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THE EPOCH TIMES

# MIND & BODY

CAMILA PEREZ/JUNSPASH

Mask messaging has become a lesson in how to confuse the public.

## The Great Mask Debate

Confused messaging and contending facts feed division over mask requirements **4**

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Living longer is often about living better.

## Lessons From the Blue Zones: Part 2

A long life should also be about an engaging life you enjoy living, expert advises

MARILYN MURRAY WILLISON

Last week, we talked about Dan Buettner's research on the Blue Zones, the five places in the world where people are the healthiest and live the longest. It's important to remember that our genes dictate 10 percent of our longevity and lifestyle controls the rest.

You may have already read Buettner's best-selling books, "The Blue Zones: Lessons for Living Longer from the People Who've Lived the Longest" or "The Blue Zones Solution: Eating and Living Like the World's Healthiest People." Perhaps, you are one of the more than 300 million viewers of his TED Talk "How to Live to Be 100+."

In 2008, Buettner designed a plan with AARP to apply the Blue Zones guidelines to U.S. towns. The first chosen area was Albert Lea, Minnesota, and the plan of attack was to create a healthy environment rather than try to dramatically alter or overhaul individual behaviors. Part of the challenge of turning a community from "normal" to "health-promoting" included building newly connected sidewalks and trails that reach the downtown area, local hospitals, neighborhoods, and parks.

By adding as little as 1.7 miles of sidewalk, residents were able to cycle, skate, or walk to destinations rather than drive.

**Researchers concluded that their lengthy lifespans are because of a healthy natural diet, as well as regular activity and movement rather than competitive exercise.**

According to Buettner, 18 other U.S. cities hope to be included in the Blue Zone project, which has already been shown to help residents lower their body mass index, stop smoking, exercise more, and make healthier eating choices. Cities such as Albert Lea also save on health care costs when they adopt a Blue Zone lifestyle and focus on the ecology of wellness—which includes healthy natural foods and a more physically active way of life.

While Buettner was researching longevity in the Blue Zones around the globe, he found some interesting data. For example, in Okinawa, Japan, about 6.5 people out of every 10,000 live to age 100. In the United States, that rate is only 1.73 in 10,000.

One of their unique approaches to health is they make sure to eat something from the land and something from the sea every day. Unlike the other Blue Zones, their "longevity foods" include brown rice, green tea, shitake mushrooms, and tofu. Researchers concluded that their lengthy lifespans are because of a healthy natural diet, as well as regular activity and movement rather than competitive exercise.

According to Buettner, vitality is the intersection of long life and active life. It's not only living for a long time but also being able to live in an engaging way so you enjoy your life. Here are five parameters of living to which Buettner wants all of us to aim:

- Being physically fit
- Being cognitively aware
- Living out our passions and values
- Having a sense of contribution
- Having a never-ending feeling of achievement

For Blue Zone activity, the goal is to keep moving throughout the day. That means less sitting. Your activities don't have to be strenuous, but they should be continuous. And when it comes to food, a modified Mediterranean diet—beans (especially black-eyed peas, garbanzo beans, and lentils), fruit, honey, olive oil, vegetables and small amounts of meat, dairy products, and alcohol—seems to work best.

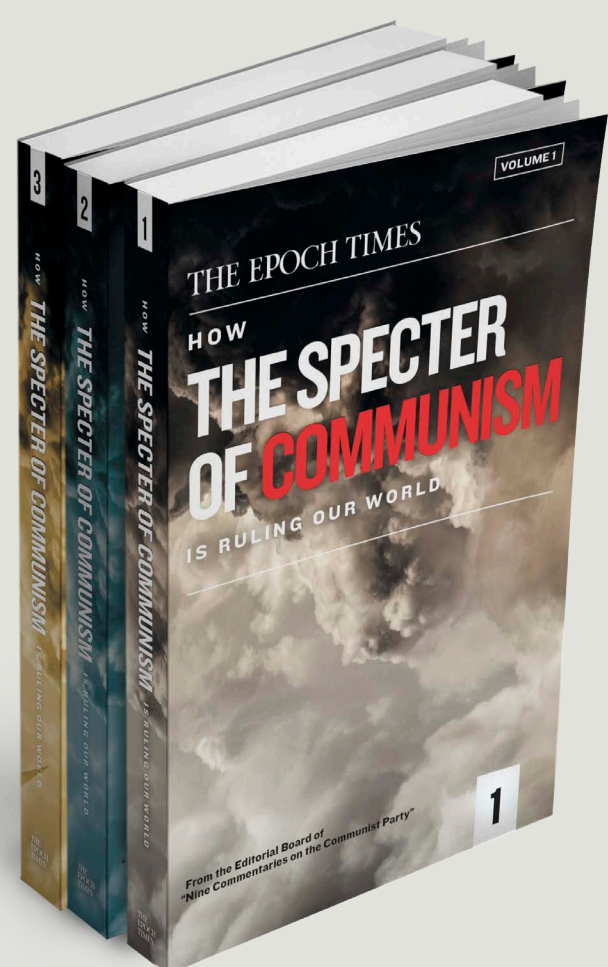
Buettner has reverse-engineered longevity for all of us through hard work, travel, and number crunching. Lucky for us, he's more than willing to share his findings with anyone who is curious.

Marilyn Murray Willison has had a varied career as a six-time non-fiction author, columnist, motivational speaker, and journalist in both the U.K. and the U.S. She is the author of "The Self-Empowered Woman" blog and the award-winning memoir "One Woman, Four Decades, Eight Wishes." She can be reached at [marilynwillison.com](http://marilynwillison.com). To find out more about Marilyn and read her past columns, please visit the Creators Syndicate webpage at [Creators.com](http://Creators.com). Copyright 2020 Creators.com.

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The Book You've Been Waiting for...

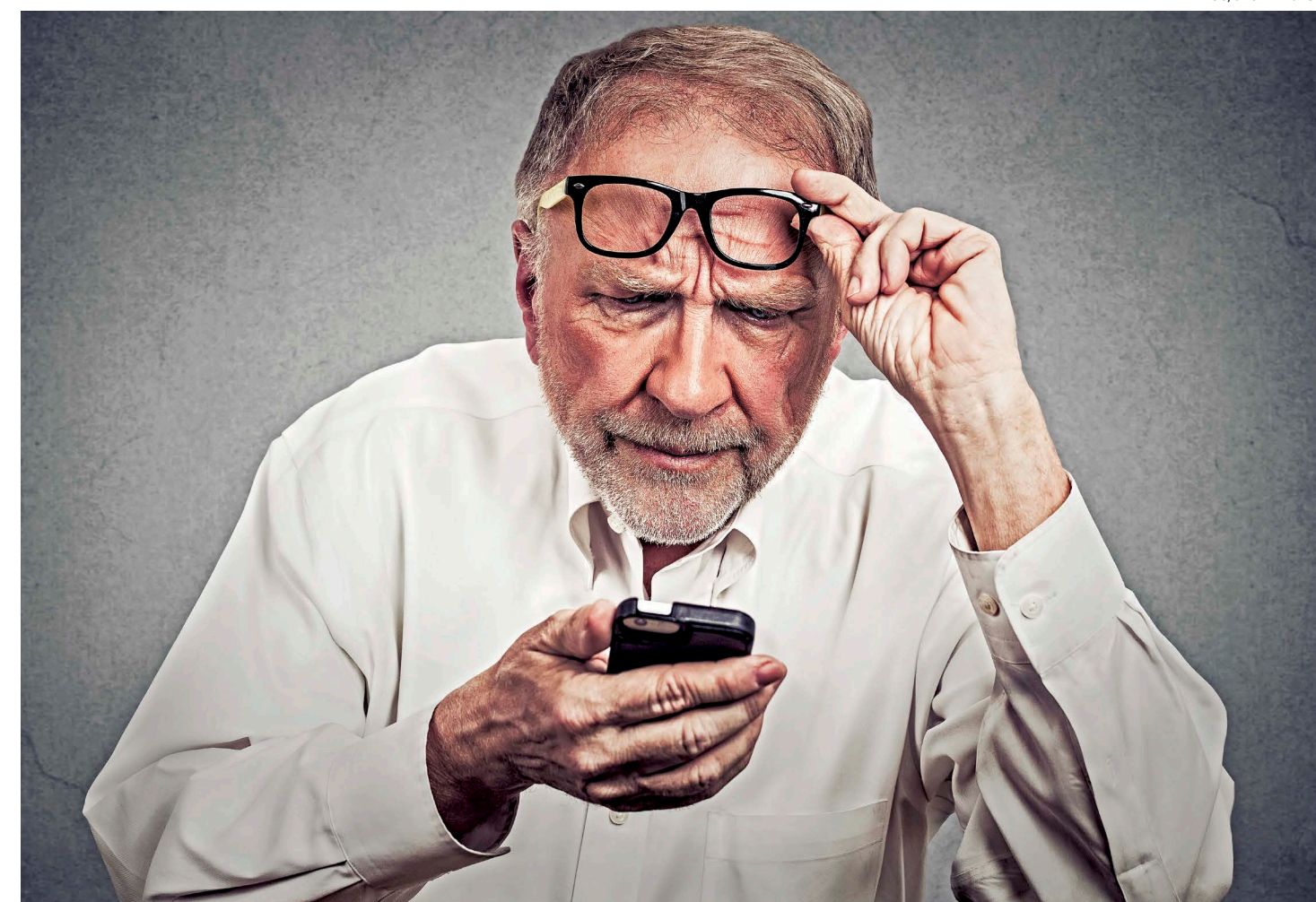


## HOW THE SPECTER OF COMMUNISM IS RULING OUR WORLD

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Even for those with access to technology, hearing loss or vision impairments can make it impossible to use.

## Technology Divide Roils Pandemic Response

Seniors without access to devices, internet struggle to connect with health care services and family

JUDITH GRAHAM

Family gatherings on Zoom and FaceTime. Online orders from grocery stores and pharmacies. Telehealth appointments with physicians.

These have been lifesavers for many older adults staying at home during the COVID-19 pandemic. But an unprecedented shift to virtual interactions has a downside: Large numbers of seniors are unable to participate.

Among them are older adults with dementia (14 percent of those 71 and older), hearing loss (nearly two-thirds of those 70 and older), and impaired vision (13.5 percent of those 65 and older), who can have a hard time using digital devices and programs designed without their needs in mind. (Think small icons, difficult-to-read typefaces, and inadequate captioning among the hurdles.)

Many older adults with limited financial resources also may not be able to afford devices or associated internet service fees. Half of the seniors living alone and 23 percent of those in two-person households are unable to afford even basic necessities. Others aren't adept at using technology and lack the assistance to learn.

During the pandemic, which has hit older adults especially hard, this divide between technology "haves" and "have-nots" has serious consequences.

Older adults in the "haves" group have more access to virtual social interactions and telehealth services, and more opportunities to secure essential supplies online. Meanwhile, the "have-nots" are at greater risk of social isolation, forgoing medical care, and being without food or other necessary items.

Dr. Charlotte Yeh, chief medical officer for AARP Services, observed difficulties associated with technology this year when trying to remotely teach her 92-year-old father how to use an iPhone. She lives in Boston; her father lives in Pittsburgh.

Yeh's mother had always handled communication for the couple, but she was in a nursing home after being hospitalized for pneumonia. Because of the pandemic, the home had been closed to visitors, and so, to talk to her and other family members, Yeh's father had to resort to technology.

But various impairments got in the way: Yeh's father is blind in one eye, with severe hearing loss and a cochlear implant, and he had trouble hearing conversations over the iPhone. And it was more difficult than Yeh expected to find an easy-to-use iPhone app that accurately translates speech into captions.

Often, family members would try to arrange Zoom meetings. For these, Yeh's father used a computer but still had problems because he could not read the very small captions on Zoom. A tech-savvy granddaughter solved that problem by connecting a tablet with a separate transcription program.

When Yeh's mother, who was 90, came

**Many older adults with limited financial resources also may not be able to afford devices or associated internet service fees.**

**Telehealth is not the panacea, especially for this population.**

Nick Loporcaro, the chief executive officer of Landmark Health

**Nearly 40 percent of SCAN Health Plan's members have vision issues that interfere with their ability to use digital devices; 28 percent have a clinically significant hearing impairment.**

home in early April, physicians treating her for metastatic lung cancer wanted to arrange telehealth visits. But this could not occur via cellphone (the screen was too small) or her computer (too hard to move it around). Physicians could examine lesions around the older woman's mouth only when a tablet was held at just the right angle, with a phone's flashlight aimed at it for extra light.

"It was like a three-ring circus," Yeh said. Her family had the resources needed to solve these problems; many don't, she noted. Yeh's mother passed away in July; her father is now living alone, making him more dependent on technology than ever.

When SCAN Health Plan, a Medicare Advantage plan with 215,000 members in California, surveyed its most vulnerable members after the pandemic hit, it discovered that about one-third did not have access to the technology needed for a telehealth appointment. The Centers for Medicare & Medicaid Services had expanded the use of telehealth in March.

Other barriers also stood in the way of serving SCAN's members remotely. Many people needed translation services, which are difficult to arrange for telehealth visits.

"We realized language barriers are a big thing," said Eve Gelb, SCAN's senior vice president of health care services.

Nearly 40 percent of the plan's members have vision issues that interfere with their ability to use digital devices; 28 percent have a clinically significant hearing impairment.

"We need to target interventions to help these people," Gelb said. SCAN is considering sending community health workers into the homes of vulnerable members to help them conduct telehealth visits. Also, it may give members easy-to-use devices, with essential functions already set up, to keep at home, Gelb said.

Landmark Health serves a highly vulnerable group of 42,000 people in 14 states, bringing services into patients' homes. Its average patient is

nearly 80 years old, with eight medical conditions. After the first few weeks of the pandemic, Landmark halted in-person visits to homes because personal protective equipment, or PPE, was in short supply.

Instead, Landmark tried to deliver care remotely. It soon discovered that fewer than 25 percent of patients had appropriate technology and knew how to use it, according to Nick Loporcaro, the chief executive officer.

"Telehealth is not the panacea, especially for this population," he said.

Landmark plans to experiment with what he calls "facilitated telehealth": nonmedical staff members bringing devices to patients' homes and managing telehealth visits. (It now has enough PPE to make this possible.) And it, too, is looking at technology that it can give to members.

One alternative gaining attention is GrandPad, a tablet loaded with senior-friendly apps designed for adults 75 and older. In July, the National PACE Association, whose members run programs providing comprehensive services to frail seniors who live at home, announced a partnership with GrandPad to encourage the adoption of this technology.

"Everyone is scrambling to move to this new remote care model and looking for options," said Scott Lien, the company's co-founder and chief executive officer.

PACE Southeast Michigan purchased 125 GrandPads for highly vulnerable members after closing five centers in March where seniors receive services. The devices have been "remarkably successful" in facilitating video-streamed social and telehealth interactions and allowing nurses and social workers to address emerging needs, said Roger Anderson, senior director of operational support and innovation.

Another alternative is technology from iN2L (an acronym for It's Never Too Late), a company that specializes in serving people with dementia. In Florida, under a new program sponsored by the state's Department of Elder Affairs, iN2L tablets loaded with dementia-specific content have been distributed to 300 nursing homes and assisted living centers.

The goal is to help seniors with cognitive impairment connect virtually with friends and family and engage in online activities that ease social isolation, said Sam Fazio, senior director of quality care and psychosocial research at the Alzheimer's Association, a partner in the effort. But because of budget constraints, only two tablets are being sent to each long-term care community.

Families report it can be difficult to schedule adequate time with loved ones when only a few devices are available. This happened to Matley Weismann's 77-year-old mother after she moved into a short-staffed Los Angeles memory care facility in March. After seeing how hard it was to connect, Weismann, who lives in Los Angeles, gave her mother an iPad and hired an aide to ensure that she was able to talk to her mother each night.

Without the aide's assistance, Weismann's mother would end up accidentally pausing the video or turning off the device.

"She probably wanted to reach out and touch me, and when she touched the screen, it would go blank and she'd panic," Weismann said.

What's needed going forward? Laurie Orlov, founder of the blog "Aging in Place Technology Watch," said nursing homes, assisted living centers and senior communities need to install community-wide Wi-Fi services—something that many lack.

"We need to enable Zoom get-togethers. We need the ability to put voice technology in individual rooms, so people can access Amazon Alexa or Google products," she said. "We need more group activities that enable multiple residents to communicate with each other virtually. And we need vendors to bundle connectivity, devices, training, and service in packages designed for older adults."

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



Many older adults without access to technology have struggled to get health care and social connection.

# The Great Mask Debate

## Confused messaging and contending facts feed division over mask requirements

CONAN MILNER

A fierce public debate about face masks is just one more bizarre feature of 2020. One side sees masks as a personal responsibility necessary to stop, or at least slow, a deadly contagion, and anyone who dares to go without is endangering lives. The opposing side sees mask requirements as an empty gesture and annoying charade that only serves to amplify panic.

The problem is that both sides can find supporting statements from the same sources.

Contradictory messaging from public health authorities planted seeds of discord in the early days of the pandemic. On March 8, infectious disease expert and a familiar face in the U.S. government's COVID-19 response, Dr. Anthony Fauci told 60 Minutes, "There's no reason to be walking around with a mask."

Similarly, the U.S. Centers for Disease Control and Prevention (CDC), stated that masks were to be worn exclusively by the sick and their caregivers, and the World Health Organization (WHO) stated: "There is no specific evidence to suggest that the wearing of masks by the mass population has any potential benefit. In fact, there's some evidence to suggest the opposite in the misuse of wearing a mask properly or fitting it properly."

In April, experts abruptly changed course, emphasizing that everyone should now wear face masks in public. Health officials clarified that previous statements were made in an effort to save the masks for medical personnel working in close proximity to infected patients.

According to Morton Tavel, MD, clinical professor emeritus at Indiana University School of Medicine, the top-down conversation around masks has become a "case study in how not to communicate with the public."

"The message became counterproductive and may have encouraged even more hoarding because it seemed as though authorities were shaping the message around managing the scarcity rather than confronting the reality of the situation," Tavel said.

Tavel says another way some experts

botched the mask messaging is by informing the public that only well-fitted, medical grade respirator masks (such as the N95) could effectively protect against a virus.

"Many people also wash their hands wrong, but we don't respond to that by telling them not to bother," Tavel said.

States allow virtually anything that covers the mouth and nose—from high-grade medical masks to bandanas and scarves—to satisfy mask requirements. Tavel says that while some masks may be better than others, they all provide some barrier of protection against respiratory droplets that potentially carry the virus.

The change in mask messaging came with an evolving understanding of COVID-19. Health experts began seeing signs of so-called asymptomatic carriers who could inadvertently spread coronavirus. This meant that even someone who appeared to be well carried a threat of infection wherever they happened to breathe.

But this key justification for public mask requirements also suffers from shaky messaging. In a WHO news brief on June 8, infectious disease epidemiologist Dr. Maria Van Kerkhove stated that the spread of the virus by asymptomatic carriers "appears to be rare."

"We have a number of reports from countries who are doing very detailed contact tracing. They are following asymptomatic cases, they are following contacts and they are not finding secondary transmission onward, it's very rare," Kerkhove said.

A few days later on a Facebook Live video, Van Kerkhove clarified that there were "misunderstandings" attached to her previous statement. She explained that asymptomatic people can in fact spread the virus, though the degree to which they can is unknown.

**No Scientific Consensus**

These days, Dr. Fauci is an unwavering proponent for everyone wearing a mask in public. In an interview with CBS News, Fauci blamed most of the recent "burst of infections" across the nation on America's failure to follow recommended health guidelines.

"Clearly, we have not succeeded in getting the public as a whole, uniformly to

respond in a way that is a sound scientific [response to a] public health and medical situation," Fauci said.

Those on the pro-mask side say that science guides their judgment, and they have the research to prove it. In May, preliminary results from a study on hamsters in Hong Kong determined that wearing a mask dramatically reduces viral spread.

Researchers found that the coronavirus' transmission rate via respiratory droplets or airborne particles dropped by as much as 75 percent when surgical masks were used.

But the scientific case for masks is hardly a consensus. In an article titled "Universal Masking In Hospitals in the COVID-19 Era" a group of physicians wrote in the May edition of the New England Journal of Medicine, that wearing a mask outside health care facilities offers little, if any, protection from infection.

"Public health authorities define a significant exposure to COVID-19 as face-to-face contact within 6 feet with a patient with symptomatic COVID-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching COVID-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic," doctors wrote.

On July 16, an article in the Journal of Pediatrics and Child Health asking the question "Do facemasks protect against COVID-19" found that masks may cause more problems than protection. Researchers concluded that there was "no good evidence that face masks protect the public against infection with respiratory viruses." In fact, masks may only offer the "illusion of protection," and many mask wearers may simply be spreading disease because of how they use them.

"Surgical facemasks are designed to be discarded after single use. As they become moist they become porous and no longer protect. Indeed, experiments have shown that surgical and cotton masks do not trap the SARS-CoV-2 (COVID-19) virus, which can be detected on the outer surface of the masks for up to seven days. Thus, a pre-symptomatic or mildly infected person wearing a face-mask for hours without changing it and without washing hands every time they touched the mask could paradoxically increase the risk of infecting others," researchers wrote.

When the Association of American Physicians and Surgeons looked at mask efficacy they con-



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Exercising in a mask may not be a good idea for those who find it restricts their breathing.

cluded that "the wide use of masks by healthy people in the community setting is not supported by current evidence and carries uncertainties and critical risks."

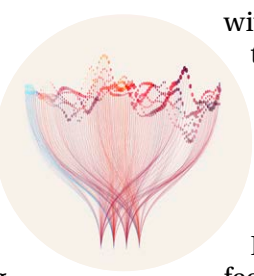
Headaches, respiratory acidosis, dizziness, anxiety, and a decrease in oxygen saturation are some of the risks that doctors and researchers have associated with prolonged mask wearing.

One problem is that, the more effective the mask, the more risk associated with prolonged use. This means that the masks that work best at blocking microscopic particles also make respiration more difficult.

This is why orthopedic spinal deformity surgeon Dr. David Hanscom has very mixed feelings on which masks the public should wear.

"The size of the virus is much smaller than cloth masks and it does pass through it, but the more robust masks are not tolerable," Hanscom said.

However, Hanscom does support wearing any face covering indoors



The data required for good policies on how to handle COVID-19 is still lacking.

in public spaces, even if the protection it provides is minimal. He says at the very least, it keeps people mindful of the pandemic.

"It does change behavior and reminds people to practice social distancing, which does seem helpful," he said.

**Common Sense**

In the middle of a crisis, with so many lives at stake and unpredictable factors to consider, it's understandable that the official response may not always be smooth. But when it comes to this pandemic, some advice defies logic.

In early June, for example, more than 1200 health professionals submitted an open letter in support of the gatherings protesting the killing of George Floyd by police. The letter spoke in support of "demonstrators' ability to gather and demand change," but stated that it "should not be confused with a permissive stance on all gatherings, particularly protests against stay-home orders."

Another point of public divisiveness is a patchwork of differing regulations

**One problem is that, the more effective the mask, the more risk associated with prolonged use**

and requirements. In some states, masks are mandatory in public indoor spaces, while in others they're merely recommended. In states where masks are optional, stores can choose to either have a relaxed policy and risk criticism from customers who may spy maskless shoppers, or make masks mandatory and risk discriminating against customers who can't medically tolerate a mask or lose customers who choose to go maskless.

Numbers play a big role in our understanding of how to deal with this virus, and what measures each state takes as the pandemic unfolds. And yet even with something as solid as figures, this is another aspect of the crisis where the message is murky.

Dr. Dana Cohen, an integrative physi-

cian practicing in Manhattan, says she has a hard time seeing a clear picture, even as a doctor.

"I don't know what numbers to believe," Cohen said. "There are people who are getting tested three times a week. If they're positive, they'll be positive multiple times. And all are counted as separate positives."

Cohen mentions aspects of the virus itself that defy models and previous patterns of infection. For example, we're now seeing case surges that weren't expected until this fall. But she adds that even though the truth is hard to see doesn't mean we should abandon basic common sense.

"I don't think people should be going to concerts, or be close together marching and shouting. That's not common sense. It's not cool," she said.

Like much of the public, Cohen says she has also been puzzled by the official response. For example, while masks get all the attention, hand washing and physical distancing are much higher priorities in the effort to stop viral spread. Cohen also advocates for other measures

that receive hardly any attention, like employing daily strategies that can help strengthen our immune systems.

"Nutrition is the most important thing," she said. "I wish that our government was more concerned about giving kids better food and vitamin D, especially for the kids that can't afford it. That should be more mandatory than masks. It's proven that the people with the poorest immunity have the least resilience. It's turned out to be a disease of lifestyle, and we've known this for months now."

To its credit, the CDC did make a statement on July 12 that good nutrition plays a role in the pandemic, "as certain vitamins and minerals may have effects on how the immune system works to fight off infections and inflammation."

**Think of Others, Don't Antagonize**

In states where the lockdown is lifting, there are signs of life returning to normalcy. More public spaces are opening up, but new mask requirements typically come along for the ride. Cohen advises always erring on the side of caution, but adds that we should also evaluate each situation individually.

"I would not exercise in a mask, because I think that's a little dangerous. But I would also not exercise in a gym full of people. So you have to find what's going to work for you. Maybe exercise in your home," Cohen said.

Even in the strictest states, not everyone is required to wear a mask. The CDC states that "face coverings should NOT be worn by children under the age of two or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance."

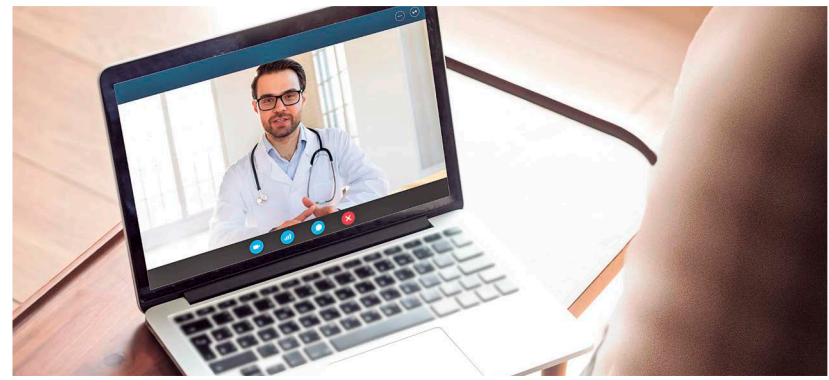
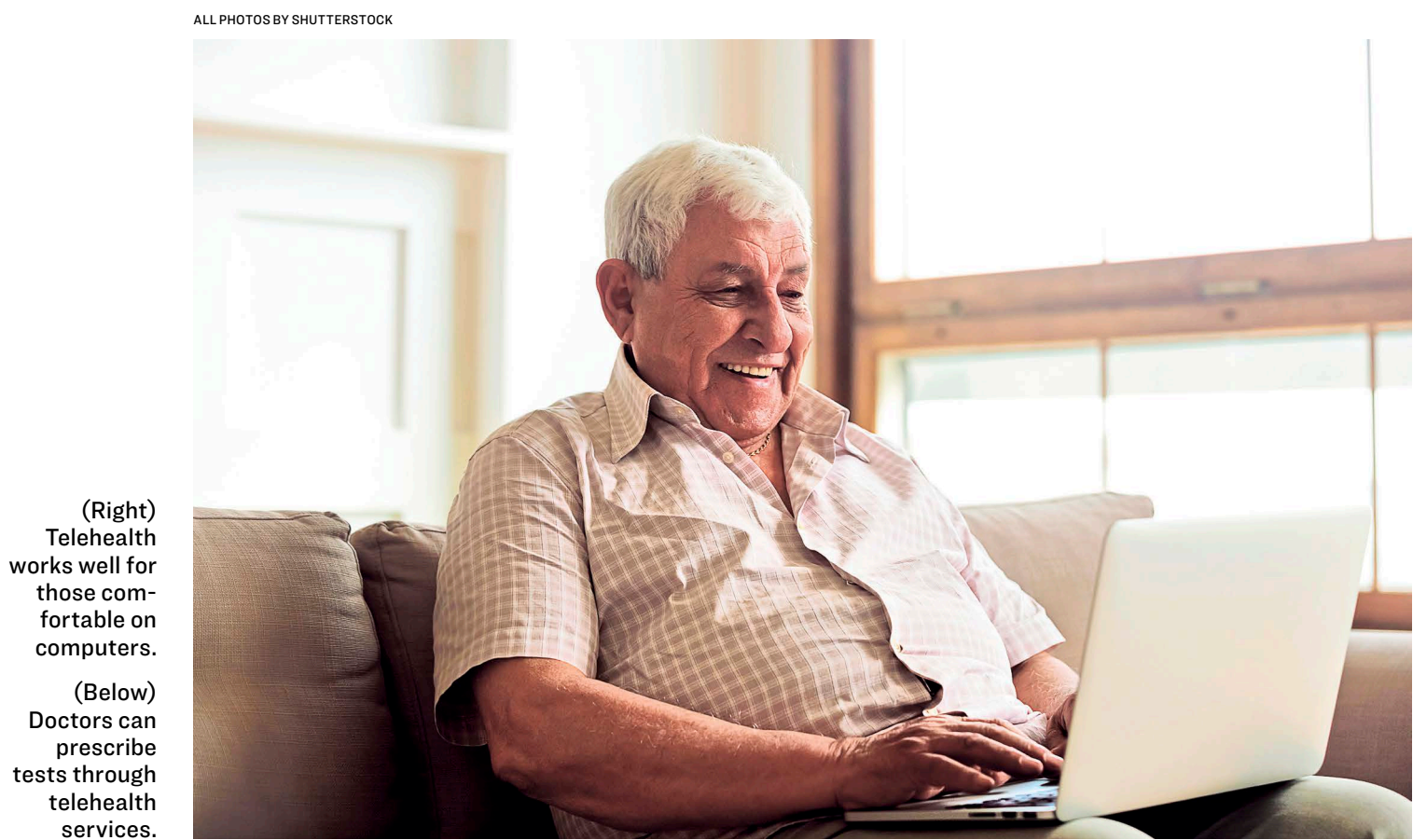
So how do you tell among the maskless faces you might encounter in the local hardware store who genuinely can't tolerate a face covering, and who just doesn't want to be bothered?

Cohen's advice: Don't worry about it. Instead, avoid confrontation, regardless of how strong your stance on masks might be. She says those who shout at or try to publicly shame the maskless for failing to follow the rules are only hurting the situation.

"People need to stop being the mask police. Don't scream at somebody across the street to put your mask on. Mind your own business. Let people make their own decisions. If you are that worried about yourself, wear better face masks and a shield. This is not something to lose friendships over. Nobody is purposely trying to hurt anybody here," she said.

By the same token, Cohen says that those who oppose masks should also show some compassion for the pro-mask crowd, particularly if they find themselves in close proximity. Give them space. Don't antagonize. Consider that these people may be terrified because of what they've read, and struggle with underlying conditions.

"Be a little neighborly," Cohen said.



(Right) Telehealth works well for those comfortable on computers. (Below) Doctors can prescribe tests through telehealth services.

## Is Telehealth as Good as In-Person Care?

### A telehealth researcher explains how to get the most out of remote health care

JENNIFER A. MALLOW

COVID-19 has led to a boom in telehealth, with some health care facilities seeing an increase in its use by as much as 8,000 percent.

This shift happened quickly and unexpectedly and has left many people asking whether telehealth is really as good as in-person care.

Over the past decade, I've studied telehealth as a doctorate researcher while using it as a registered nurse and advanced practice nurse. Telehealth is the use of phone, video, internet, and technology to perform health care, and when done right, it can be just as effective as in-person health care. But as many patients and health care professionals switch to telehealth for the first time, there will inevitably be a learning curve as people adapt to this new system.

So how does a patient or a provider make sure they are using telehealth in the right way? That is a question of the technology

**As many patients and health care professionals switch to telehealth for the first time, there will inevitably be a learning curve as people adapt to this new system.**

available, the patient's medical situation, and the risks of going—or not going—to a health care office.

**Telehealth Technologies**

Generally, telehealth is right for patients who have ongoing conditions or who need an initial evaluation of a sudden illness.

Because telehealth makes it easier to have frequent check-ins compared to in-person care, managing ongoing care for chronic illnesses such as diabetes, heart disease, and lung disease can be as safe as or better than in-person care.

**Knowing when to use each type of telehealth—and having the right technology on hand—is critical to using telehealth wisely.**

Research has shown that it can also be used effectively to diagnose and even treat new and short-term health issues as well. The tricky part is knowing which situations can be dealt with remotely.

Imagine you took a fall and want to get medical advice to make sure you didn't break your arm. If you were to go to a hospital or clinic, almost always, the first health care professional you'd see is a primary care generalist, like me. That person will, if possible, diagnose the problem and give you basic medical advice: "You've got a large

bruise, but nothing appears to be broken. Just rest, put some ice on it and take a pain reliever." If I look at your arm and think you need more involved care, I would recommend the next steps you should take: "Your arm looks like it might be fractured. Let's order you an X-ray."

This first interaction can easily be done from home using telehealth. If a patient needs further care, they would simply leave home to get it after meeting with me via video. If they don't need further care, then telehealth just saved a lot of time and hassle for the patient.

Research has shown that using telehealth for things like minor injuries, stomach pains, and nausea provides the same level of care as in-person medicine and reduces unnecessary ambulance rides and hospital visits.

Some research has shown that telehealth is not as effective as in-person care at diagnosing the causes of sore throats and respiratory infections. Especially now during the coronavirus pandemic, in-person care might be necessary if you are having respiratory issues.

And finally, for obviously life-threatening situations like severe bleeding, chest pain, or shortness of breath, patients should still go to hospitals and emergency rooms.

available, the patient's medical situation, and the risks of going—or not going—to a health care office.



Many people would prefer to visit their doctor from the comfort of their home.

effective tool. But the question of when to use telehealth must also take into account the risk and burden of getting care.

COVID-19 increases the risks of in-person care, so while you should obviously still go to a hospital if you think you may be having a heart attack, right now, it might be better to have a telehealth consultation about acute—even if you might prefer an in-person appointment.

The burden is another thing to consider. Time off work, travel, wait times, and the many other inconveniences that go along with an in-person visit aren't necessary simply to get refills for ongoing medication. But, if a provider needs to draw a patient's blood to monitor the safety or effectiveness of prescription medicine, the burden of an in-person visit to the lab is likely worth the increased risk.

Of course, not all health care can be done by telehealth, but a lot can, and research shows that in many cases, it's just as good as in-person care. As the pandemic continues and other problems need addressing, think about the right telehealth fit for you, and talk to your health care team about the services offered, your risks, and your preferences. You might find that there are far fewer waiting rooms in your future.

*Jennifer A. Mallow is an associate professor of nursing at West Virginia University. This article was first published on The Conversation.*



CONNECT TO LEAD

# How to Connect While Social Distancing

Amid the pandemic, we have to anticipate how we will maintain personal and professional ties

SCOTT MANN

The pandemic has changed basic social interactions in ways that affect our personal and professional lives.

Not long ago, I was at my son's baseball practice, which had just resumed as social distancing guidelines relaxed. It was my first time meeting my son's new coach—let's call him Coach Joe—in person. I was introduced to him while standing 12 feet apart, and I nodded at him and said, "Hey, what's going on, Joe?"

**In the current climate, we need to develop a mindset around risk and how we're going to engage with people in different situations.**

I pride myself on being a connection coach, but in this moment, I hesitated, and it was so awkward for the both of us. We eventually got into a conversation, but it was definitely a missed opportunity. In the car, after replaying the interaction in my head a few times, I told my wife I had to get clear on how to engage people in this new circumstance. Humans seek meaning, they're emotional and social. To best navigate the situation we are in, and focus on human connection, we've got to get clear on the mindset that's going to get us through this.

Even as social distancing requirements are lifted or lessened, the world is not going to be like it was. The individuals, teams, and groups that thrive as the dust clears will be those who master the mindset of connection. But connection is not going to be as easy as it was before the pandemic. In the situation with Coach Joe, I fumbled because I had not thought through how I felt about engagement.

So how can we overcome our aversions to human connection, both individually and as a business, and develop a dynamic mindset that will allow us to make and maintain relationships in a socially-distant society?

Start by asking yourself a few key questions. After the last few months of the pandemic, how do you feel about human connection? How do you feel about human connection knowing that you will encounter people—possibly COVID-19 positive—on the street, among your friends, or within your business interactions?

Think from the macro to micro. How do you feel about remote engagements versus in person? Looking at the goals of my company, most events and clients that we work with have been canceled through 2020. How do I feel about those events? Am I going to push for remote sessions, or am I going to assume risk and do in-person training? Many of the big, Fortune 100 companies have already put their flag in the sand, but that doesn't mean you have to follow suit. If you're a business owner, you have to make your own decisions on that, within the guidelines set forth by the companies you engage with and local, state, and federal governments.

Let's look at interpersonal engagement. Where does risk exist and how are you going to assume it? For example, I work with a lot of clients who do tabletop sales events. Now they're sitting in masks six feet from their masked customer. How does that work? We have to break down engagement, whether it is personal or business, and look at the main parts of it. There's the introduction: when you first meet someone. There's the direct engagement: the discussion. Then there's the close: how do you part ways?

These are entrenched social activities that have been around for thousands of years, and a few months of social distancing can't obliterate that; it just puts them into question. If it looks like you don't trust yourself, like I did with Coach Joe, then it's hard for people to trust you. We've got to think through our engagements and 'take the issue away' as

ALL PHOTOS BY SHUTTERSTOCK



Even as social distancing requirements are lifted or lessened, the world is not going to be like it was.

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

Stuart Diamond says in his book, "Getting More." If I'm in a mask, I might say something like, "I can't wait until we don't have to wear these things anymore." When we get deeper in the discussion and are six feet apart, maybe I can ask if the other person wants to remove their masks. We've got to address the barriers in order to take the issue away.

In the current climate, we need to develop a mindset around risk and how we're going to engage with people in different situations. Do I shake the person's hand or not? How am I going to show up? How am I going to engage in the discussion? Am I going to stay six feet apart? Am I going to wear my mask or face shield? How am I going to say goodbye? Think through how you're going to assume risk. The more clarity you can get on that, the more you can communicate in the moment, which takes the issue away.

Finally, with everything changing so fast, you should reevaluate how you're assuming risk and how you feel about engaging with people on a day-to-day and week-to-week basis. We have to pay attention, reassess how we're going to overcome our aversions to people, and communicate our approach to the people relevant in our lives.

Until then, remember that fear is contagious, but so is leadership. I'll see you on the Rooftop.

These are entrenched social activities that have been around for thousands of years, and a few months of social distancing can't obliterate that; it just puts them into question.



Deciding to visit a hospital can be difficult for many.

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# Avoiding Care

## During the Pandemic Could Mean Life or Death

Experts predict care delayed by COVID-19 will lead to future disease spikes and deterioration of many patients

JOHN M. GLIONNA

These days, Los Angeles acting teacher Deryn Warren balances her pain with her fear. She's a bladder cancer patient who broke her wrist in November 2019. She still needs physical therapy for her wrist, and she's months late for a cancer follow-up.

But Warren won't go near a hospital, even though she says her wrist hurts every day. "If I go back to the hospital, I'll get COVID. Hospitals are full of COVID people," said Warren, a former film director and author of the book "How to Make Your Audience Fall in Love With You." "Doctors say, 'Come back for therapy,' and my answer is, 'No, thank you.'"

Many patients like Warren are shunning hospitals and clinics. COVID-19 has so diminished trust in the U.S. medical system that even

people with obstructed bowels, chest pain, and stroke symptoms are ignoring danger signs and staying out of the emergency room, with potentially mortal consequences.

A study by the Centers for Disease Control and Prevention found that emergency room visits nationwide fell 42 percent in April, from a mean of 2.1 million a week to 1.2 million, compared with the same period in 2019.

A Harris poll on behalf of the American Heart Association found roughly 1 in 4 adults experiencing a heart attack or stroke would rather stay at home than risk getting infected with COVID-19 at the hospital. These concerns are higher in black (33 percent) and Hispanic (41 percent) populations, said Dr. Mitchell Elkind, president of the American Heart Association and a professor of neurology and epidemiology at Columbia University.

**COVID-19 is causing contortions in the health care system that are leading some patients to skip critical care and others to finally relax and get well.**

Continued on Page 10

## ECONOMIC WARFARE CORPORATE CYBER ATTACKS INTELLECTUAL PROPERTY THEFT

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Amar Manzoor,  
Master of  
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# Avoiding Care During the Pandemic Could Mean Life or Death

Continued from Page 9

Perhaps even more worrisome is the drastic falloff of routine screening, especially in regions hit hard by the virus. Models created by the medical research company IQVIA predict delayed diagnoses of an estimated 36,000 breast cancers and 19,000 colorectal cancers due to COVID-19's upheaval of medical care.

At Hoag Memorial Hospital Presbyterian in Newport Beach, California, mammograms have dropped as much as 90 percent during the pandemic. "When you see only 10 percent of possible patients, you're not going to spot that woman with early-stage breast cancer who needs a follow-up biopsy," said Dr. Burton Eisenberg, executive medical director of the Hoag Family Cancer Institute.

**COVID-19 has so diminished trust in the U.S. medical system that even people with obstructed bowels, chest pain, and stroke symptoms are ignoring danger signs and staying out of the emergency room, with potentially mortal consequences.**

Before the pandemic, Eisenberg saw five melanoma patients a week. He hasn't seen any in the past month. "There's going to be a lag time before we see the results of all this missed care," he said. "In two or three years, we're going to see a spike in breast cancer in Orange County, and we'll know why."

Dr. Farzad Mostashari, former national coordinator for health information technology at the U.S. Department of Health and Human Services, agreed. "There will be consequences for deferring chronic disease management."

"Patients with untreated high blood pressure, heart and lung and kidney diseases are all likely to experience a slow deterioration. Missed mammograms, people keeping up with blood pressure control—there's no question this will all cause problems."

In addition to fear? Changes in the health care system have prevented some from getting needed care.

Many medical offices have remained closed during the pandemic, delaying timely patient testing and treatment. Other sick patients lost their company-sponsored health insurance during virus-related job layoffs and are reluctant to seek care, according to a study by the Urban Institute.

A study by the American Cancer Society's Cancer Action Network found that 79 percent of cancer patients in treatment had experienced delays in care, including 17 percent who saw delays in chemotherapy or radiation therapy.

"Many screening facilities were shuttered, while people were afraid to go to the ones that were open for fear of contracting COVID," said Dr. William Cance, chief medical and scientific officer for the American Cancer Society.

And then there are patients who have fallen through the cracks because of the medical system's fixation on COVID-19. Dimitri Timm, a 43-year-old loan officer from Watsonville, California, began feeling stomach pain in mid-June. He called his doctor, who suspected the coronavirus and directed Timm to an urgent care facility that handled suspected COVID-19 patients.

But that office was closed for the day. When he was finally examined the following afternoon, Timm learned his appendix had burst. "If my burst appendix had become septic, I could have died," he said.

The degree to which non-COVID-19 patients are falling through the cracks may vary by region. Doctors in Northern California, whose hospitals haven't yet seen an overwhelming surge of COV-

ID-19 cases, have continued to see other patients, said Dr. Robert Harrington, chairman of the Stanford University Department of Medicine and outgoing president of the American Heart Association. Non-COVID-19 issues were more likely to have been missed in, say, New York during the April wave, he said.

The American College of Cardiology and American Heart Association have launched campaigns to get patients to seek urgent care and continue routine appointments.

The impact of delayed care might be felt this winter if a renewed crush of COVID-19 cases collides with flu season, overwhelming the system in what CDC Director Robert Redfield has predicted will be "one of the most difficult times that we've experienced in American public health."

The health care system's ability to handle it all is "going to be tested," said Anthony Wright, executive director of Health Access California, an advocacy group.

But some patients who stay at home may actually be avoiding doctors because they don't need care. Yale University cardiologist and researcher Dr. Harlan Krumholz believes the pandemic could be reducing stress for some heart patients, thus reducing heart attacks and strokes.

"After the nation shut down, the air was cleaner, the roads were less trafficked. And so, paradoxically, people say they were experiencing less stress in the pandemic, not more," said Krumholz, who wrote an April op-ed in *The New York Times* headlined "Where Have All the Heart Attacks Gone?"

"While sheltering in place, they were eating healthier, changing lifestyles and bad behaviors," he said.

At least some medical experts agree.

"The shutdown may have provided a sabbatical for our bad habits," said Dr. Jeremy Faust, a physician in the division of health policy and public health at Boston's Brigham and Women's Hospital. "We're making so many changes to our lives, and that includes heart patients. If you go to a restaurant three times a week or more, do you realize how much butter you're eating?"

While some patients may be benefiting from a COVID-19 change of regimen, many people have urgent and undeniable medical needs. And some are pressing through their fear of the virus to seek care, after balancing the risks and benefits.

**There are patients who have fallen through the cracks because of the medical system's fixation on COVID-19.**

In March, when the virus took hold, Kate Stuhr-Mack was undergoing a clinical trial at Hoag for her stage 4 ovarian cancer, which had recurred after a nine-month relapse.

Members of her online support group considered staying away from the facility, afraid of contracting the virus. But Stuhr-Mack, 69, a child psychologist, had no choice: To stay in the trial, she had to keep her regular outpatient chemotherapy appointments.

"We all make choices, so you have to be philosophical," she said. "And I thought it was far more risky not to get my cancer treatment than face the office elevator."

*John M. Gliotona is a freelance journalist specializing in literary nonfiction. This KHN story was first published on California Healthline, a service of the California Health Care Foundation.*

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# Natural Remedies That Actually Work



Hot tea is a proven treatment that can help alleviate the symptoms of cold and flu.

Here are a dozen natural cures that have stood the test of time as ways to treat common maladies

**I**n the digital age, information that has stood the test of time is drowned out by the latest craze. Health trends and fad diets hawked by fitness gurus offer you endless ways to get fitter and be better, but how much of their advice will actually "stick" and become multi-generational wisdom?

If you'd like to learn a dozen best practices for your health that are "Grandma approved," read on and discover 12 natural remedies that were passed down through the ages because they actually work.

### 1. Neti Pot for Allergies

A neti pot is a traditional remedy used to cleanse the sinus passages of mucus, dust, and irritants, in much the same way that we bathe our bodies. Popular in the Far East, the tradition of the neti pot hasn't been widely adopted in the United States. However, natural health enthusiasts have kept the tradition alive to aid with seasonal allergies and most drug stores and pharmacies have them in stock.

A warm saline solution is prepared in the neti pot using distilled water. The spout is placed against each nostril, and with your head slightly tilted, the water is poured into each nostril while breathing through your mouth.

The water flows out the opposite nostril, carrying debris and pollen that lodge in your sinus cavities and cause irritation. The warm water soothes and relaxes the delicate sinus tissues and breathing can return to normal. Like bathing, neti pots must be used regularly to adjust to the routine and keep pollens at bay during allergy season. Some important neti pot tips:

- Use distilled water only
- Warm the water to 98.6 degrees F
- Use saline packets or make your own using 16 ounces of distilled water to 1 teaspoon mineral (not iodized) salt

### 2. Hot Tea for Cold and Flu

Tea is one of the oldest healing potions in the modern world. It is also one of the best studied. With more than 124 beneficial pharmacological actions in the GreenMed-

Info.com database, there are hundreds of health reasons to drink tea. And here's one more: It can help you get over a cold or flu faster.

Green tea is known to possess antiviral components and has demonstrated in trials to be inversely associated with influenza infection. These benefits are not limited to green tea. The herbal tea Echinacea Plus was found in a clinical trial to shorten cold and flu symptoms compared to placebo.

Why not add some honey to your cup? During cold and flu season, honey is a great way to enhance your tea's taste and healing properties. Honey not only increases flavor, a study published in *Archives of Medical Research* indicates it can also boost your immunity to influenza. And if you have some, add a squeeze of lemon juice for extra vitamin C and anti-inflammatory effects.

### 3. Turmeric for Joint Pain

One of the most therapeutic substances on Earth is a flowering plant known as *Curcuma longa*. You may not recognize the plant's name, but you know the bright orange culinary spice made from it that is a key ingredient in many popular Asian dishes. Turmeric is produced by grinding the *Curcuma longa* plant's roots into a fine powder. It has been studied in thousands of scientific trials, not for the enticing flavor, but for the herb's near-limitless healing properties.

For millennia, scientists and herbalists have been exploring the therapeutic properties in this magical herb. Widely used by athletes and active adults, turmeric and its isolated active ingredient, curcumin, have been shown to reduce joint pain and inflammation in ways that outperform many modern drugs.

In fact, a 2012 study showed that curcumin outperformed diclofenac, a standard arthritis treatment, and ibuprofen on arthritis pain and quality-of-life indicators with no negative side effects.

Like most herbs, consistent supplementation is key to effectiveness. That's not hard to do with turmeric. You can add it to your diet in delicious curries and exotic dishes or take it in supplement form. Golden milk tea, also called the turmeric latte, is another delicious way to benefit from the anti-inflammatory properties—and delicious taste—of this priceless plant.

### 4. Hydrotherapy for Muscle Strain

Spa bathing has been used to soothe the body and spirit for thousands of years. Ancient Romans used intricate plumbing systems to pipe and heat the healing mineral waters of places like Bath, England, so

they could rejuvenate and relax.

Whether it's occasional body pain from strain or overwork, or a chronic condition such as back pain or fibromyalgia, soaking, steaming, and showering can be a remedy that gets you on your feet again. The best part? You don't need to travel to a health spa to enjoy the benefits of hydrotherapy. Turn your bathroom into a healing oasis by finishing off your hot bath with a cold shower. It may seem like an abrupt way to finish, but just two minutes under a cold stream of water increases blood flow and lymphatic circulation and boosts your immunity, among other health benefits.

**A 2012 study showed that curcumin outperformed diclofenac, a standard arthritis treatment, and ibuprofen on arthritis pain and quality-of-life indicators with no negative side effects.**

### 5. Ice Packs for Swelling

Some minor injuries, such as a pulled muscle or a mild impact that causes swelling, can be effectively treated at home by applying an ice pack to the affected area. But how do you know if your injury should be treated by soaking in a hot bath or applying a cold pack?

Cold and heat are the most commonly applied at-home pain remedies. Heat therapies, such as a thermal mineral bath, are for relaxing stiff, aching muscles, and increasing blood flow to the area. Ice is generally used for recent acute injuries where swelling is present. Ice packs can help reduce swelling and pain from twisted ankles and strained elbows and slow any bleeding into the tissues that cause bruising.

The key to this remedy's effectiveness lies in elevating and resting the swollen area and applying the ice pack right away. Do not place ice directly on the skin; use a towel or cloth as a barrier. You can use a bag of frozen vegetables or place ice into a tea towel, just watch the area for signs of ice burn (when the skin turns pink) and do not ice for more than 30 minutes at a time.

### 6. Black Seed for Stomachache

You may already know about the therapeutic properties of black seed, aka nigella sativa. A traditional remedy that is said to cure "everything but death," black seed has been the focus of hundreds of studies. It is taken as a dietary supplement by natural health advocates the world over.

Continued on B4



Meaningful relationships are proven to be critical to your happiness and overall quality of life.

# Natural Remedies That Actually Work

Here are a dozen natural cures that have stood the test of time as ways to treat common maladies

Continued from B3

One of the ailments that black seed has proven useful for is gastritis, or inflammation of the stomach lining, a problem that affects everyone on occasion.

A bout of gastritis or upset stomach, symptoms of which include stomach pain, cramps, nausea, and sometimes vomiting, can be brought on by the use of oral medications, consuming too much alcohol or rich food, or simply experiencing a stress-filled day wherein proper nutrition is neglected. Another common trigger for gastritis is *Helicobacter pylori*, also known as *H. pylori*, a bacterium found in half the world's population that can lead to the development of stomach ulcers if left untreated.

Among the research done is a small study that showed a spoonful of ground black seed and honey paste, taken three times a day after meals, dramatically reduced symptoms and even eradicated the presence of *H. pylori* bacteria.

Making black seed a regular addition to your diet can have added benefits, as well. Multiple studies have shown the lipid-lowering effects of black seed on hypercholesterolemia, for example.

## 7. Intimacy for Depression

While it's important to take care of the physical body, the need for trusted social bonds is equally necessary for a vital, healthy life. Meaningful relationships are proven to be critical to your happiness and overall quality of life.

In a longitudinal study of young adults over 40 years that measured their happiness during college and again 35 years later, the happiest participants were the ones who said they valued and enjoyed their close relationships. Those who placed a high value on developing close bonds were the happiest across time.

In terms of intimacy versus isolation, intimacy is the remedy when isolation creates disease of the spirit. If you are partnered, make the effort to strengthen and sustain closeness by cuddling, eye-gazing, and sharing and listening with empathy.

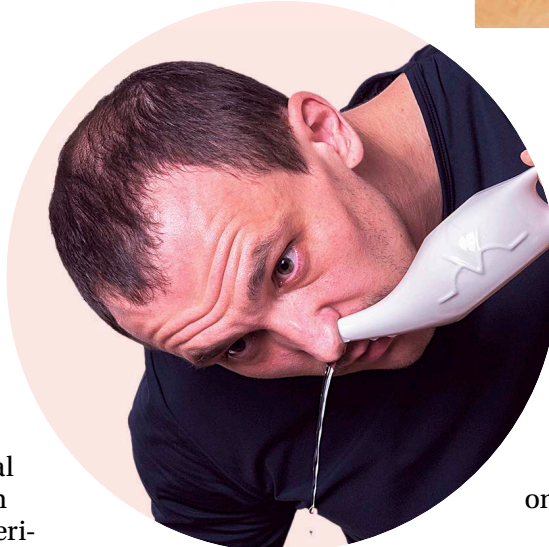
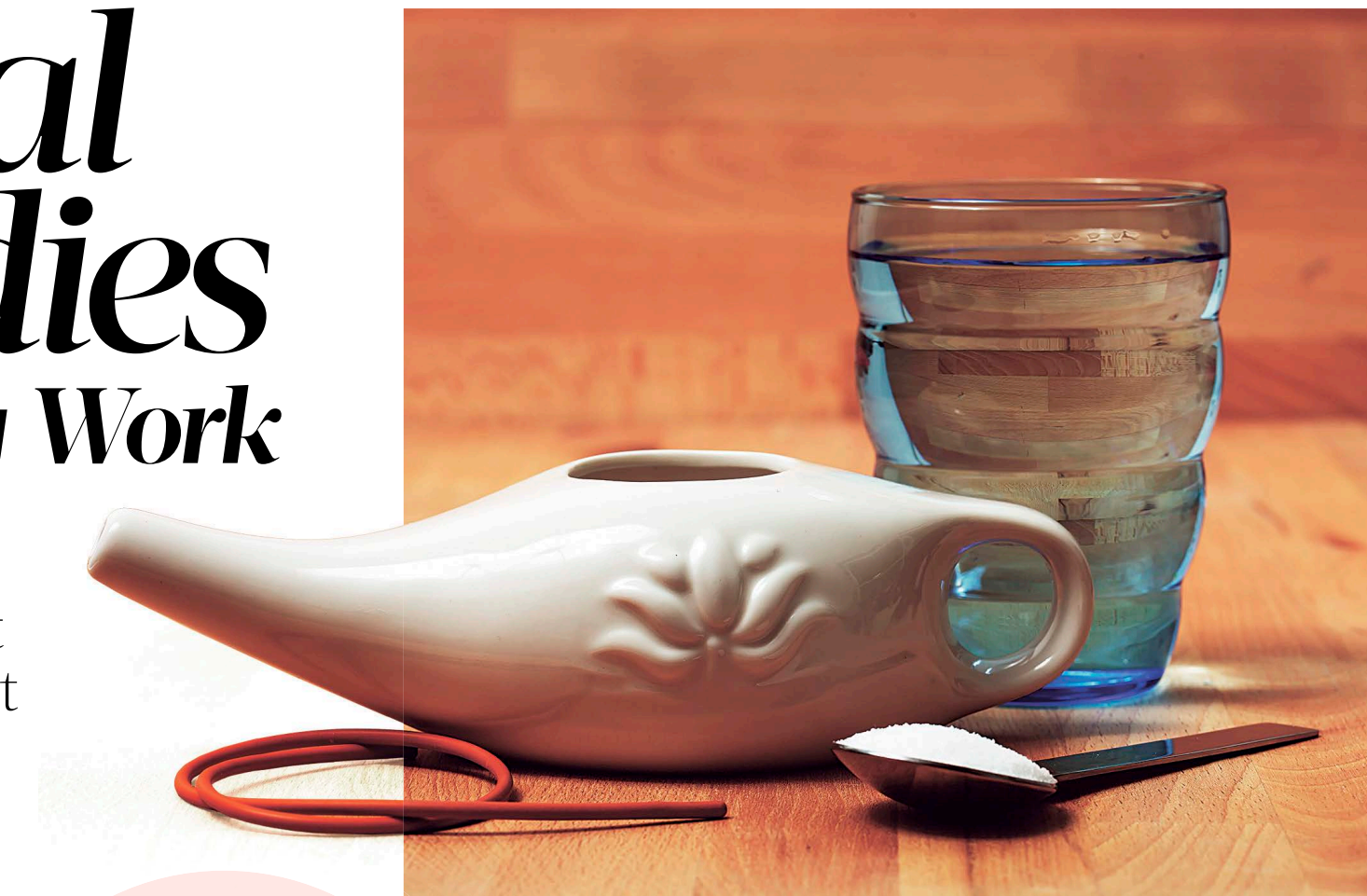
If you're single, consider the many health benefits of dancing with a partner. Age is not a barrier to entry, nor to receive the positive effects. A 2009 study published in *Nursing Times* found 67 patients in a dementia care unit who danced with staff members experienced a significant reduction in agitation, uplifted mood, increased social bonding, and improvement in overall quality of life. Added bonus—it's a great way to stay fit.

## 8. Apple Cider Vinegar for Odor

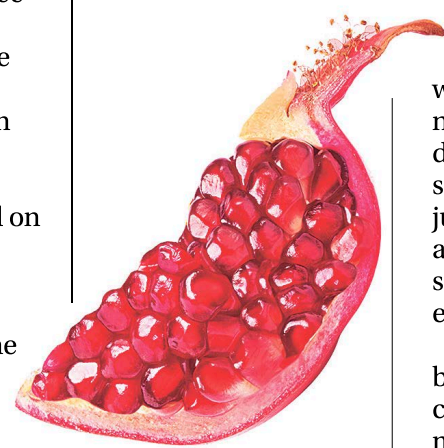
Another old remedy that really works was reportedly used by Hippocrates, the father of modern medicine, as far back as 400 B.C. Apple cider vinegar has health benefits that have been known for millennia, thanks to powerful antifungal and antimicrobial properties.

Thanks to its high acid profile, apple cider vinegar makes a wonderful remedy for halitosis. For an instant bad breath remedy, add 1/2 tablespoon of apple cider vinegar to a cup of purified water and gargle the mixture in your mouth for 10 seconds at a time until the cup is empty. Be sure to swish in the back of your cheeks and into your upper and lower gumline to eradicate any odor-causing bacteria.

Apple cider vinegar can help combat unpleasant body odors. For armpit odor,



A neti pot is a traditional remedy used to cleanse the sinus passages of mucus, dust, and irritants, in much the same way that we bathe our bodies.



Pomegranate juice is full of vital nutrients and a mega-dose of antioxidants.



Arnica montana is a natural ibuprofen alternative that can quell minor pain.



Eucalyptus has anti-inflammatory properties and can clear sinuses.

wipe your underarm area each morning with undiluted apple cider vinegar on a cloth or cotton ball before applying a natural deodorant. Be sure to avoid antiperspirants containing aluminum and other cancer-causing chemicals. For foot odor, fill a pan with warm water and add 1/3 cup of apple cider vinegar, then let your feet soak in this mixture for 15 minutes once per week.

## 9. Pomegranate Juice for Fatigue

Pomegranate is an exceptionally healthy food, as attested by the volume of supportive literature on its diverse applications. Eating the fruiting ovary of the pomegranate bush is so beneficial, it just might save your life by cutting your risk of cancer or heart disease. And on those low-energy days, a shot of pomegranate juice may also save your to-do list.

For a quick pick-me-up, 4-6 ounces of pomegranate juice is a great way to ward off fatigue with the help of its vital nutrients and its mega-dose of antioxidants. This drink can also help maintain stable blood sugar levels. Pomegranate juice has demonstrated in multiple trials to contribute to blood sugar homeostasis, making it useful in managing energy throughout the day.

Pomegranate juice can help regulate blood pressure, another factor that can contribute to fatigue. Pomegranate's remarkable astringency can be felt in your mouth after eating the fruit or drinking its juice, and it may be key to pomegranate's energizing superpowers.

When blood flow is impeded to the heart, energy levels dip, such as in cases of atherosclerosis, when arterial plaque builds up in the arteries. In a three-year trial of patients with atherosclerosis who supplemented their diet with pomegranate juice, artery-clogging plaque was reduced by up to 30 percent, effectively reversing the disease process by up to 39 percent within one year.

Another study showed patients that drank pomegranate juice experienced a 130 percent increase in their antioxidant status.

## 10. Arnica for Bruising

Arnica montana is a perennial flower in the same family as sunflowers, dandelions, and marigolds. Sometimes called the "mountain daisy," arnica is a natural ibuprofen alternative that can be useful to quell minor pain and bruising associated with superficial injuries.

Due to the highly addictive nature of opioids and arnica's usefulness for both pain and bruising, arnica has become a popular remedy after cosmetic surgeries such as facelifts. A study comparing the effects of topically applied compounds on bruise healing found that 20 percent arnica reduced bruising more than three alternatives; white petrolatum, 5 percent vitamin K, 1 percent vitamin K and 0.3 percent retinol.

Arnica is generally applied as an ointment or gel and can be purchased in homeopathic formulas and as a flower remedy.

## 11. Eucalyptus for Stuffy Nose

Known for its invigorating fragrance, eucalyptus is revered for its ability to soothe irritated sinuses and make breathing easier when you have a stuffed-up nose. Eucalyptus has anti-inflammatory properties that may contribute to this airway-clearing effect.

You can enjoy the therapeutic proper-

ties of eucalyptus by adding a few drops of its essential oil to a humidifier, especially if you place it by your bed at night. If your stuffy nose is acute, try adding fresh eucalyptus leaves or 10-12 drops of essential oil to a bowl of steaming water, then placing a towel over your head while you breathe in deeply.

## Soaking, steaming, and showering can be a remedy that gets you on your feet again.

This practice can also have a beneficial effect on your lungs, as evidenced by a 2018 study on mice with induced emphysema that experienced lung repair after inhaling eucalyptus vapors 15 minutes a day for 60 days.

## 12. Healthy Habits for Under-Eye Circles

Dark circles under your eyes can be the result of many causes, including genetics, dietary deficiencies, stress, sleep deprivation, and smoking, among other factors. No single remedy will work for everyone; however, you can take a multi-pronged approach to reduce dark circles and restore a fresh-faced appearance.

Make sure you are well hydrated by consuming around 2 liters of purified water each day. Next, eliminate nutrient deficiencies by eating a diverse diet of whole, organic foods. Sleep is crucial to reducing dark circles, so do your best to get a full 7-9 hours of sleep each night, preferably in a cool room with fresh, circulating air.

If you're currently using cigarettes, consider a smoking cessation program. Radiation exposure from cigarettes is 36 times worse for your health than working at a nuclear reactor, so you can bet it contributes to dark under-eye circles.

Finally, sunlight deficiency may be as deadly as smoking, so be sure to get at least 15 minutes of unfiltered sunlight daily to boost important vitamin D levels.

## Multiple studies have shown the lipid-lowering effects of black seed on hypercholesterolemia.

While some stress is unavoidable, don't let life's pressures deter you from adhering to these healthy habits. By prioritizing self-care, you will remain stronger, healthier, and more capable of managing life's stressors in a balanced way.

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# COVID-19: Why Are Some People Experiencing Long-Term Fatigue?

Chronic fatigue often follows viral infections but doctors aren't adequately trained to diagnosis and manage it

FRANCES WILLIAMS

People who have been seriously unwell and treated in intensive care units can expect to take some months to recover fully, regardless of their ailment. However, with COVID-19, the evidence is mounting that some people who have had relatively mild symptoms at home may also have a prolonged illness. Overwhelming fatigue, palpitations, muscle aches, pins, and needles, and many more symptoms are being reported as aftereffects of the virus. Around 10 percent of the 3.9 million people contributing to the COVID Symptom Study app have effects lasting more than four weeks.

Chronic fatigue—classified as fatigue lasting more than six weeks—is recognized in many different clinical settings, from cancer treatment to inflammatory arthritis. It can be disabling. If 1 percent of the 290,000 or so people who have had COVID-19 in the UK remains under the weather at three months, this will mean thousands of people are unable to return to work. They will probably have complex needs that the NHS is ill-prepared to address at present.

COVID-19 is not the only cause of chronic fatigue. Prolonged fatigue is well recognized after other viral infections such as the Epstein-Barr virus, which causes infectious mononucleosis (also known as glandular fever). Post-viral fatigue was also seen in a quarter of those infected with the original SARS virus in Hong Kong in 2003.

When it comes to treating chronic fatigue, the emphasis previously has been on effective treatment of the underlying disease, in the belief that this would diminish the fatigue. However, for most viral infections there is no specific treatment, and because COVID-19 is so new, we don't yet know how to manage post-COVID fatigue.

## What might be causing post-COVID fatigue?

Although we know that lasting fatigue can sometimes follow other viral infections, detailed mechanistic insight is, for the most part, lacking. An ongoing viral infection in lung, brain, fat, or other tissue may be one mechanism. A prolonged and inappropriate immune response after the infection has been cleared might be another.

However, a previous study has given us some insight. When a chemical called interferon-alpha was given to people as a treatment for hepatitis C, it generated a flu-like illness in many patients and post-viral fatigue in a few. Researchers have studied this "artificial infection response" as a model of chronic fatigue. They found that baseline levels of two molecules in the body that promote inflammation—interleukin-6 and in-



Tocilizumab is typically used to treat rheumatoid arthritis.

terleukin-10—predicted people's subsequent development of chronic fatigue.

Of particular interest, these same pro-inflammatory molecules are seen in the "cytokine storm" of severely ill COVID-19 patients. This suggests there might be a pattern of immune system activation during the viral infection that is relevant to ongoing symptoms. Further support for interleukin-6 playing some sort of role comes from the successful use of tocilizumab—a treatment that lessens the impact of interleukin-6 and reduces inflammation—to treat severe COVID-19.

## Chronic fatigue doesn't lie within the remit of a single medical specialty, so it's often overlooked in medical school curricula, and doctors are poorly trained in the diagnosis and management of chronic fatigue.

### What Needs to Happen Next

At TwinsUK at King's College London, we investigate the genetic and environmental factors that influence disease by studying twins. We're using the COVID Symptom Study app to examine the long-lasting symptoms being reported. We're sending out questionnaires to the volunteer adult twins on our database, many of whom were included previously in immune system studies long

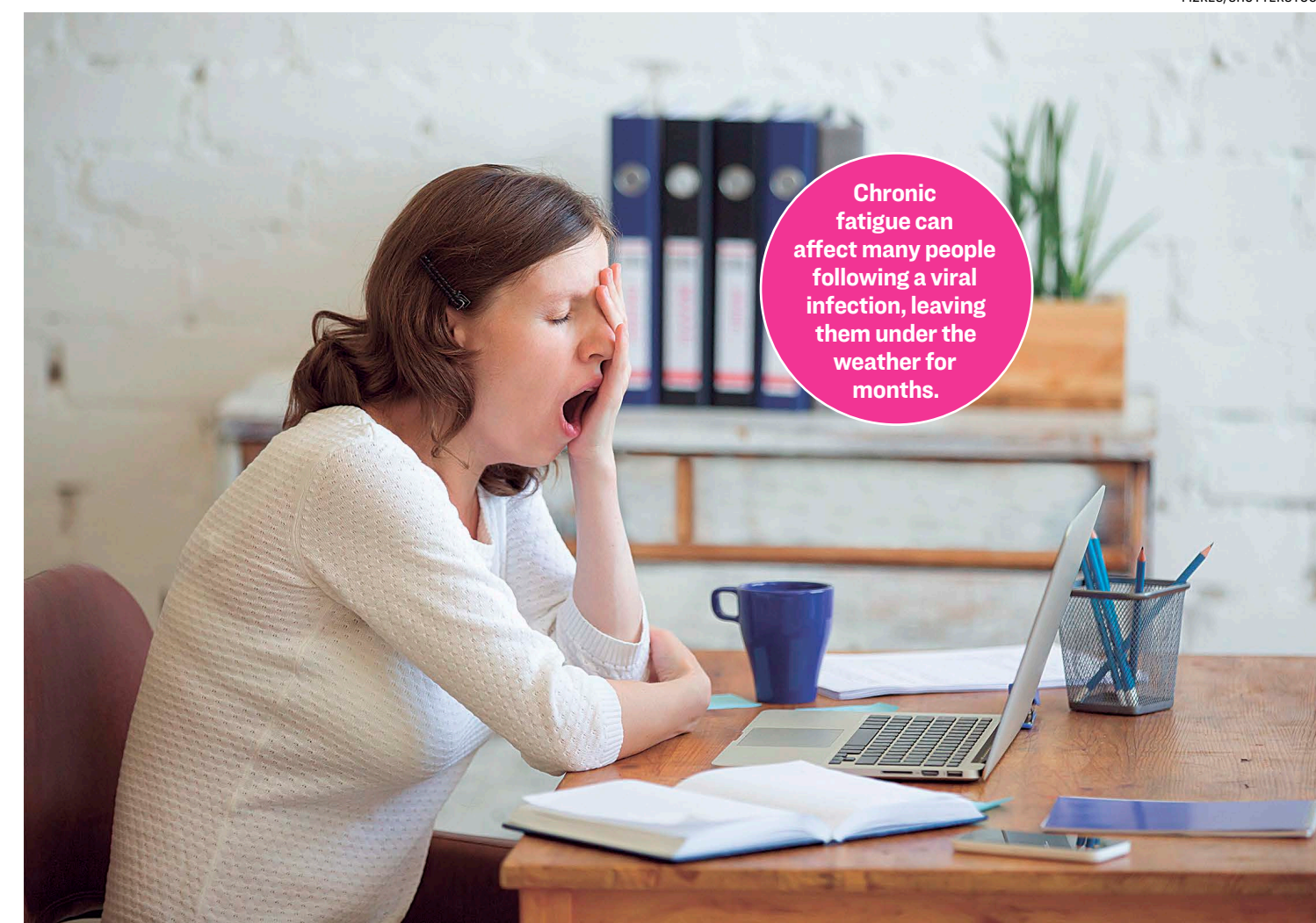
before the coronavirus pandemic. We aim to define "post-COVID syndrome" and look at markers in the blood to shed more light on the immune mechanisms contributing to long-term symptoms.

This will be a challenging study to design: people with COVID-19 have had more than just a viral infection in the normal run of things. Their illness has taken place during unprecedented social change, restriction in movement, and a time of great anxiety and difficult-to-quantify risks—all accompanied by 24-hour rolling news. Some patients have been very sick at home and thought themselves close to death. For this reason, we'll also be examining post-traumatic stress, as the interpretation of reported symptoms must be set in context.

Chronic fatigue doesn't lie within the remit of a single medical specialty, so it's often overlooked in medical school curricula, and doctors are poorly trained in the diagnosis and management of chronic fatigue. But recent progress has been made and online training is available for doctors that cover how to care for at least those with the most severe symptoms.

Guidance for patients in managing chronic fatigue and how to conserve energy is also now available. The important thing to stress is that taking out a gym membership and pushing exercise is the wrong thing to do and can set people back considerably. Small efforts—mental or physical—should be followed by rest. Return to work, when it happens, should be a gradual and graded process. Learning to pace activities is very much the order of the day.

*Frances Williams is a professor of genetic epidemiology and honorary consultant rheumatologist at King's College London in the U.K. This article was first published on [The Conversation](http://TheConversation.com).*



# Wealthier Men Twice as Likely to High Blood Pressure: Japanese Study

Research affirms that higher income men prone to developing undesirable lifestyles while women are not

MAT LECOMPTE

Approximately 1 billion adults worldwide have high blood pressure, which is continuously being monitored and studied. New research focuses on how wealth can affect those who suffer from high blood pressure.

A new study presented at the 84th Annual Scientific Meeting of the Japanese Circulation Society has found that working men with higher incomes are more likely to develop high blood pressure. Dr. Shingo Yanagiya of the Hokkaido University Graduate School of Medicine, who was involved in the study, points out that Japan alone has more than 10 million people with high blood pressure.

## There was no significant link between income and blood pressure found in women.

"High blood pressure is a lifestyle-related disease. As a physician seeing these patients, I wanted to know if risk varies with socioeconomic class, to help us focus our prevention efforts," he said.

For the study, researchers examined the relationship between household income and high blood pressure in Japanese employees. A total of 12 workplaces were monitored, which included a total of 4,314 staff members (3,153 men and 1,161 women) with daytime jobs. All participants had normal blood pressure at the start of the study.

Four groups were monitored according to annual household income. These included less than 5 million yen (US\$47,000), 5 million to 7.9 million (\$74,000), 8 million to 9.9 million (\$93,000), and 10 million or more Japanese yen per year. Over two years, researchers investigated the association between income and the development of high blood pressure.

Compared to men in the lowest income category, men in the highest income group were nearly twice as likely to develop high blood pressure. Participants in the 5 million to 7.9 million yen and 8 million to 9.9 million yen groups showed a 50 percent higher risk of developing high blood pressure compared to men with the lowest incomes. These findings were consistent, regardless of age, occupation, and other lifestyle factors.

## Wealthy Women Not at Higher Risk

There was no significant link between income and blood pressure found in women. However, a lower risk of developing high blood pressure was found in those with higher household income.

"Some previous Japanese surveys have reported that higher household income is associated with more undesirable lifestyles in men, but not in women," said Dr. Yanagiya. "Our study supports this: men, but not women, with higher household incomes were more likely to be obese and drink alcohol every day. Both behaviors are major risk factors for hypertension."

High blood pressure is the leading global cause of premature death, accounting for almost 10 million deaths a year. Of those, 4.9 million deaths were due to ischemic heart disease, and 3.5 million were due to stroke. Researchers for the study concluded that men with high-paying daytime jobs are at particular risk for high blood pressure.

Men of all ages could significantly decrease their chance of heart attack or stroke by improving their health behaviors. This could include eating healthy, exercising, and controlling weight.

*Mat Lecompte is a freelance health and wellness journalist. This article was first published on [BelMarra Health](http://BelMarraHealth.com).*



# 7 Ways to Cope With Uncertainty

What should we do when everything feels so out of control?

CHRISTINE CARTER

Living with so much uncertainty is hard. Human beings crave information about the future in the same way we crave food, safety, and other primary rewards. Our brains perceive ambiguity as a threat and try to protect us by diminishing our ability to focus on anything other than creating certainty.

Research shows that job uncertainty, for example, tends to take a more significant toll on our health than actually losing our job. Similarly, research participants who were told that they had a 50 percent chance of receiving a painful electric shock felt far more anxious and agitated than participants who believed they were definitely going to receive the shock.

It is no surprise, then, that there are entire industries devoted to filling in the blanks of our futures. See, for example, the popularity of astrology apps, or the prestige of management consultancies dedicated to strategic planning.

But sometimes—maybe always—it's more effective not to attempt to create certainty. Though our brains are rigged to resist uncertainty, we can never really know what the future will bring. And in improbable situations such as this pandemic, which has massively disrupted our routines and utterly destroyed our best-laid plans, we need to learn to live with ambiguity. "Uncertainty is the only certainty there is," wrote mathematician John Allen Paulos. "Knowing how to live with insecurity is the only security."

So how can we best cope when everything feels so out of control? Here are seven surprising strategies.

**1. Don't Resist**  
There's no doubt: We are living through

**Acceptance allows us to see the reality of the situation in the present moment.**

Meaning and purpose are wellsprings of hope.



challenging times. But resisting this current reality won't help us recover, learn, grow, or feel better. Ironically, resistance prolongs our pain and difficulty by amplifying the challenging emotions we are feeling. There is real truth to the aphorism that what we resist persists.

There's an alternative. Instead of resisting, we can practice acceptance. Research by Kristin Neff and her colleagues has shown that acceptance—particularly self-acceptance—is a counterintuitive secret to happiness. Acceptance is about meeting life where it is and moving forward from there.

Because acceptance allows us to see the reality of the situation in the present moment, it frees us up to move forward, rather than remaining paralyzed (or made ineffective) by uncertainty, fear, or argument. To practice acceptance, we surrender our resistance to a problematic situation, and also to our emotions about the situation.

For example, you might find your marriage to be particularly challenging right now. Instead of criticizing or blaming your spouse—two tactics of resistance—you could calmly accept your marriage for the time being.

That doesn't mean that you won't feel frustrated anymore, or disappointed, or saddened by the state of things. A big part of acceptance is accepting how we feel about difficult circumstances (and difficult people) in our lives. But allowing our challenging marriage to be as it is right now—and acknowledging our feelings about it—puts us in a better position to move forward.

To be clear, acceptance is not the same as resignation. Accepting a situation doesn't mean that it will never get better. We don't accept that things will stay the same forever; we only accept whatever is actually happening at the moment. We can work to make our marriage happier, while at the same time allowing the reality that right now, the relationship or the situation is complicated. Maybe it will get better, maybe it won't. Practicing acceptance in the face of difficulty is hard, and it's also the most effective way to move forward.

**2. Invest in Yourself**  
The best resource that you have right now for making a contribution to the world is YOU. When that resource is de-

pleted, your most valuable asset is damaged. In other words: When we underinvest in our bodies, minds, or spirits, we destroy our most essential tools for leading our best lives.

We humans don't do well when we defer maintenance on ourselves. We need to sustain the relationships that bring us connection and meaning. We must get enough sleep and rest when we're tired. We need to spend time having fun and playing, just for the joy of it.

Don't be confused: Self-care is not selfish. Selfishness is an anxious focus on the self. Selfish people tend to refer back to themselves a lot by using words like I, me, and mine. They pursue extrinsic goals, such as preserving their youthful beauty or cultivating an image of themselves on social media. They often hunger for more money, power, and approval from others, and they are often willing to pursue these things at the expense of other people or at the expense of their own integrity. That sort of self-focus is linked to stress, anxiety, depression, and health problems such as heart disease.

So, I'm definitely not recommending selfishness. I'm suggesting self-care and personal growth.

**3. Find Healthy Comfort Items**  
One of the most important ways we can invest in ourselves is to comfort ourselves in healthy ways.

If we are to stay flexible, we need to feel safe and secure. When we feel uncertain or insecure, our brain tries to rescue us by activating our dopamine systems. This dopamine rush encourages us to seek rewards, making temptations more tempting. Think of this as your brain pushing you toward a comfort item... like an extra glass of wine instead of a reasonable bedtime. Or the entire pan of brownies. Or an extra little something in your Amazon cart.

But instead of turning to social media, junk food, or booze to soothe our rattled nerves, we do better when we preemptively comfort ourselves in healthy ways.

Make a list of healthy ways to comfort yourself. Can you mask up and go for a hike with a neighbor? Schedule a call with a friend? Reflect on what you are grateful for? Let yourself take a little nap? Perhaps you could seek out a hug or watch a funny YouTube video.

Those things may seem small—or even luxurious—but they enable us to be the people that we want to be.

**4. Don't Believe Everything You Think**  
Perhaps the most essential stress-reduction tactic that anyone has ever taught me is not to believe everything I think. In uncertain



Instead of turning to social media, junk food, or booze to soothe our rattled nerves, we do better when we preemptively comfort ourselves in healthy ways.



times, it's particularly important not to believe thoughts that argue for the worst-case scenario.

It can be helpful for us to consider worst-case scenarios so that we can weigh risks and actively prevent disaster. But when we believe these stressful thoughts, we tend to react emotionally as though the worst case is already happening in real life, rather than just in our heads. We grieve for things that we haven't actually lost, and react to events that are not actually happening. This makes us feel threatened, afraid, and unsafe when we are simply alone with our thoughts.

Our negativity bias can also set us up for failure. Expectations can become a self-fulfilling prophecy. When we expect the worst, we often feel too afraid or close-minded to seize opportunities or respond to challenges with creativity and grit.

Instead of buying into every stressful thought, we can actively imagine the best possible scenario. We can find silver linings to replace ruminations. This counters our natural tendency to overestimate risks and negative consequences.

**5. Pay Attention**  
The opposite of uncertainty is not certainty; it's presence. Instead of imagining a scary and unknown future, we can bring our attention to our breath. From there, we can check in with ourselves. Every time we wash our hands, for example, we could ask ourselves: How are you doing right now? Notice what emotions you're feeling, and where in your body you feel those emotions. Bring curiosity and acceptance to your experience (see #1).

**Resistance prolongs our pain and difficulty by amplifying the challenging emotions we are feeling.**

Even when it feels like everything is out of our control, we can still control what we pay attention to. We can turn off our alerts to keep the news or social media from hijacking our awareness. We can drop our ruminations and negative fantasies by attending to what's actually happening in our inner world, right now, here in the present.

Attending to what is happening within us at any given moment keeps a crappy external reality from determining our inner truth. It allows us to cultivate calm, open-mindedness, and non-reactivity.

**6. Stop Looking for Someone to Rescue You**  
When we act as though we're powerless, we get trapped in narratives that leave us feeling angry, helpless, and trapped. And we start hoping other people will save us from our misery.

Although it can feel good when others dote on us, most rescuers don't really help. Our friends might want to save us—because helping others makes people feel good—and their intentions may be noble. But rescuers tend to be better enablers than saviors. If we stay stuck, they get to keep their role as our hero, or they get to distract themselves from their own problems.

Rescuers tend to give us permission to avoid taking responsibility for our own lives. On the other hand, emotionally supportive friends (or therapists) see us as capable of solving our own problems. They ask questions that help us focus on what we do want instead of what we don't.

In short: To best cope with uncertainty, we need to stop complaining. When we drop our fixation on the problem, we can focus on the outcomes we desire. How can we make the best of this mess? What can we gain in this situation?

When we take responsibility for our lives, we trade the false power of victimhood for the real power that comes from creating the life we want.

**7. Find Meaning in the Chaos**  
Social psychologists define meaning, as it applies to our lives, as "an intellectual and emotional assessment of the degree to which we feel our lives have purpose, value, and impact." We humans are best motivated by our significance to other people. We'll work harder and longer and better—and feel happier about the work we are doing—when we know that someone else is benefiting from our efforts.

For example, teens who provide tangible, emotional, or informational support to people in crises tend to feel more strongly connected to their community. Research shows that we feel good when we stop thinking about ourselves so much and support others.

When we see something that needs improvement, our next step is to recognize what we personally can do to be a part of the solution. What skills and talents (or even just interests) can we bring to the issue? What really matters to us, and how can we be of service?

Meaning and purpose are wellsprings of hope. When the world feels scary or uncertain, knowing what meaning we have for others and feeling a sense of purpose can ground us better than anything else.

So, don't just wait for this ordeal to be over. Don't be resigned to your misery. What have you always wanted to do? What outcome are you hoping for? How can you make a real life in this? Live that life.

*Christine Carter, Ph.D., is a senior fellow at the Greater Good Science Center. She is the author of "The New Adolescence: Raising Anxious and Successful Teens in an Age of Anxiety and Distraction" (BenBella, 2020), former director of the GGSC, and served for many years as the author of its parenting blog, "Raising Happiness." This article was first published by the Greater Good online magazine.*

BECOMING MINIMALIST

## Things Worth Being Famous For

Here are 12 attributes worth developing for meaningful reknown

JOSHUA BECKER

Fame is a terrible master. Some people will do anything for fame—just watch some reality television. Others will do anything to stay out of the spotlight entirely. In its most simple definition, "famous" means to be widely known. Of course, fame, just like wealth, is entirely relative. "Widely" can mean lots of different things:

After all, there is world-famous, internet-famous, and barely-famous. Hollywood has A-List, B-List, C-List, and even D-List celebrities. There are people who are famous in your industry, famous in your town, or famous in your church. One time, I was even introduced to a man behind his grill as "the man who is famous for his BBQ grilled chicken." As best I could tell, he's only cooked for his immediate family.

"Fame" clearly means something different to different people. To be famous is to be known for something among a group of people. Given that understanding, might I suggest we all aim for fame.

Not fame for wrong reasons, but fame for all the right reasons. The reality is we are all going to be remembered for something—that cannot be avoided. So we might as well aim to be known, among those who know us best, for the right reasons.

**If you are known as the person who lights up a room and spreads genuine joy wherever you go, you have created a wonderful echo in the world.**

12 Things We Should All Strive to Become Famous For:

**1. Kindness.** I have a good friend who I once introduced to a neighbor. Shortly after their first meeting, my neighbor said to me, "Bob may be the kindest man I have ever met in my entire life." What an amazing compliment. Kindness... that is something I want to be known for.

**2. Generosity.** Many are drawn to riches, but few are drawn to generosity. But generosity makes our world a better place. It improves the life of the receiver and the giver. And yet, it is still too rare in our world today.

**3. Perseverance.** At some point, everybody gets knocked down by life. But keeping on our feet is not the final measure of a person. Get-

ting back up after a fall, that's what matters. Remaining determined in the face of hardship takes perseverance and perseverance is a trait worth being known for.

**4. Faithfulness.** To be known at the end of my life for being faithful to my wife, my kids, and my obligations is among my loftiest pursuits. I may be known for many things, but I'd trade them all to keep this reputation.

**5. Empathy.** Empathy is the ability to understand and share the feelings of another. And empathy lays the foundation for countless good deeds in the lives of others.

**6. Intentionality.** Our lives and resources are limited. To be intentional with our time, our money, and our responsibilities is an important pursuit. And those who discover it are highly regarded.

**7. Cheerfulness.** If you are known as the person who lights up a room and spreads genuine joy wherever you go, you have created a wonderful echo in the world.

**8. Selfless.** There is more than one way to achieve many of the items on this list (kindness, empathy, generosity)—some may even be achieved for selfish gain. But the only way to be known for selflessness, in the long run, is to be genuinely selfless.

**9. Encouraging.** An encourager, by default, cheers for the other person. They are not interested in winning at every cost. Quite the opposite in fact. They want to see everyone win and work toward that end. As a result, they are beloved by many.

**10. Contentment.** A contented life is enjoyable, desirable, and admirable. Those who don't have it, feel the absence of contentment deeply. Finding contentment can make you an example to those around you.

**11. Peacemaking.** If we need anything in this world today, we need more peacemakers. Blessed are you if you become one.

**12. Loving.** As the old saying goes, "but the greatest of these is love." Become famous for loving others and you'll never regret it.

Fame, as defined by society, is fleeting. It is a terrible master. But there is still the reality that when our lives are over, we will be remembered for something. So make it something worth being famous for.

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

SEVENTYFOUR/SHUTTERSTOCK



We are all known for something and may be famous in our own circle. Best to be famous for something good.



## WISE HABITS

# Showing Up Even When You're Not Feeling It

Our meaningful work is made more rewarding by the challenges it takes to complete

LEO BABAUTA

**S**ome days, you're just not feeling it. It's not that you're exhausted, it's that you're not in the mood to do the important task that's in front of you.

You want to just go to distractions all day long, do anything but this thing you're resisting.

I get it. I have these days, too. And sometimes, the answer is just rest.

Other times, it's useful to find a way to do the work anyway, because if we only do our important work when we feel like it, we might not ever get it done.

It's useful to learn to do it even when we're not feeling it.

But how do we do that?

## The Mistaken Belief

Most of us have an expectation that we should feel in the mood to do something. We should be excited, rested, focused. And when we do it, it should be easy, comfortable, fun, pleasurable. Something like that.

That results, predictably, in running from the things that feel hard, overwhelming, uncomfortable. It means that when we're not feeling it, we are going to run to distractions and comforts. Nothing wrong with this, but it usually creates a life we're not happy with.

When we do the thing we don't want to do, it is often uncomfortable or difficult. We feel like we're forcing ourselves to do something we really don't want to do, which can feel coercive.

No wonder we avoid it. Who wants to feel coerced?

But that comes from our belief that we should only do things when we're feeling in the mood, and that things should be easy, comfortable, and fun. That means we can never do anything hard.

What if we could open to doing hard things, and maybe even loving them?

## Doing Hard Things When I'm Not Feeling It

So for me, I try to notice when I have an expectation that I be in the mood, or that the thing be easy, fun, or comfortable. Just noticing the expectation allows me to choose.

Once I'm in a place where I can choose, I can decide that actually, it's not just "fine" that I do things that are uncomfortable when I'm not in the mood, it's an experience I choose to practice with.

I choose to open myself to this work.

I choose to move into something challenging, difficult, uncertain, uncomfortable. Just like I choose to do a workout or go for a run, even when they're hard.

And further, I can actually love the experience. Sure, it might not seem

like it but can you love a child when they're being difficult? You might not love the way they're being, but you can love them. You can love any of your friends or family when they're difficult—the way their being might not be your favorite, but you love them anyway.

I can love writing this article, even if I'm not quite in the mood for it. I can change my experience, by being grateful that I get to write it. That I'm even alive right now. That I have so much love in my life that people want to read this.

And I can see that some tasks are a brick in the larger building that I'm putting together. One brick at a time, I'm creating a meaningful future. I can wait to be happy when the building is done—or I can love every brick. I choose to love the brick, and the laying of that brick.

Many of our most meaningful experiences are difficult. Running a marathon, giving birth to a child, creating anything important or meaningful. These are not easy experiences, and yet, they're more meaningful because they're not easy. Would we rob ourselves of these meaningful experiences by

shying away from their difficulty?

So the training is to 1) notice the expectation that has me shying away from the work, and 2) open myself up to the meaningful experience of that work, despite its difficulty, despite my not "feeling it."

**Most of us have an expectation that we should feel in the mood to do something.**

There's something beautiful that happens when you do something even when you're not feeling it.

*Leo Babauta is the author of six books, the writer of "Zen Habits," a blog with more than 2 million subscribers, and the creator of several online programs to help you master your habits. Visit ZenHabits.net*



INNA VLASOVA/SHUTTERSTOCK

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