighting chance with a proliferation of competing voices than with inquisitorial efforts to circumscribe discourse within a narrow orthodoxy.

### A Systematic Problem

Moreover, WHO's track record of misinformation isn't exceptional among government organizations in its degree of error or in its disastrous impact. Governments and the experts they employ get things wrong and are frequently proven to be fundamentally wrong-headed on big questions.

Bad information leads to bad advice that leads to bad choices. The more we centralize decision-making and the management of actionable information, the wider the scope of the damage caused by any single error. But if we let a thousand errors bloom along with a thousand truths, any single error will be circumscribed in its dam-

age and more likely to be corrected through experience and counterargument.

### Knowledge Problems

Champions of policies like YouTube's like to cast the issue in simplistic terms: as a black-and-white battle between respectable experts and wild-eyed crackpots. But the issue is more complex than that.

It is just as often a matter of overweening technocrats making pronouncements on matters that are way beyond them in complexity, that involve factors that fall way outside their domain of expertise, and that drastically impact the lives of millions or even billions. For example, a few dozen epidemiologists, with limited understanding of economics and a great many other relevant disciplines, holding sway over whole economies.

It is also a matter of dissenting experts being silenced along with the actual crackpots.

And, perhaps most fundamentally, it is a matter of weakening the individual's ability to discern between truth and falsehood, good advice and bad, by denying them the responsibility and practice of doing so in the first place—of turning self-reliant, free men and women into irresponsible wards to be led by the nose like dumb, deferential livestock by their “expert” caretakers.

That isn't where we are, but that is the direction that the rigid enforcement of centralized orthodoxies tends toward.

### A Challenge

Let's choose a different direction. YouTube, do better. Trust your users more. Treat them like human beings with all the capacities for learning, growth, discourse, and cooperation that are the distinctive glories of being human.

After all, that is what made you great in the first place. Your very name is derived from your original faith in the individual. YouTube (a crowd-sourced, individual-driven, pluralistic platform) is what made the boob tube (centralized, institutionalized, and homogenizing broadcast television) largely obsolete. As such, you had a starring role in the internet's democratization of information and learning.

Don't betray that legacy. Not now. Not when we need open platforms for the free flow of information and discourse more than ever.

*Dan Sanchez is the director of content at the Foundation for Economic Education (FEE) and the editor-in-chief of FEE.org, which first published this article.*



Get to know the narrative you're writing in your head about your partner's intentions.



# The 'No Trade' Declaration Offers Instant Clarity

Deciding what we are willing to sacrifice—and what we are not—reserves time for joy

RACHEL MACY STAFFORD

I used to trade vacation days for getting tasks accomplished.

I used to trade peace for pride and cuddling for career advancement.

I used to trade loving good-byes for on-time morning departures.

I used to trade authenticity for approval.

I used to trade my sanity for rapid text message responses.

I used to trade my family's emotional well-being for carrying out a well-orchestrated plan.

I used to trade joy for control and happiness for perfection.

I used to make a lot of bad trades, trades that did not support a fulfilling and peaceful life. While I don't make those particular trades anymore, I still make bad trades when life feels stressful and uncertain.

And lately, a few bad trades have been called to my attention.

I trade food enjoyment for calorie counting.

I trade playtime to meet deadlines.

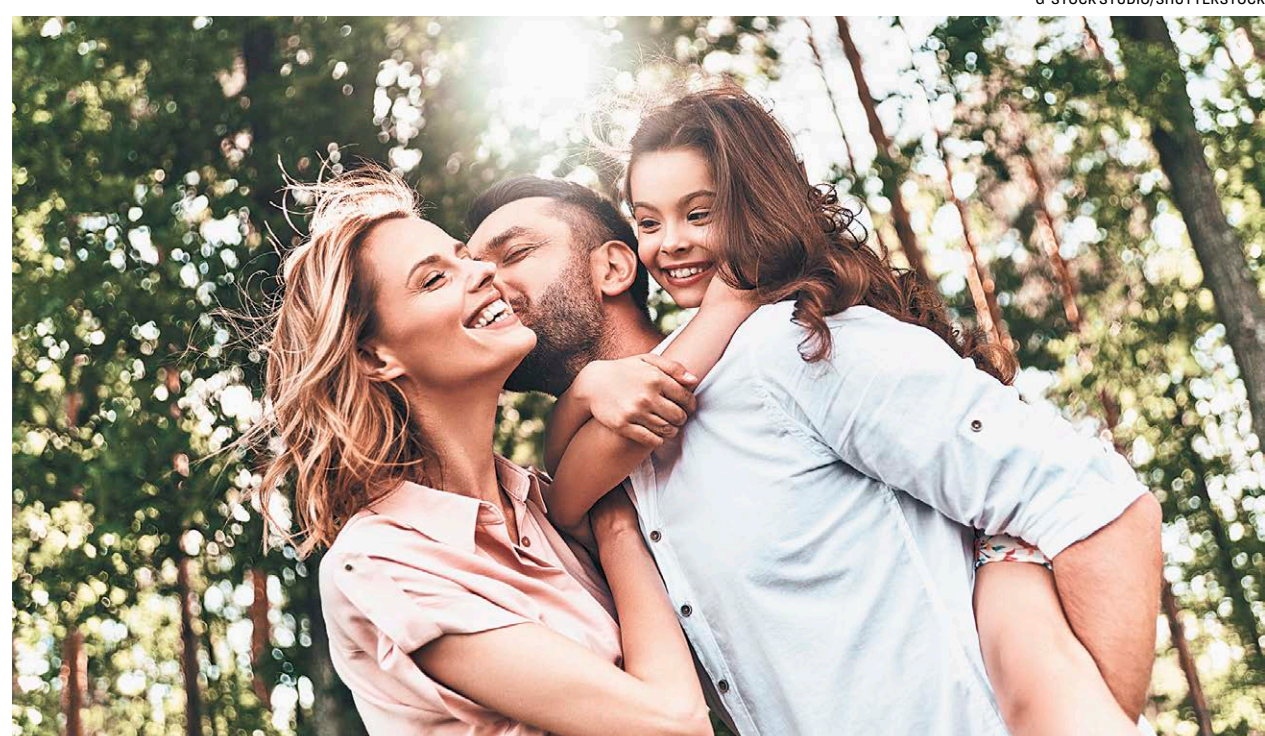
I trade peace of mind to meet my publisher's goals.

And for what? For what?

At the end of my life, my pant size, book sales, and my ability to reach a deadline on time will be irrelevant.

I know this. I've always known this. But it didn't really sink in until I saw this truth with my own two eyes.

The day before his life ended, my father-in-law, Ben, rejoiced as his children and grand children surrounded him. He delighted in the countless memories of the time he'd



While it is not always possible to trade productivity and efficiency for human connection or inner peace, it is always worthwhile when we can.

spent with people he loved. Besides those two things, nothing else mattered—not how much money he had in his bank account, not the size of his house, not his list of career accomplishments.

Due to his cancerous tumor, Ben pretty much lost his appetite. But oh how he craved a slice of homemade cherry pie.

My husband, Scott, made a cherry pie for his dad. When Ben took a bite, his eyes lit up with a wave of fond memories.

A few days after my father-in-law passed away, Scott and I were walking side-by-side on a busy downtown street. We had no destination in mind.

We were walking in an effort to process the painful turn of events that had happened so quickly and unexpectedly.

At one point, Scott stopped

right in the middle of the sidewalk, paying no mind to the people and cars rushing past, and made a declaration.

"I want to have more fun," Scott announced, taking my hands in his.

I can still smell the spring air, the exhaust of the cars, the storm brewing off in the distance. I don't think I will ever forget those words or the yearning they stirred up in me.

I desperately wanted to have more fun, too, but how? What does that even look like in a life of non-negotiable duties, responsibilities, and obligations?

It took me only a few days to figure it out, and it came down to the trades I was not willing to make in my life. This was my declaration:

I'm not trading a conversation with my daughter for a mind-

less scroll on Instagram. I'm not trading real human connection for shallow online friendships.

I'm not trading 'likes' for real love.

I'm not trading sanity for sales.

I'm not trading a scoop of chocolate chip ice cream for a number on the scale.

I'm not trading a walk in the sunshine for stacks of folded laundry.

I'm not trading breathtaking sunsets for stellar stats.

I'm not trading sound mental health for an empty inbox.

I'm not trading tranquility for 24/7 availability.

I'm not trading family closeness for vast wealth. Perhaps you'd like to make some "no trade" declarations of your own.

Take a moment to think about how your work, your technology, and your life might bleed into each other to the point that there are no longer any protected areas. While it is not always possible to trade productivity and efficiency for human connection or inner peace, it is always worthwhile when we can.

**I used to make a lot of bad trades, trades that did not support a fulfilling and peaceful life.**

As our family learned in the most painful way, there's no way to know how much time we have left with our loved ones. Let's find peace in knowing we're making good trades, the best kind of trades—the kind of trades that feel like we're finishing the game with the best possible hand, stacked with relationships, memories, purpose, and love.

"Didn't we have fun?" we'll ask our beloveds on that final day.

The answer will be in the faces of love that surround us and the experiences we've shared. And nothing else will matter.

Rachel Macy Stafford is a New York Times bestselling author and founder of the blog "Hands Free Mama." For daily inspiration, join Rachel's Hands Free Revolution on Facebook. This article was first published on "Becoming Minimalist."



**"We're using yesterday's technology for the biggest public health emergency in our lifetimes."**

Janet Hamilton, executive director of the Council of State and Territorial Epidemiologists

## As Coronavirus Strikes, Crucial Data in Electronic Health Records Hard to Harvest

Industry's refusal to adopt common standards blocks critical need for interoperability

FRED SCHULTE

When President Donald Trump started touting hydroxychloroquine as "one of the biggest game changers" for treating COVID-19, researchers hoped electronic health records could quickly tell them if he was on the right track.

Yet pooling data from the digital records systems in thousands of hospitals has proved a technical nightmare thus far. That's largely because software built by rival technology firms often cannot retrieve and share information to help doctors judge which coronavirus treatments are helping patients recover. "I'm stunned at EHR vendors' inability to consistently pull data from their systems,"

**"That failure to mine these oceans of invaluable data reflects the power of the vendors to prevent government requirements for data standards and interoperability."**

Ross Koppel, a professor at the University of Pennsylvania and longtime EHR safety expert

said Dale Sanders, chief technology officer of Health Catalyst, a medical data analytics company. "It's absolutely hampering our ability to understand and react to COVID."

Over the past decade, federal officials have spent some \$36 billion switching from paper to electronic health records, or EHRs, expecting, among other things, to harness volumes of medical data to reveal which treatments work best.

EHRs document every step doctors or other health care workers take in treating a COVID-19 patient, from medicines prescribed, to signs of progress or setbacks. Data collected from large numbers of patients could quickly yield answers about which treatments are succeeding.

Continued on Page 10

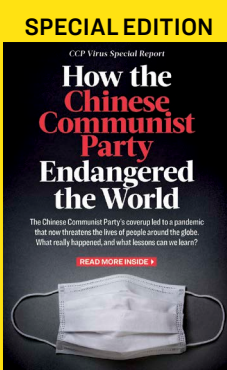
THE EPOCH TIMES

## Help Us Send Our Special Edition on the CCP Virus to Millions of American Families



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\*\$1 can help send to 6 American families our accurate reporting on the CCP Virus.  
\*About \$5 million will be enough to cover a quarter of the U.S. population.



Help to Spread the Truth



If each recipient shares it with 3 friends, then almost everyone in the U.S. can get to know the truth.

### LIES KILL, TRUTH SAVES

The Chinese Communist Party's (CCP) coverup led to a pandemic that now threatens the lives and economies of people around the globe, and the Party is slowly proving itself to be the greatest threat to the free world—and life as we know it.

Its tentacles of influence are holding the free world hostage as it manipulates the flow of information and medical supplies. Additionally it's rewarding those countries that overlook its transgressions while punishing those that want to hold it accountable for misdeeds.

### MAKE A CONTRIBUTION AND HELP SPREAD THE TRUTH

The Epoch Times has prepared a special edition (20 pages, broadsheet) revealing important information about the CCP Virus that most Americans still don't know, such as the origins of the virus as well as the details of the subsequent CCP coverup. With this special edition, they can stay informed—and more importantly, keep safe.

Help more of the American people see through CCP's coverup.

Help us send the special edition on truth of the CCP Virus to as many families as possible. Together, we can inform and protect. Together, we can prevent the loss of even more lives to the CCP's viral disinformation. The influence of communism stops with us.

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## ECONOMIC WARFARE CORPORATE CYBER ATTACKS INTELLECTUAL PROPERTY THEFT

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Amar Manzoor,  
Master of Industrial Warfare

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## As Coronavirus Strikes, Crucial Data in Electronic Health Records Hard to Harvest

Continued from Page 9

But the pandemic is bringing into stark relief just how far the nation is from achieving the promised benefits, critics say.

Dr. Richard Cook, a research scientist, and health care safety specialist, traces the data problems to missteps dating to the rollout of EHR, which began in earnest in 2009 and has been controversial ever since because commercial players produced—and hospitals bought—systems that have proved more suited to billing than public health.

“This was a boondoggle from the get-go, and the promoters knew it at the time,” Cook said.

Although some health systems are beginning to draw on EHR data to spot coronavirus trends and beneficial treatments, most health organizations around the country cannot readily do so. “If we had a national database, we’d get a readout quickly about responses to [COVID-19] treatments,” said Dr. Eric Topol, director of the Scripps Research Translational Institute.

Medical researchers favor studies that test the efficacy of a drug in a formal clinical trial, and trials are underway for a variety of possible COVID-fighting medicines, including hydroxychloroquine. The results could take months

or more, however, and doctors treating critically ill patients have few options in the meantime.

Topol said “real-world” evidence drawn from computerized records of COVID patients, while not as reliable as a clinical trial, is “still very useful” to help guide medical decisions.

**Over the past decade, federal officials have spent some \$36 billion switching from paper to electronic health records.**

Medical data has been hard to tease out because much of it resides in electronic “silos,” which government officials have not required technology companies to open up and eliminate. “We’ll see piecemeal readouts of small numbers from individual health systems,” Topol said, but “don’t have the important data that we need.”

Sanders, whose firm is a member of

the COVID-19 Healthcare Coalition, a business-sponsored group promoting coronavirus data-sharing and analysis, said federal health officials lost precious time by failing to address this need as early as mid-January.

He said the Federal Centers for Disease Control and Prevention, or CDC, should have devised a COVID-19 data-collection plan using standardized terminology so hospitals with incompatible EHRs could compare notes on the fast-paced pandemic.

The CDC didn’t respond to written requests seeking comment. A spokesman for the Health and Human Services office that coordinates health information technology policy said: “This is a novel disease so the health care system did not know what data we needed to collect—we are learning that the system needs to build out reporting information on multiple clinical features.”

Still, several of the top EHR manufacturers have joined the data-sharing coalition, which is pledging to at least partially fill the information void. The group has access to COVID-19 data from about two dozen health systems and expects to add more.

“This is the first attempt at this that I’m aware of where inherently competitive EHR vendors have come together to work together with clinical researchers,” said Dr. Brian Anderson, chief digital health physician with the MITRE Corp., a nonprofit technology group that formed the coalition in late March.

Anderson said the coalition is “getting close” to being able to share some results from reports of treating people with

convalescent plasma recovered from patients who have survived COVID-19. The group is also examining treatment data on the drug remdesivir as it irons out some of the technical difficulties that complicated its analysis of hydroxychloroquine. Last week, the Food and Drug Administration warned that hydroxychloroquine could cause heart problems and should be used only in a hospital or clinical trial.

There are other signs the EHR industry is relaxing its grip on medical data in response to the emergency. Major EHR vendor Cerner Corp. has offered researchers access to some types of COVID-19 data, including “clinical complications and outcomes that could help drive important medical decisions.”

And some health systems have begun publishing data drawn from EHRs. One study released this month, for instance, tracked the outcome of 5,700 coronavirus patients treated at 12 hospitals in a New York City health system and found that 88 percent of patients placed on ventilators had died. All the hospitals shared the same records vendor.

“In a crisis, people seek data, and authorities demand it,” said Cook, the health care safety specialist. But, he said, “it is not possible to build such a system on demand.”

Ross Koppel, a professor at the University of Pennsylvania and longtime EHR safety expert, said that the COVID-19 pandemic illustrates both “strengths and disappointments” of the digital systems.

While health systems using a single vendor have been able to pool data,

Koppel said, the industry has battled regulators seeking to adopt common standards, a practice known as interoperability.

“That failure to mine these oceans of invaluable data reflects the power of the vendors to prevent government requirements for data standards and interoperability,” he said.

Officials said they are sometimes required to manually fill out and fax some forms, wasting valuable time. Some information must be printed out from EHRs and reentered by public health authorities because it cannot be sent electronically.

Certain CDC forms, such as Person Under Investigation COVID case reports, can take up to 30 minutes to complete. Other forms exchanged between hospitals and laboratories often are missing critical information, leading to delays in contacting patients and identifying people they had close contact with. In some states, demographic information on race and ethnicity is missing 85 percent of the time, and patients’ addresses, half the time, according to Janet Hamilton, executive director of the Council of State and Territorial Epidemiologists.

“We’re using yesterday’s technology for the biggest public health emergency in our lifetimes,” Hamilton said. “COVID has demonstrated for people what we’ve known all along. You can’t leave public health at the end of the line.”

The government’s health IT chief says a new administrative rule to promote interoperability and bar EHR manufacturers from impeding the flow of information will take time to change behavior.

“If this were to have happened three or four years in the future when we have interoperability... we would be in a much better spot here. But unfortunately, that’s not quite the case, but we’re still keeping our work going,” Donald Rucker, national coordinator for health information technology, said during an April 15 virtual meeting.

“If we had a national database, we’d get a readout quickly about responses to [COVID-19] treatments.

Dr. Eric Topol, director of the Scripps Research Translational Institute

Fred Schulte is a John A. Hartford senior correspondent on the enterprise team of 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.

## The Healthiest Food Choices During a Pandemic

Food’s biochemistry has an immediate and important effect on our immune system

BARBARA DANZA

As we face this pandemic, the food we choose takes on renewed importance. With confusing and conflicting nutritional information out there, it can be challenging to know the best way to cook and eat.

We asked naturopathic doctor and nontoxic-living expert Dr. Christian Gonzalez for his advice on what to buy and how to eat during this unique time. Here’s what he said.

**THE EPOCH TIMES:** For decades, knowing what to eat and understanding good nutrition have been confusing and convoluted. How would you break down the overall, key principles we should keep in mind in choosing the right foods for good health?  
**DR. CHRISTIAN GONZALEZ:** The key principle we should keep in mind in choosing the right foods for good health are as follows:

- Eat the rainbow of fruits and vegetables daily.
- Eat fiber and protein-rich foods with every meal. This helps stabilize your blood sugar and helps reduce snacking.
- Drink less than 4 ounces of water with meals to optimize your digestion.
- Try fasting for a minimum of 13 hours between dinner and breakfast.
- Utilize spices with meals as therapeutic foods
- Find out what fat, protein, and carb meal balance works best for your body

**THE EPOCH TIMES:** What are some of the best food staples to keep stocked in our kitchens?

**DR. GONZALEZ:** The rainbow of fruits and veggies are the best food staples that should always be stocked in our kitchens. I recommend rotating out your fruits and veggies each week, this way your taste buds stay satisfied and so does your microbiome.

Nuts and seeds are a great staple for the pantry. You can even make your own trail mix just by simply mixing a few different nuts and seeds together

with raisins.

For omnivores, [besides meat] having plant-based sources of protein such as beans, legumes, quinoa, are some of the best food staples.

**THE EPOCH TIMES:** As we face this pandemic, we’re staying home more, navigating challenging grocery shopping circumstances, and cooking for ourselves more frequently. What impact do our nutritional choices have at this specific time?

**DR. GONZALEZ:** Our nutritional choices have a huge impact at this time. In fact, the majority of people who are getting sick and succumbing are those with chronic diseases and obesity.

A major element of this pandemic is nutrition based. Fast food should not be an option for anyone at this time. Cooking from home with whole foods is essential now more than ever.

Studies and statistics show us that there’s an increase in the severity of respiratory diseases based on a lack of vitamins and antioxidants in the respiratory tract.

**THE EPOCH TIMES:** What foods and ingredients help strengthen the immune system?

- DR. GONZALEZ:**
- Foods rich in vitamin A
  - Foods rich in glutathione
  - Foods rich in vitamin E
  - Food rich in vitamin C
  - Foods rich in selenium
  - Mushrooms
  - Garlic, onions
  - Spices like ginger, rosemary, thyme, parsley, turmeric
  - Leafy greens
  - Cruciferous veggies

**THE EPOCH TIMES:** How do our food choices affect our stress levels, our sleep, or other aspects of our daily lives?

**DR. GONZALEZ:** Inflammatory foods (such as alcohol, sugar and added sugar, high fructose corn syrup, fast food, sodas, refined carbohydrates, processed meats, and lunch meats) have a known effect on not only the digestive system but also inflammation of the brain. Inflammatory foods also affect our immune system.

The lack of nutrient-rich food with vitamins, minerals, and antioxidants

means our body doesn’t get the precursors to support our adrenal glands, which play a major role in balancing our stress levels.

**THE EPOCH TIMES:** What guidance can you offer parents trying to give their children the best nutrition they can?

**DR. GONZALEZ:** I recommend parents to just do the best they can. Don’t be afraid to get creative with children’s meals. For instance, smoothie bowls are a great way for kids to get in their nutrients. You can get super creative with the toppings as well.

Prioritize fiber and protein in each meal. Experiment with homemade dressings and sauces. Stay away from processed food, food coloring, and sugary foods—children’s brains are very sensitive to the negative effects of these foods.

**THE EPOCH TIMES:** It’s tempting to throw fitness ideals out the window when tempted with chocolate cake or ice cream. What do you recommend when it comes to sweets and snacking?

**DR. GONZALEZ:** Stress eating causes an elevation in blood sugar levels. Fiber helps curb our blood sugar from spiking. Top your meal off with some fiber-filled toppings such as a handful of chia seeds, pumpkins seeds, or a quarter of an avocado.

Hydration is key. Oftentimes we eat when we’re actually dehydrated. Fill up a glass or stainless steel water bottle with filtered water and add trace minerals, Himalayan salt, or coconut water. This will provide your body with electrolytes and hydration. Many times, our hunger signals can be curbed by hydration.

Plan meal times and stop grazing. When you’re constantly snacking all day long, your migrating motor complex never gets turned on. This disallows proper digestion to occur, as the migrating motor complex sweeps out digested food remains.

Practice self-awareness. Think about your conditioned steps to handling stress. Oftentimes, we learn how to handle stress from our parents.

Move your body. When we’re moving, we’re creating a consistent “good level” of a hermetic level of stress. This helps regulate those stress and hunger

hormones. The more consistently you do this, the more control you have over your stress, blood sugar, insulin, and thus, stress eating.

Take micro-movement breaks during the workday. Or try stretching during your next conference call. Stretching increases your blood flow and circulation, sending oxygen to your brain for a clearer mind and more cheerful mood.

Don’t deny your cravings; take control of them. Denying what your body is craving can lead to binge eating. Instead, set up portions. Consciously store a limited amount of dessert or any “cheat food” of your choice into Tupperware. Add a post-it note with the date on the Tupperware. The visual rationing paired with these other habits helps discipline.

In acute times of stress, our body releases cortisol and adrenaline. Acute stress is actually appetite suppressing. During this time, our body doesn’t place as much effort on digestion because our body thinks it’s trying to “run away from that tiger” and prioritizes just staying alive.

COVID-19 may induce prolonged stress. This elevates cortisol and increases hunger. Prolonged mental stress signals to our body that food is scarce. This causes us to graze, snack, and overeat. When we’re in this stressful state, the body searches for fatty foods and sugary foods for a snack because fatty foods provide the most calories per gram. Sugary foods provide an immediate source of energy.

**THE EPOCH TIMES:** What are some of your favorite, go-to meals at this time?

**DR. GONZALEZ:** I love having nutrient-dense smoothies in the morning. I make sure to include the colors of the rainbow and add in plant-based rich proteins and fiber.

For lunch, I like having quinoa, beans, or legumes alongside some leafy greens and tomato, capers, cayenne, turmeric, and an all-natural dressing.

For dinner, I love having homemade pho with edamame and rice noodles. Rich in plant-based veggies and heavy on multiple spices and ginger.

Interview edited for clarity and brevity



“The rainbow of fruits and veggies are the best food staples that should always be stocked in our kitchens.

Dr. Christian Gonzalez

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Patients and their families face abrupt decisions about the kind of care they want, and time for sensitive deliberation is scarce.

## Palliative Care Helped Family Face ‘The Awful, Awful Truth’

COVID-19 makes communicating final wishes more difficult—and more essential

WILL STONE

Seattle mourned the news: Elizabeth and Robert Mar died of COVID-19 within a day of each other. They would have celebrated 50 years of marriage in August.

But their deaths at the end of March weren't the same. Liz, a vivacious matriarch at 72, died after two weeks sedated on a ventilator. Her analytical engineer husband, Robert, 78, chose no aggressive measures. He was able to communicate with their adult children until nearly the end.

Clinician Darrell Owens helped the Mar family navigate this incredibly difficult time.

"You cannot underestimate the stress on family members who cannot visit and are now in a crisis mode trying to talk this through over the phone," said Owens, a doctor of nursing practice who runs palliative and supportive care at the University of Washington Medical Center-Northwest in Seattle.

Owens, like other palliative care specialists in COVID-19 hotspots around the country, has seen his professional duties transformed by the deadly coronavirus. Patients and their families face abrupt decisions about the kind of care they want, and time for sensitive deliberation is scarce. Conversations once held in person are now over the phone, with all the nuances of nonverbal communication lost. The comfort of family at the bedside of the dying is all but gone.

This is the new reality for those who practice palliative medicine—a specialty focused on relieving pain and symptoms, improving quality of life, and providing support to patients and families during severe, chronic, or fatal illness. Doctors and nurses trained in this branch of medicine are in high demand as hospitals treat thousands of terribly ill patients who may end up on life support with only a small chance of survival.

"This is a horrible virus that we don't have a cure for," Owens said. "As much as we are obligated to save people's lives, we are as obligated to save their deaths."

Before the COVID-19, Owens rarely worked in the emergency room. Now he's there regularly, called in whenever a suspected or confirmed COVID-19 patient at high risk of complications comes through the doors.

"It is a totally different atmosphere in an emergency room," Owens said. "The conversations are more abbreviated than they would be because you are behind a mask, you are in a loud room, completely gowned up."

### Essential Conversations Under Strain

It's a tough way to talk through sensitive and crucial questions about a patient's

chance of survival and what they want. "This is completely unprecedented," said Dr. Diane Meier, director of the Center for Advance Palliative Care and a professor at the Icahn School of Medicine at Mount Sinai.

During the surge of COVID-19 patients in New York City, Meier said, her hospital system set up a palliative care hotline for family members of patients.

"You can't see their facial expression; all the cues you normally get with face-to-face communication are very hard to pick up over the phone," Meier said. Nonetheless, she said, these conversations—especially with such a fast-moving and poorly understood virus—are an essential piece of the pandemic response.

"Palliative care specialists are a scarce resource, just like ventilators and ICU beds," she said.

**You cannot underestimate the stress on family members who cannot visit and are now in a crisis mode trying to talk this through over the phone.**

*Darrell Owens, a doctor of nursing practice who runs palliative and supportive care at the University of Washington Medical Center-Northwest in Seattle*

Dr. Hope Wechkin, medical director of EvergreenHealth Hospice and Palliative Care in Kirkland, Washington, said palliative medicine is fundamentally about "being with patients during times of profound uncertainty and continuing to place comfort and enhanced quality of life front and center."

"We now have this new player [COVID-19]—as we are evaluating a patient's goals of care," she said.

### One Family, Two Kinds of Death

While much of the country was still waking up to the pandemic, siblings Angie Okumoto, Rich Mar, and Rob Mar were already navigating these wrenching decisions about their parents' care.

In early March, their mother, Liz, contracted COVID-19 and was admitted to the hospital.

Lively and hardworking, Liz was co-owner of the family's popular Hawaiian

restaurant, Kona Kitchen, which she founded with her daughter and son-in-law.

"She was one of those people that quickly made friends and made an impression on everyone," said her son Rich. "Young people would look to her as a grandmother figure."

Known for her warmth, she enjoyed giving customers a hug or word of advice. "She was one of those people that quickly made friends and made an impression on everyone," said her son Rich. "Young people would look to her as a grandmother figure."

"She cared for people and wanted to know what was going on in their lives," she said.

Liz had been in good health before contracting the virus. When her oxygen levels fell, her son took her to the ER.

"It was the last time I got to hear a response from her," Rob said. "That was the hardest part—not knowing it would be the last time."

The hospital was still adjusting its operations to account for the wave of COVID-19 patients and wasn't yet specifically screening patients with the COVID-19 about their end-of-life wishes.

As she was admitted, the hospital staff asked about what kind of medical interventions she wanted, if necessary. "Do you want CPR? Do you want to be put on life support?"

Their mother was weak but still conscious. She said yes. Her children agreed.

"We just had no idea what this virus was going to do," Angie said. "We were trying to give her the opportunity to fight it."

But their mother's health worsened, and soon she was on a ventilator in the intensive care unit.

"For 14 days on the ventilator, she was alone," Angie said. Her brother Rob adds: "That's the part that hurts the most, and what will haunt me forever."

Near the end, the three children did get to visit their mother one last time.

"We were all gowned up and she was sedated," Rich said. "We were trying to talk to her and let her hear our voices."

Meanwhile, their father, Robert, had also become sick. He had been a civilian operations analyst for the Navy.

"My dad was more of the analytical type, he could give you a practical solution for everything," Rob said.

From the early years of his marriage, Robert was supporting a household of seven, including their grandparents. His children describe him as cerebral, a perfect complement to his more extroverted wife.

"They really meshed well together—it worked for them," Rich said.

Robert was admitted to the same hospital as his wife. He seemed stable the first few days. But then his oxygen levels decreased and he started to decline.

He had been clear about his end-of-life care wishes.

"From day one, he said he did not want to be on life support," Angie said.

### 'This Awful, Awful Truth'

Darrell Owens started managing Robert's care. The family talked and texted with his Owens. He'd give them regular updates and tell them what to expect.

"He had to deliver this awful, awful truth, but the way he did it was so compassionate," Angie said. "He helped us arrange everything we needed for our dad." "I appreciated the honesty," Rob said. "I found that the most reassuring and valuable thing."

Because he had decided against aggressive treatment, their father was never moved to the ICU. He was able to have a few in-person visits with his three children. Since he wasn't on a ventilator, they could have a conversation.

Rob said his father's treatment at the end of his life was on his own terms: "That was very important to him."

Owens managed Robert's care to the very end, and ensured that Robert could read the last few text messages from his son.

"They were basically goodbyes," Rich said.

Robert also shared memories with Owens about his wife and children.

"My dad opened up to him about our family," Angie said. "Dr. Owens knew quite a bit about us."

The Mars siblings are deeply grateful to the nurses and doctors who cared for their parents. They understand that hospitals are restricting visitors to minimize the chance of infection and preserve limited supplies of masks and gowns.

Still, it doesn't stop Angie from wondering what might have been different if she had said goodbye to her mother before she was intubated, or had the chance to sit next to her while on the ventilator.

"What if I got to be bedside to my mom earlier, when she wasn't heavily sedated, holding her hand and just being present," Angie said. "That, we'll never know."

It's a new way of experiencing death that families are coming to know as COVID-19 keeps them at a distance in these final moments.

*This story is part of NPR's reporting partnership with Kaiser Health News. This article was originally published on Kaiser Health News.*

## Hot Yoga Study Shows Benefits for Lowering Blood Pressure

Those facing heart disease may benefit from going out and getting bendy, study suggests

JOHN STUART REID

Hot yoga is more than a sweaty fitness trend: It can help people with high blood pressure shift in a calm, healing direction.

A preliminary study confirms the benefits of hot yoga on symptoms of high blood pressure. In a presentation at the American Heart Association's Hypertension 2019 Scientific Sessions, findings were presented from the novel study exploring a drug-free method of treating elevated blood pressure and hypertension using heated yoga classes.

The lead researcher, Stacy Hunter, wrote an article about the study, titled "Temps up, blood pressures down in hot yoga study," published in the American Heart Association Meeting Report (Presentation #P196; Session APS.1). Hunter is an assistant professor and lab director of the cardiovascular physiology lab at Texas State University in San Marcos, Texas.

For the study, Hunter's research team recruited 10 adult men and women who had been diagnosed with either elevated blood pressure (EVP) or stage 1 hypertension (SIH). According to the Mayo Clinic, EVP is a systolic pressure ranging from 120 to 129 mm Hg and a diastolic pressure below 80 mm Hg. Systolic pressure is measured when blood is pumped into arteries by the heart. Diastolic pressure is the measure of resting blood pressure between heartbeats.

Stage 1 hypertension is a systolic pressure ranging from 130 to 139 mm Hg or a diastolic pressure ranging from 80 to 89 mm Hg. SIH elevates to stage 2 hypertension (S2H) when systolic pressure reaches 140 mm Hg or higher, or diastolic pressure rises to 90 mm Hg or higher. EVP tends to increase in severity over time unless steps are taken to bring blood pressure under control.

Participants in the study weren't taking any blood pressure medications and had not engaged in any regular physical exercise for at least six months before the study. Researchers randomly assigned five

participants to an experimental group for 12 weeks of hot yoga classes, while the control group did not take yoga classes.

Hot yoga is considered a vigorous workout, conducted in super-heated rooms that can reach 105 degrees Fahrenheit (40 Celsius) with 40 percent humidity. Sweating is induced as a form of general detoxification while high heat warms the muscles, enhancing flexibility.

### Weekly Hot Yoga Lowers Blood Pressure in Three Months

The yoga group engaged in hour-long hot yoga classes three times each week for the three-month study period. Average blood pressures for the two groups were found before and after the study periods and compared. The researchers looked at average 24-hour blood pressure readings, as well as perceived stress and vascular function of participants in both groups.

**Hot yoga is considered a vigorous workout, conducted in super-heated rooms that can reach 105 degrees Fahrenheit (40 Celsius) with 40 percent humidity.**

After 12 weeks, the results of the study showed that members of the yoga group had lower blood pressure measurements than non-yoga group members. While researchers acknowledge that more studies on hot yoga are needed, these promising results add to the body of research on regular, room-temperature yoga's benefits for lowering blood pressure.

### Yoga Balances Your Body and Mind (Without Drugs)

Yoga has been practiced for many thousands of years as a way to integrate the body with the mind. A first-of-its-kind meta-analysis on the effects of yoga on blood pressure was published in 2013 in the peer-reviewed journal Evidence-Based Complementary and Alternative Medicine.

A U.S.-based, cross-functional research team led by Marshall Hagins from Long Island University in Brooklyn, New York, examined results from 17 independent studies on the effects of yoga on male and female adults with prehypertension or high blood pressure, with or without cardiovascular

disease.

The featured studies assessed gentle yoga programs of relatively short duration, without focus on a particular style of yoga or individual fitness levels. This criterion, researchers hypothesized, would lead to findings within their research that would be applicable to the majority of individuals with elevated blood pressure.

Results of this meta-analysis showed that yoga practice was associated with an overall "modest but significant" reduction in blood pressure. Larger, more clinically significant reductions in blood pressure were observed when the yoga practice incorporated three key elements—postures, meditation, and breathing—as compared with more limited yoga interventions, which demonstrated less impact on blood pressure.

Yoga compared to no treatment yielded significant blood pressure benefits, but not when compared to other forms of exercise. Researchers said these findings "are of clear clinical significance and suggest that yoga may offer an effective intervention for reducing blood pressure among people with prehypertension or hypertension."

They are not alone in their assertion that these study results indicate yoga is a viable antihypertensive lifestyle therapy. They called for additional controlled trials to determine the optimal yoga program and treatment protocol.

### Hot Yoga Goes Mainstream; Should You Go, Too?

For individuals interested in exploring hot yoga, Hunter recommends using extra precaution. Especially if you have a health condition that may be impacted, talk to your doctor before beginning any new exercise regimen. If you're cleared for practice, make sure you're well-hydrated when you arrive to class; it's not enough to merely sip water throughout the class.

Dress in layers that can be removed during class and allow you to cool down gradually once you leave. Start slowly; don't over-exert during class, and be aware of signs of heat exhaustion. You don't need to endure an hour of super-heated asanas to benefit from yoga. For some, it's simply the art of bending over.

Try a class at your local studio, YMCA, or YWCA, or check the class schedule wherever you work out. There are many levels of yoga, including classes suitable for beginners. To learn more, explore GreenMedInfo.com with nearly 300 scientific abstracts on yoga and its therapeutic benefits.

*John Stuart Reid is an English acoustic-physics researcher and inventor of the CymaScope, an instrument that makes sound visible. He has studied the world of sound for over 40 years and is one of only two men to conduct an acoustics study of the Great Pyramid. He lectures at conferences in Europe and the USA. This article was first published on GreenMedInfo. Sign up for their newsletter at [www.GreenMedInfo.health](http://www.GreenMedInfo.health)*



**Sweating is induced as a form of general detoxification while high heat warms the muscles, enhancing flexibility.**



## Men With History of Obesity Have Higher Risk of Blood Clots

MAT LECOMPTE

According to a new study from the University of Gothenburg in Sweden, men who have a history of obesity in adolescence may be at a higher risk for a blood clot later in life.

The risk of the blood clot (thrombus) in a leg or lungs rises successively and is shown to be highest in those who were severely obese in their late teens.

The study published in the Journal of Internal Medicine is based on data for 1,639,838 men who were enlisted for military service in Sweden between 1969 and 2005. Participants were an average age of 18 years old and were followed up using patient and cause-of-death registers.

Researchers found that during the 28-year follow-up period, a blood clot in the leg or lung was registered in just over one percent of the study participants. A clear link was found between thrombus risk and body mass index (BMI) at the time of enlistment.

Results showed a successive rise in the risk of venous thromboembolism (VTE) in the group in the middle and the upper part of the normal BMI range (20–25) compared with the lower part of the normal range (18.5–20). The risk continued to rise in the two higher BMI groups—those with obesity and severe obesity.

In participants with obesity (BMI 30–35), the risk was 2.93—over twice as high compared to the reference group in the study. For those with severe obesity, the risk was 4.95, which accounted for a nearly fivefold risk of blood clots in the leg or lung.

**A clear link was found between thrombus risk and body mass index (BMI) at the time of enlistment.**

### Obesity-Related Diseases

Katarina Glise Sandblad, the first author of the study, said: "Up to now, the association between VTE and obesity has been studied mainly in populations where BMI is measured relatively late in life. By then, the study participants may have developed obesity-related diseases, such as certain forms of cancer, that also affect their thrombus risk. Consequently, there's a danger of underestimating the risk from obesity. As obesity and severe obesity become more prevalent among children and adolescents, it's increasingly important to study the long-term risks involved."

Venous thromboembolism (VTE) is one of the most common cardiovascular diseases with a risk that increases with age. Previous studies have shown that 5–10 percent of the population are affected at some time during their lives.

This current study analyzed data from men, but researchers believe that the patterns and associations found are probably similar for women. The research team has previously conducted similar studies of connections between obesity and outcomes other than VTE, such as heart attack, stroke, heart failure, and cardiomyopathy, where they found similar patterns in both men and women.

*Mat Lecompte is a freelance health and wellness journalist. This article was first published on Bel Marra Health.*



# YouTube's Censorship of Dissenting Doctors Will Backfire

Sheltering the public from ideas, even bad ones, weakens society's immunity against error

DAN SANCHEZ

YouTube has been removing videos of a press briefing in which two doctors criticize the sweeping "shelter-at-home" edicts that governments have imposed throughout the world in response to the COVID-19 outbreak. One of the videos had over 5 million views before it was taken down. The original videos were posted by an ABC news affiliate in Bakersfield, California. When the affiliate reached out to YouTube about the removal, a company spokesperson issued a statement that offered the following justification:

"We quickly remove flagged content that violate [sic] our Community Guidelines, including content that explicitly disputes the efficacy of local health authority recommended guidance on social distancing that may lead others to act against that guidance. ... From the very beginning of the pandemic, we've had clear policies against COVID-19 misinformation and are committed to continue providing timely and helpful information at this critical time."

The claims of the physicians (Dr. Daniel W. Erickson and Dr. Artin Massihi, owners of Accelerated Urgent Care in Bakersfield) have been the subject of furious debate. Many health experts and organizations have denounced their remarks as unscientific and reckless. Even fellow critics of shelter-in-place who agree with much of the rest of their analysis have questioned some of their statistical inferences.

Whatever the veracity of the doctors' claims, YouTube's censorship of unorthodox ideas in the name of protecting the public from misinformation is misguided and counterproductive. Sheltering the public from ideas, even bad ones, only makes society more susceptible to dangerous error.

## Quarantining Ideas

One of the censored doctors' critiques of shelter-at-home provides an apt metaphor for the folly of censorship. Dr. Erickson said:

"I'd like to go over some basic things about how the immune system functions so people have a good understanding. The immune system is built by exposure to antigens: viruses, bacteria. When you're a little child crawling on the ground, putting stuff in your mouth, viruses

and bacteria come in. You form an antigen antibody complex. You form IgG IgM. This is how your immune system is built. You don't take a small child, put them in bubble wrap in a room, and say, 'go have a healthy immune system.'

"This is immunology, microbiology 101. This is the basis of what we've known for years. When you take human beings and you say, 'go into your house, clean all your counters—Lysol them down, you're gonna kill 99 percent of viruses and bacteria; wear a mask; don't go outside,' what does it do to our immune system? Our immune system is used to touching. We share bacteria. Staphylococcus, streptococcal, bacteria, viruses.

**Sheltering the public from ideas, even bad ones, only makes society more susceptible to dangerous error.**

"Sheltering in place decreases your immune system. And then as we all come out of shelter in place with a lower immune system and start trading viruses, bacteria—what do you think is going to happen? Disease is going to spike. And then you've got diseases spike—amongst a hospital system with furloughed doctors and nurses. This is not the combination we want to set up for a healthy society. It doesn't make any sense."

Just as "local health authorities" are ostensibly trying to protect the public from COVID-19 through "shelter-at-home" policies, YouTube is seeking to shelter the public from "misinformation." The following characterizes the perspective of YouTube and the "health authorities" that YouTube is serving in a metaphorical nutshell:

- The dissenting doctors are infected with harmful ideas.
- Their message "may lead others to act" against official guidance; in other words, their bad ideas are contagious.
- The video had already "gone viral" (over 5 million views) and risked

becoming a misinformation pandemic which could result in worsening the physical pandemic.

• By cutting the doctors off from communicating their message to the public, YouTube is quarantining them to limit the public's exposure to their "mind viruses" and to nip the misinformation pandemic in the bud, or to at least "flatten its curve."

This is in keeping with the policy that YouTube CEO Susan Wojcicki announced days ago, that YouTube would remove any content that contradicts the World Health Organization on COVID-19.

Even assuming all the doctors' ideas are indeed bad, such a policy doesn't work, and only makes things worse.

## The Intellectual Immune System

Just as human immune systems are built up through exposure to viruses and other pathogens (as Dr. Erickson explained above), our intellectual defenses against error are strengthened through exposure to bad ideas.

When you encounter a bad idea, what can conceivably happen? You can:

1. Reject or ignore it.
2. Investigate it.
3. Adopt it.
4. Adopt it and implement it.

In the case of #1, there is no problem. Next, let's consider #4, since that is the outcome that censors are most trying to avoid.

What happens when you adopt and implement a bad idea in your life? In the worst-case scenario, it could destroy you. But that is far less common in life than scaremongers would have us believe. More often, we suffer but do not die. And that is a very memorable way to learn that the idea implemented was indeed bad. We learn from experience, from failure, from the "school of hard knocks." That's one of the reasons why "what doesn't kill you makes you stronger," as the saying goes.

But not everybody needs to suffer to benefit from the lessons of suffering. That brings us to #2: we can investigate the idea. Through investigation, we can discover the accounts (whether first- or second-hand) of experiments with the bad idea and their bad results. Ideally, these would be rigorously scientific experiments whenever possible.

Finally, we have #3, which is adopting the bad idea without implement-

ing it. What would be the point of doing that? Well, it could mean adopting it just enough to advocate it. And arguing for an idea is one of the most efficient ways to investigate it (making #3 really a subset of #2). That is because argument elicits counterargument. And true, effective counterarguments are, by definition, antithetical to bad ideas. Even if the apologist of the bad idea holds fast to his belief, the counterarguments that emerge can arm debate spectators against error.

In all of the above cases, exposure to bad ideas strengthens our defenses against bad ideas. We come away equipped with truths—facts, information, and counterarguments—drawn ultimately from experience, whether our own or that of others. These good counterideas are like antibodies that we develop through exposure to bad ideas. Bad ideas are not just pathogens, but antigens. We thus develop immunity, not only to those specific bad ideas, but to similar ones, because we learn to recognize the basic logical fallacies that they share.

The mind, like our immune system and our muscles, is "antifragile" to use the term coined by Nassim Nicholas Taleb. It grows stronger through exposure to adversity.

## The Dangerous Safety of the Bubble

The flipside of that is also true. Just as sheltering from antigens can lead to immunodeficiency, sheltering from bad ideas ultimately makes us more susceptible to them.

When paternalistic censors seal us up in a sterile bubble of ideas for our own "protection," they deprive us of the chance to develop, through experience, our own ability to identify and grapple with bad ideas. As soon as a bad idea penetrates our bubble, we have no defenses against it. Our lack of experience with the responsibilities of intellectual independence has left us naive, credulous, and gullible.

The more that self-appointed gatekeepers like YouTube and its allied "health authorities" "protect" us from ideas they disapprove of, the more susceptible we will be to falsehood and error (including falsehoods foisted on us by our "protectors" themselves). This vulnerability will in turn be used to justify still more such "protection." Such is the vicious cycle of sheltering.

Ironically, many secular leftists who support public-health "influence sheltering" probably fully understand the dangers of that practice in another instance.

The classic critique of a sheltered upbringing is that it deprives the child of experience grappling with potentially "bad influences" and so ultimately leaves her more vulnerable to them. The stereotypical example of this is a child raised in an exclusively religious and traditional environment, without exposure to non-traditionalist peers, popular movies and music, and tempting situations. Once this naïf inevitably leaves home, perhaps to go off to college or "the big city," she has no defenses against the wave of "bad influences" that she must then face all at once with little support, and so the wave engulfs her.

The same principle applies generally: sheltering backfires, whether the "bad influences" are cultural or medical. This is one reason why open discourse is so important and censorship is so debilitating and disrespectful. We need to be allowed the responsibility and practice of identifying and guarding against falsehood to be any good at it.

## Protected From the Truth

Now, all of the above takes for granted, for the sake of argument, that the purported "bad ideas" are in fact bad, and that the censors are in possession of good ideas. However, that is often not the case. Heresies often turn out to be right, and orthodoxies often turn out to be wrong; and this includes scientific paradigms that wound up in the ash heap of history. Our "protectors" may be sheltering us from the truth and forcing falsehood upon us. Wrong orthodoxies are far more dangerous than wrong heresies, simply as a matter of the scale of the error's impact.

That is yet another reason why open discourse is so vital. For the sake of human welfare, orthodox falsehoods need to be overturned, and heretical truths need to spread. The remarks of the Bakersfield doctors are

**Exposure to bad ideas strengthens our defenses against bad ideas.**

probably a mix of good ideas and bad, truths and falsehoods. Taking down the video does us a disservice regarding both sides of the coin.

To the extent that they are wrong, their errors should be aired out and refuted. Any mistake the doctors made will probably be made again, since the human mind tends to fall prey to the same basic fallacies. By developing and disseminating counterarguments (mental antibodies) to them, we develop our immunity to these and similar errors.

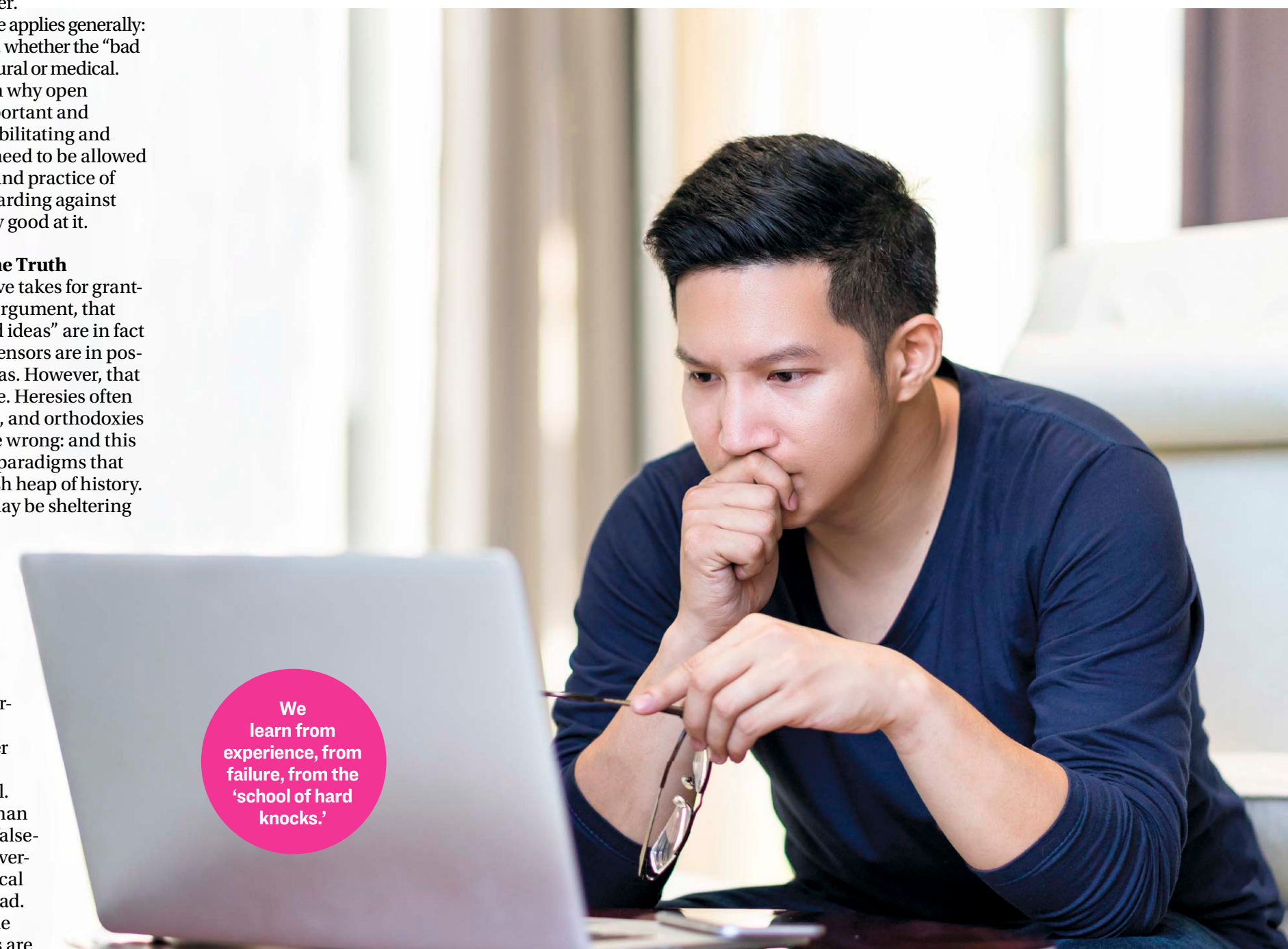
By taking down the videos, YouTube has limited the extent to which that social learning can happen and insulated the error from debunking. If anything, YouTube's censorship has lent additional credence to whatever mistakes they

made by feeding into the narrative that the powers-that-be fear its truth. The debunking is being drowned out by outrage over the censorship. And the Streisand Effect (how censorship can boost something's publicity) is causing it to spread even more.

Moreover, even if the physicians are wrong in some ways (like in their statistical claims), they may be right in other important ways.

Whether or not sheltering bodies is a wise policy for the spread of COVID-19, sheltering minds is surely a bad policy for the spread of ideas.

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## Keeping Your Eye on Eye Health

Cataracts typically develop gradually, so they can be identified early if you have regular eye exams.

Protect your eyesight with a clear view of what to watch for

DEBORAH MITCHELL

What do you think of when you hear the phrase "eye health?" Munching on carrots? Wearing sunglasses? Concerns about glaucoma? Which supplements help? All of these are good thoughts, and we'd like to review some of the many natural ways you can keep your eye on your eye health and help prevent eye concerns associated with aging.

## Supplements for Eye Health

**Vitamin A:** You may laugh about the reference to carrots and eye health, but they are a rich source of beta-carotene, a provitamin A carotenoid that helps maintain the eyes' photoreceptors. Without enough vitamin A, you could experience dry eyes, blindness, or other serious eye problems. Although vitamin A deficiency is rare, it's still important to be sure you get an adequate amount daily, which is 900 and 700 micrograms for men and women, respectively. Dark green leafy vegetables, as well as yellow and orange fruits and vegetables, are excellent sources. Multivitamins typically contain the RDA of this vitamin.

**Lutein and zeaxanthin:** Both of these antioxidants are carotenoids that are concentrated in the central part of the retina

(called the macula). They protect your eyes against harmful blue light. Research indicates that taking lutein and zeaxanthin may reduce the risk of developing aging macular degeneration. You can often find these antioxidants together in supplement form, but they also are found in spinach, kale, parsley, green peas, pistachios, sweet corn, and red grapes.

**Omega-3 fatty acids:** Both EPA and DHA omega-3s are important for eye health. The use of these supplements may help with dry eye disease as well as reduce the risk of developing diabetic retinopathy. They can also be found in seafoods like salmon, cod, and sardines.

**Vitamin C:** Did you know that the concentration of vitamin C is higher in the aqueous humor (the liquid that fills the outermost section of your eye) than in any other bodily fluid? This suggests the vitamin is important for eye health. Research indicates that people who take vitamin C supplements are less likely to develop cataracts.

**Zinc:** This mineral is found in high levels in your eyes. There's evidence zinc is involved in forming visual pigments in your retina, and may also slow macular degeneration. If you don't eat foods rich in zinc, such as oysters, pumpkin seeds, peanuts, and meat, you may need to take a supplement.

## Aging Eye Health

As we age, it's important to see an ophthalmologist every one to two years to check for

overall eye health as well as any developing eye diseases in the early stages. If you have diabetes, a personal or family history of eye disease, or are experiencing blurry vision, eye pain, double vision, eye or eyelid swelling, or fluids leaking from your eyes, you should see your eye doctor immediately. Common eye conditions associated with aging can include the following:

**Cataracts:** These are cloudy areas in the lens in the front of the eye, which prevent light from passing through the lens, causing loss of vision. Cataracts typically develop gradually, so they can be identified early if you have regular eye exams.

**Glaucoma:** This eye condition involves increased pressure inside the eye. If untreated, it can result in permanent blindness. Heredity plays a significant role in the development of glaucoma, as does aging, use of some medications, race, and diabetes. Like cataracts, glaucoma can be detected and treated if detected early.

**Age-related macular degeneration:** The eye has a macula, a tiny central area of the retina that contains millions of light-sensitive nerve cells. Loss of these cells causes blurry central vision. Although there is no known cure, nutritional supplements can be helpful in the early stages.

**Diabetic retinopathy:** This is a complication of diabetes, and it occurs when there's poor blood supply from small blood vessels to the retina. You can significantly reduce your risk of diabetic retinopathy if you keep

your blood sugar levels under control and see your eye doctor regularly.

**Other diabetic eye conditions:** In addition to diabetic retinopathy, some people with diabetes experience swelling of the eye lens, which is a sign of uncontrolled blood sugar. The swelling typically disappears once blood sugar levels are close to normal. Another eye condition among diabetics is weakened blood vessels that bulge and form micro-aneurysms. Leakage of a fatty protein into the center of the retina can then cause swelling and loss of vision that can be permanent.

**Temporal arteritis:** This condition is marked by inflamed arteries in the forehead and other parts of the body. Temporal arteritis is most often seen in elderly women. Symptoms can include severe headache, chronic fever, hip or shoulder weakness, and a tender scalp. Sudden vision loss may occur and is usually permanent.

**Dry eyes.** Tear production naturally declines as we age. If you're older than 50, you're at risk for dry eyes. However, postmenopausal women are especially vulnerable. Doctors believe it has something to do with low estrogen levels, although some research suggests low levels of androgens are involved. Eye drops can help.

## General Tips on Preserving Eye Health

- Don't smoke.
- Focus on foods that are rich in antioxidants, such as green leafy greens, berries,

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citrus, avocados, and figs.

- Include cold-water oily fish in your diet at least twice a week, such as tuna, sardines, salmon, and herring. If fish isn't your thing, take omega-3 supplements.
- Avoid highly processed foods, especially those containing added sugars or hydrogenated fats.
- Maintain healthy blood pressure and blood sugar levels.
- Exercise at least 30 minutes a day four to six days a week.
- See your ophthalmologist regularly, especially if you have diabetes, heart disease, or a personal or family history of eye conditions.
- Wear sunglasses that block 99 to 100 percent of both UVA and UVB radiation.
- If you spend a lot of time looking at a computer or handheld devices, consider blue-light blocking glasses when working on electronic devices. They help block the light that damages your eyes and leads to macular degeneration.
- Wear protective eye gear when playing certain sports, working in factories or construction, or doing repairs or working with tools.
- Take frequent breaks when working on a computer or other electronic devices or other jobs that require lots of strain on your eyes.

## Bottom Line

Taking care of your eye health is an everyday task that involves making wise lifestyle choices and practicing other preventive habits. Can you see your way to better eye health?



# Natural Substances to Treat Gum Disease

Bleeding gum can lead to serious illness

**P**eriodontal disease, also known as gum disease, can make it painful to chew food and increase your risk of more deadly diseases.

Periodontal disease is an infection or inflammation of the tissues that hold teeth in place. It can arise from poor diet and inadequate brushing and flossing that leads to plaque building up on your gum line and teeth. When plaque hardens, it becomes tartar and can cause infection, which can then lead to periodontal diseases such as gingivitis and periodontitis. Gingivitis, the mildest form of periodontal disease, is also linked with low levels of vitamin C.

Approximately 47 percent of U.S. adults suffer from periodontal disease. Left untreated, periodontal disease has been associated with systemic diseases such as cardiovascular disease and lung cancer.

## Gingivitis, the mildest form of periodontal disease, is also linked with low levels of vitamin C.

There are various treatment options to control the spread of periodontal disease in your gums. Brushing your teeth daily will help eliminate plaque buildup, while flossing will help remove plaque that's stuck between your teeth. Quitting smoking will also help, as smoking is a leading risk factor for gum disease.

There are natural substances that may help improve periodontal disease. Natural compounds may be preferable to antibacterial chemicals because they can cause fewer harmful side effects. Here are six

natural substances to pay attention to in the battle against gum disease.

### 1. Green Tea

Thanks to its antioxidant properties, green tea has been shown to reduce oxidative stress as well as the formation of fat cells—known as adipocytes—in your body. The quercetin found in green tea contains antimicrobial properties that can inhibit the onset of periodontal disease.

A study has shown that when quercetin solution was applied to bacteria called *Actinobacillus actinomycetemcomitans* (Aa) and *Porphyromonas gingivalis* (Pg), which both signify periodontal disease in the mouth, it led to a significant decrease in the bacteria.

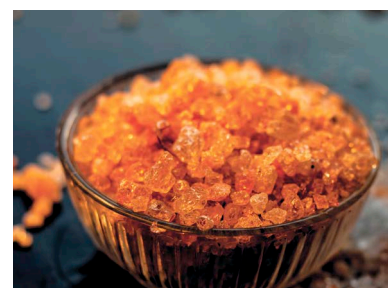
With its wide spectrum of properties, researchers believe green tea is effective in controlling the damaging reactions of periodontal disease. It is also one of the most well-researched natural compounds, with over 925 abstracts on GreenMedInfo.com.

### 2. Aloe Vera

In one small study, researchers discovered that aloe vera gel can be used to alleviate the symptoms of periodontal disease. The gingival index and plaque index of 15 subjects were investigated, followed by scaling and root planing. The study found that administering aloe vera gel in the periodontal pocket, a space between the tooth and gums where bacteria may flourish can improve periodontal condition.

### 3. Borage Oil

Extracted from the *Borago officinalis* plant, borage oil has anti-inflammatory properties that can provide benefits for adults with periodontitis. When participants of a study received 3,000 milligrams of borage oil daily, a significant improvement in periodontal inflammation was noted.



**Left untreated, periodontal disease has been associated with systemic diseases such as cardiovascular disease and lung cancer.**

### 4. Acacia Arabica

Researchers investigated the effects of acacia arabica gel and acacia arabica powder on 120 subjects with chronic generalized gingivitis. Compared to placebo, both acacia arabica gel and powder led to significant improvement in gingival and plaque index scores. Their effects were comparable to 1 percent chlorhexidine (an antibacterial chemical) gel.

### 5. Carica Papaya Leaf

In a randomized, single-blind parallel-design study, researchers compared the effects of Carica papaya leaf toothpaste/mouthwash with that of sodium lauryl sulfate-free dentifrice with and without essential oil mouthwash. Less bleeding was observed among all the participants, showing the Carica papaya leaf products were an effective natural alternative.

### 6. Kiwi

Eating kiwi fruit twice daily for two months can have positive effects on those with periodontal disease. A study revealed that the bleeding score of those who ate kiwi decreased by 6.67 percent. There were also lower values of bleeding, plaque, and attachment loss among participants who ate kiwi.

To find further natural treatments for periodontal disease, check out the list of 140 abstracts on GreenMedInfo.com

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