



"Reaching From The Heart"

ISSUE: SUMMER 2022



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# MATTERS OF THE Heart

Georgia's Family Caregiving Magazine

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**MATTERS OF THE HEART Magazine**  
Established 2020

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**MATTERS OF THE HEART Magazine is a FREE** on-line magazine, published quarterly (March, June, September, December), at [www.nationalcaregiversnetwork.com](http://www.nationalcaregiversnetwork.com).

We offer a printed magazine copy to a discrete listing of businesses, religious organizations, group organizations, civic associations and professional chapters. MATTERS OF THE HEART Magazine Publication (DBA) is a subsidiary of The National Caregivers Network which is commonly referred to as [ncngeorgia.com](http://ncngeorgia.com). Back Order copies of MATTERS OF THE HEART are available at \$5.25 per copy (minimum 50 copies), plus sales tax, if applicable, shipping and handling. **ONLY Cashier Certified Checks and Money Orders accepted.** Delivery range 2-3 weeks; unless agreed in writing, an absolute delivery date is not critical in producing this project. We do not offer individual subscriptions at this time. Make your check or money order payable to National Caregivers Network, LLC and mail to:

**National Caregivers Network, Magazine Subscription,**  
1114 GA Highway 96, Suite C-1, #177, Kathleen, GA 31047.

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## Publisher's Commerical Welcome!

**Dear Prospective Georgia and National Business, Industry, Organization, and Community Sponsors and Individual Advertisers:**

Welcome to the **OFFICIAL LAUNCH** of the ***Matters of the Heart Magazine*** Advertising Campaign!

It is a privilege and a pleasure to introduce the **Houston County, Georgia FREE *Matters of the Heart Online Magazine***, which was founded and first published in December 2020! Since that time, we have published a

total of 7 quarterly issues (December 2020 through June 2022). Most amazingly, ***Matters of the Heart Magazine*** is **GOOGLE-RATED** (fall, 2021) as **Georgia's NUMBER ONE (i.e., the "BEST") Family Caregiving Magazine!** We are thrilled by this extraordinary rating, and proud to have earned the public's trust in **the critically important healthcare, healthy lifestyle, and nutrition matters** that will continue to positively impact the many multicultural families of Georgia and the nation!

Today, we are expanding our marketing to broadly distribute copies of the ***Matters of the Heart Magazine*** not only in Georgia, but also nationally; therefore, I am asking and encouraging you to show your support for the ***Matters of the Heart Magazine*** by **advertising in our magazine.**

As I am sure you understand, in the culture of **Covid-19**, the need has never been greater to address the **lifestyle (nutrition, exercise, etc.), medical, and other health needs** of the citizens of Georgia and the nation.



**MATTERS OF THE HEART** Georgia's Family Caregiving Magazine is published quarterly.

For advertising information contact [info@ncngeorgia.com](mailto:info@ncngeorgia.com).

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**The University of Georgia's Selig Center for Economic Growth released its Annual 2021 Multicultural Economy Report.** The Center found that the buying power of multicultural groups has skyrocketed in the United States since 1990. Specifically, the buying power of Asian Americans, Hispanic Americans, African Americans, and Native Americans has increased significantly. **The Director, Jeff Humphries, also noted that there are clear differences in buying patterns by multicultural groups.**

The Selig Center defines buying power as the amount of income after taxes. **The buying power of these multicultural groups has increased from \$458 billion in 1990** when the Center began tracking this information, **to \$3 trillion in 2020!** The multicultural groups' United States buying power increased from 10% in 1990, to 17% in 2020. This increase in buying power was due to population changes, entrepreneurial activities, and higher education attainment.

As a result of **This Annual Report**, those seeking media exposure or advertisement should be sensitive to a few points. **First**, the Director of the Selig Center for Economic Growth, Jeff Humphries, noted that **businesses can no longer simply cater to a "one-size fits all strategy," and media outlets should be careful to cater to the consumers of the market. Second, one should seek out niche markets that cater to certain multicultural groups based on their preferences for purchases.**

**Third, new outlets such as magazines, newspapers, social media outlets, and other media sources that cater to multicultural groups should be given serious consideration.**

We invite you to view our online ***Matters of the Heart Magazine!*** Thank you for sincerely caring about the health and multiculturalism of our community and our nation. We hope that you will accept our ***Invitation to Advertise.*** Please RSVP your intent at [info@ncngeorgia.com](mailto:info@ncngeorgia.com) to indicate your interest in working with the family caregiving magazine with the highest quality – bar none! [For your information, we print a limited number of hardcopies. If you prefer to receive a hardcopy of our magazine, please contact us at the address above, and we will see that you receive a hardcopy of each issue!]

**OUR VISION: Keep your eyes open for future issues in SPANISH, as well as other languages! Translations of back copies will be available soon, too!**

I hope that I can count on your support today. Let us aspire to inspire community and business development together!

Best regards,

*Shirley A. Morman*

**Shirley A. Morman, Publisher & Editor-In-Chief**  
 Email: [info@ncngeorgia.com](mailto:info@ncngeorgia.com)

*"I can do ALL THINGS THROUGH CHRIST who STRENGTHENS me."  
 - Philippians 4:13*

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## A Family Caregiver Concept - The Face Of Dementia

Speech at The Georgia National Memory Walk (2009)

*By: Aytch Wooden, Former Caregiver*

**M**any years ago, at our daughter's wedding in Houston, Texas, it was brought to my attention by a niece that my wife ("Mom") was probably suffering from dementia, and she asked if I had noticed it. I said **"NO"** because I was very busy just trying to keep myself together with the myriad details of the wedding, and also because I thought that my wife's behavior was "perfectly normal." However, thank God for my niece's observations. After focusing on my wife's behavior for a few hours thereafter, I realized that my niece was right!

This event brought an awareness to me and my family that **we need to pay close attention not only to the mental health of our family members, but also to that of friends and others with whom we come into contact in our community!** As I thought about it, I was certain that others who knew my wife very well, had also seen signs of dementia, but had said nothing – perhaps fearing that voicing such concerns to me would embarrass me.

It was **not** that I had never heard of people having Alzheimer's, but, subconsciously, I thought it was not supposed to happen to a member of **MY** family! But it **DID** happen in my family, and I could no longer be in denial about it! Soon after that, I called our children in for **a family conference** to explain Mom's condition; and we included Mom in the conference!

After our family conference, I approached Mom's local physician to get his perspectives, and also to ask him for a recommendation for a long-term health care facility, as well as any additional referrals that might be beneficial! Mom's physician referred us to the Emory Clinic, and, as the saying goes, "The rest is history!"

Not only did Mom receive the help that she needed, but I, too (as her home caregiver), received the **vital training that I needed for the long-term care that I would be providing her!**

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For more than five years after that, we went monthly to the Emory Alzheimer's Disease Center for their help and their assessment of the degree of progression of her disease. Although Mom's problems with her Alzheimer's were not always solved, these medical appointments helped us understand what to expect in the near future, as well as in the years to come.

To put things in perspective, **remember that it may be a family member or a close friend who, today, has Alzheimer's, but it could be YOU tomorrow!** No one is completely immunized from this disease. For those of you who may be facing this kind of crisis as a caregiver, I recommend that **you seek all the help you can get – both mentally and physically!**



This will help you better understand some of the challenges that you are likely to face, and also help you be a more patient caregiver. For example, at some point, **your afflicted family member will need everything that you can give, and then even more!** Just remember that the time may come when you, as the home caregiver, may **not** be able to meet the needs of your afflicted family member in your home, and, therefore, **that afflicted member will need to be moved to a place where professional special care can be given 24/7/365!** At such time, **you will need to forget about yourself, and concentrate on what is best for your afflicted family member!**



Thus, our children and I reached the point where we had to make the difficult decision to place Mom in an assisted living facility – in particular, in the best facility we could find! **We focused on potential facilities that clearly met the physical and mental needs of their patients, including allowing daily visits by friends and family members!** Therefore, once we located and contracted with such a facility, we were able to visit Mom most days of each week, which let her know that she had excellent care by the staff, and that **we had NOT forgotten her!** This latter point is important because dementia patients often lose track of time, and cannot remember events that occurred, or did not occur, on the days of a given week!

Our children and I were pleased to have made this giant step on her behalf! As a family, this changed our lives in many ways. For example, we no longer traveled together when we visited our various relatives. Once Mom moved into the chosen facility, all of us understood the changed circumstances; and, for unknown reasons, we more often visited her separately. In retrospect, this may seem unnecessary or unwarranted; but you never know what it means to the afflicted family member to experience “regular” meetings each week! Just be sure to **do all the good while you can** for as long as you can because you never know when it will be too late!

Based on my experience as a caregiver, I recommend that you, as a future or soon-to-be caregiver, learn as much as you can about the disease known as **dementia**; for example, read, attend workshops, talk with family members and friends who are experiencing some of the same things you can expect, and then formulate **a comprehensive plan** that you put into action! This will help you better understand your afflicted family member's **behavioral changes**.

You may get tired and frustrated sometimes, but do **NOT** give up! **Remember: Be patient because YOU are needed MORE THAN EVER!**



Aytech Wooden, Former Caregiver

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## 10 Ways to Save on Vacations

*Instead of going to expensive restaurants for every meal during your trip, check out grocery stores and try your hand at cooking the local fare.*

**V**acations help families create lifelong memories and relax together. But vacations can also be expensive—the average American household spends about \$1,200 per person on summer vacations, according to a 2012 American Express survey. You don't want your lifelong memories to be worrying about your bills. Here are 10 tips for stretching your dollar on vacation this summer:

### **1. Travel Off-season:**

Most vacation locales have an expensive, busy season—the Caribbean is popular during the winter, when Northerners travel to escape the cold. You don't necessarily want to travel at the cheapest times of year, or you could be stuck in a hurricane. Instead, look at prices for “shoulder seasons,” just before and after peak seasons. Airfare, hotel accommodations and other travel expenses are likely to be discounted to attract tourists during these parts of the year.

### **2. Be Flexible About Flying:**

If you can be flexible about when you fly, you can save a lot of money. Sometimes, flying out a day earlier or later can be significantly cheaper. Flights that have layovers are also usually cheaper. If there are several airports near your home compare prices to see if you can save money by driving a little farther out of the way.

### **3. Plan Ahead:**

Booking airfare, hotels, all-inclusive packages and cruises is often cheaper if you plan your trip far in advance. Sometimes, however, the reverse can be true. If you'd like to attend a Broadway show, for instance, you can usually get discounted tickets by buying the morning of the show.

### **4. Compare Prices:**

Travel agents can compare prices for you using sources you may not have access to yourself. If you're not booking through a travel agent, you should still check out travel comparison sites such as Kayak and Expedia.

### **5. Buy a Vacation Package:**

You probably have already learned that it's often cheaper to buy a value meal than to order à la carte. The same logic applies to vacations. You can save a significant amount of money by booking your airfare, hotel and rental car as a package deal.

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### 6. Choose Alternative Lodging:

If you're feeling adventurous, try staying in a hostel, renting an apartment or house via [airbnb.com](https://www.airbnb.com) or even couch surfing. If you're uncomfortable staying in a stranger's home, you can also find homeowners who rent out their yard to travelers to camp in. For less adventurous travelers on a budget, consider renting a condo or a villa. It'll be cheaper overall, and you'll have access to a kitchen for cooking some of your own meals, too.

### 7. Skip the Souvenirs:

Studies on happiness show that consumers experience more joy when paying for experiences, not things. Focus your vacation budget on trying local food, sightseeing and experiencing the culture. This way, you won't have tacky shot glasses and magnets cluttering your house when you return.

### 8. Avoid Restaurants:

Instead of going to expensive restaurants for every meal during your trip, check out grocery stores and try your hand at cooking the local fare. Street food vendors are another inexpensive way to sample local delicacies. If you have your heart set on trying a particular restaurant, see if they have a more affordable lunch menu.

### 9. Save on Transportation:

Taxis are an expensive convenience—depending on where you're headed, a cab fare can cost as much as a weeklong bus or subway pass. To save money, learn the public transportation system and travel like the locals do.

### 10. Sightsee on a Budget:

You may already subscribe to local daily deals sites. You can do the same for your vacation destination and receive notifications on cheap activities to do. There are also numerous free activities to do in every city, including free walking tours. If you do decide to visit museums and other landmarks, see if your chosen city has a city pass available, which can save you money if you hit up several tourist spots during your trip.



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## Satiating Salads in a Jar!

*One Simple Change Toward Becoming a Healthier, Wealthier, & Wiser Community Together!*

- **Do you struggle to decide what to cook after a long day?**
- **Do you hate cooking, and you are tired of eating processed foods or takeout that you know are not healthy for you?**
- **Do you lack cooking skills, but would like to contribute to family meals sometimes?**
- **Are you sick and tired of feeling sick and tired?**
- **Are you sick and tired of seeing family and friends depart this earth too soon because of preventable illnesses like diabetes, heart disease, and kidney disease?**

Whatever your reason, this writing may interest you because we all need to strive toward better health and, oh, by the way, what if we could all take this fun journey together? What if there is a way that we can gather as a community, have some fun, share meals, and improve our community's health? Let's discuss one simple change that can put us on a healthier path!

**Salads in the Jar (SIJ) meals** are exactly as titled...a salad meal packed in a jar – ideally, a mason jar! For the past six years, I have been learning and teaching meal preps with “salads in a jar.” With our fast-paced society, we are often running at a pace that causes many to skip cooking at home. Excuses given for forsaking healthier meals run from “busy working” stay-at-home parents and grandparents, to millennials starting businesses, to seniors living alone who believe cooking for one is a waste of food! Meal prepping in a mason jar can address all of these obstacles – regardless of age, race, income, living environment, etc.!

So, you may be thinking, “What is so exciting about eating a salad for lunch or dinner daily?” I consistently remind anyone in my path about **the statistics on African American Health**.

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According to the US Department of Health and Human Services, Office of Minority Health, the following are true:

- African Americans are **twice as likely to die from diabetes as whites**
- **1 in 3 African Americans have high blood pressure**
- **Black men have the highest rate of prostate cancer in the WORLD, and are twice as likely to die from it**
- **1 in 4 Black women over the age of 55 have diabetes**
- **1 in 4 Black men have diabetes by age 65**
- **Compared to Whites, African Americans are 35% more likely to die from high blood pressure**

If for no other reason, **your personal health** is worth considering the issue of **meal preparation** in the context of **improving the healthfulness of your meals**, and perhaps even the tastiness and efficiency in preparing your meals! Of course, the density of nutrients and the overall healthiness in any salad depends on the ingredients, so we must choose wisely!

**Organization** is also a benefit. How much time do you waste just considering what to eat? The **pre-made salads** described below will save you time and gasoline (if you drive to lunch). Note that the sharp rise in inflation over the past year has caused the cost of eating lunch out to increase substantially; so, why not save some money? In case the idea of eating salads everyday seems boring, there are so many options to choose from with the process I am about to describe; it will allow you to satisfy your pallet without boredom! Lastly, the quality ingredients in the salads likely will also likely unleash a host of **health benefits**, including better digestion, more energy, **better weight** management, a more perky **mood**, a lower risk for contracting **diabetes, cancers, heart disease**, and even **Alzheimer's!**



## How Does SIJ Work & Why Mason Jars?

You will build your salads by strategically layering each set of ingredients into the Mason Jar until it is filled. You will do this in such a way that **everything that you will be eating will be in the Mason Jar, which you will pack so that the salad remains fresh and crispy for up to one week!** These meals can deliciously and healthfully accommodate virtually any food components, including meats, cheeses (including plant-based cheeses, for example), fruits, and vegetables – even ingredients for bona fide vegans! Because of the space limitation, you will appropriately manage the portion sizes for meats, such as chicken, seafoods, steaks, etc. If you want to transition to a more healthy 100% plant-based diet, you will be able to do that by gradually eliminating meat and dairy from the concoction!

## Reasons to Use Mason Jars:

- Inexpensive and readily available in grocery stores, department stores, and online.
- Easy to clean (and dishwasher safe), and they do not retain any of the flavors and odors from previous use.
- Safe if you are concerned about chemicals getting into your food because glass is inert (chemically inactive).
- Glass is environmentally friendly, can be used continuously, and is recyclable.
- Glass can be refrigerated, frozen, and microwaved, although you must be careful of sudden, large changes in temperature to avoid cracking.
- Are portable, and can easily fit into the average size purse or backpack.
- It is easy to see what is inside (all the beautiful, colorful, appetizing fruits and vegetables, etc.); besides, they are also super trendy!

*Continue Reading On Page 10*

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## Clean Living In A Jar - Small Changes Make Big Differences

### Exactly How is the SIJ Made?

SIJs provide an ideal way to prepare your meals for the week! [Note: We have done many SIJ parties in person, as well as via Zoom. You will find such parties to be so much fun, but the in-person parties are simply unmatched! During the pandemic, it became necessary to use zoom as a way to gather until we learned how to prevent the spread of Covid-19. Zoom is still a viable option, especially when distance is an issue.] We continue to exercise precautions in order to stay healthy, so we encourage everyone to discuss safety anytime groups come together live. (More on SIJ parties later.)

**First**, you will choose the ingredients and topping that you want in your salad. There is no right or wrong way to do this. It is simply the things each one likes. I strongly encourage you to represent every color in the rainbow:

- **Red:** tomatoes, strawberries, peppers
- **White:** cauliflower, onion, cabbage, white beans, mushrooms
- **Yellow:** peppers, squash
- **Green:** spinach, broccoli, kale, lettuces
- **Orange:** carrots, sweet potatoes
- **Purple:** raisins, cabbage
- **Black:** beans
- **Brown:** nuts, seeds, pinto beans in your SIJ.

[It is interesting to note that **it is the pigments (the colors) in fruits and vegetables that provide their healthful benefits, such as reducing the risk for cancers!** Conversely, **the consumption of meats will increase the risks for cancers!**]

Now is the time to decide if you will add animal protein (grilled chicken, shrimp, steak, etc.), pasta, or grains, as well as salad dressing. You can make your own salad dressing if preferred.

[**Note:** You may be among the millions of people around the globe who love pasta! However, white pasta carries 2 negative attributes. **First**, pasta is made of starches, which are long strings (typically more than a thousand sugar molecules in each strand of starch) of sugars covalently connected (chemical bonds) – like beads in a necklace.

When you eat pasta and other products made from grains, powerful amylase enzymes in your saliva break those chemical bonds so quickly that what enters your stomach are millions of sugar molecules! **Second, eating sugar has been known for a very long time to increase the risk for many cancers, as well as many other negative effects, including causing diabetes, hair loss, gangrene, Alzheimer's, etc.!**]

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Salads are simply delicious without any pasta added but there are healthy alternatives for the pasta lover. I highly recommend homemade pasta (zucchini spirals made with a spiralizer or veggie bullet). Another option is to cut spaghetti squash in half and bake it. The noodles are easily pulled out using a fork. Using zucchini spirals or spaghetti squash noodles satisfies the eyes but also the body and there is no guilt with it!

**Next, you will layer your salad in the following order:**

**Layer 1 (L1): Salad Dressing:** some prefer to add the salad dressing at the time the salad is eaten.

**L2 Hearty Vegetables:** cherry tomatoes, cucumbers, red onion, broccoli, cauliflower, asparagus, celery, etc.

**L3 Beans & Less Hearty Vegetables:** chickpeas, black beans, mushrooms, zucchini, sprouts, green beans, corn

**L4 Pasta & Grains:** pasta, rice, quinoa (a very healthy grain!), couscous

**L5 Animal Protein & Cheese:** chicken breasts, steak, bacon, shrimp boiled eggs, cheese (shredded cheddar, feta, blue, cubed)

**L6 Lettuce, Greens, Nuts, Seeds:** Romaine lettuce, baby spinach, kale, and arugula are my personal favorites, but I have also used collard greens, and other greens, too.

Finally: **Go wild!** Add the nuts on top because they need to stay relatively dry.

This order of layers assures that the leafy greens, and the nuts and seeds that are on top never touch the wet salad dressing on the bottom, and therefore remain crisp and fresh, and not soggy! When you are ready to eat, shake the jar well and pour the contents onto a plate or into a bowl. Enjoy!

## Community Salad in Jar Gatherings: A Proposal!

The weekend is the perfect time to meal prep an SIJ. The week can start with each participant having a meal for each day of the work week complete. Healthy snacks such as salads, soups, tacos, guacamole/chips, salsa/chips/humus, finger sandwiches, energy balls, or smoothies are then ready to be served! Gathering on a Saturday or Sunday is fun when each individual is invited to bring one or two ingredients from a list of possible toppings. Participants can also be asked to bring four to five Mason Jars. Although the participants may only bring one or two toppings, they are asked to bring enough to share.



The host usually supplies the various salad greens, but these are not hard and fast rules; so, whatever works for the majority rules!

Once gathered, all of the various toppings are placed on a table together with the salad greens. The ingredients are grouped according to the above outline of layers to make it easier to build the SIJs. The group then assembles around the table, and each person begins to build their salads in their jar, one item (layer) at a time, until all of the jars are filled!

Coming together over such meals has always been incredible fun. No matter what community, each person can initiate or join an existing wellness-oriented community. I would love to see this concept expanded out to the larger community in which I live, as well as in every community across the nation! I see an opportunity for restaurants, chefs, nonprofits, and churches to be involved on many different levels. These gatherings can take place with a small group in a home, or in large groups outdoors! Although, we must also exercise **other healthy habits**, such as **getting enough deep sleep virtually every night**, movement or walking (or preferably heavier duty exercise if you have worked up to it, and ideally including both cardio exercise and strength-building exercise!), drinking enough water/other healthy liquids, and managing/reducing stress if needed!

This can be a model for ways to improve the health of our community, and even the nation!

For more information regarding your health and wellness journey or Salads in a Jar, contact Dr. Shavers via the following: **wholefoodrich@hotmail.com**, or **Text to 912-657-9225**.



Sonja Shavers, Ed.D.

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## Could You Be Diabetic & NOT Know It?

### *The New “Gold Standard” Diagnostic Test*

**C**ould you be Diabetic and not know it – all because your doctor was not up-to-date regarding the new “Gold Standard” for diagnosing **Type 2 Diabetes**? Many doctors are super busy attending to their patients, combined with the need to reserve time for digesting the latest bio-medical literature; hence, sometimes they may be lacking in new, more recent scientific discoveries!

You might wonder: **What is the big deal, and how serious is it to my overall health?**

**This is the important question**, and you will readily understand how important it is by reviewing the following risks that could be caused and/or increased by **Type II Diabetes**:

- You could develop **GANGRENE**, which likely would appear in your toes, or your entire feet, or a part of a (or an entire) leg. Gangrene is extremely dangerous because, if you got it, you could die in less than a day if you did **NOT** have **an IMMEDIATE AMPUTATION of the affected area!**
- You could go into **SEPTIC SHOCK** if you were **NOT** treated with proper antibiotics, and die within less than 24 hours!

- Your **kidneys could be killed**, in which case you would have to rely on hemodialysis to live in the present, and possibly for the rest of your life!
- Your risk for getting **cancers** (in general) would increase!
- Your risk for getting dementias (including the most common kind of dementia: **Alzheimer’s**) would increase!
- And your risk for **osteoporosis** (including breaking bones) would increase!
- Your **immune system** would be severely compromised, which, in turn, would put you at risk for becoming infected with any of a wide range of **diseases**, and many other conditions as well!

### **What YOU Can Do!**

In general, you simply need to lead a very healthy life!



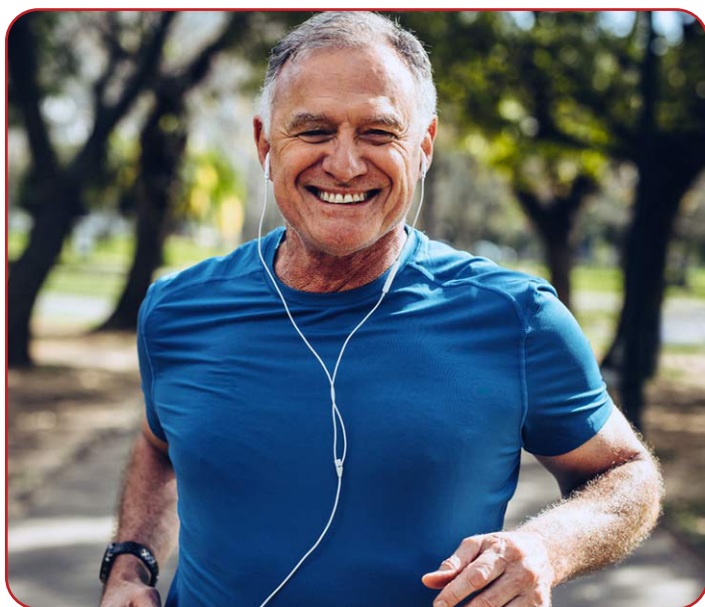
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## **NUTRITION**

- Eat at least 5 servings of **fruit** each day – including variety for optimal nutrition
- Include at least 1 servings of **berries** with each meal – and include variety for optimal nutrition; and count berries as part of your daily fruit
- Eat at least 5 servings of **vegetables** each day – including variety for optimal nutrition
- Eat at least 1 to 1.5 servings of **nuts** with each meal – including variety during the day for optimal nutrition
- Avoid **dairy products from cows**; try to find dairy products from goats and/or look for almond milk and/or products made from it. You also might be lucky and find other nondairy milks!
- Avoid, or at least greatly limit, **sugary foods**, and all foods made from flour! This means avoid such foods such as breads, pretzels, pastries, cakes, pie fillings, pie crusts, most cold cereals, etc.
- Avoid foods with glutes [that is, foods made with wheat, rye, or barley – including the numerous varieties thereof! (For example, there are over 100 varieties of wheat!)]
- **GOOD NEWS:** If you go to a birthday party, or a wedding, etc., **eat several handfuls of nuts before you go!** This may not totally prevent your blood sugar (your blood glucose) from rising, but it will prevent your blood sugar from going sky high, and thus at least somewhat reduce the risks for all of the serious effects of high blood sugar!



## **EXERCISE**

### **Cardio Exercise**

First, consult your doctor to see if it is OK for you to start a cardio exercise program of **gradually increasing intensity**. Once you have her/his approval, and if you have been generally sedentary, start **Phase 1** with short, gentle walks of 10 to 15 minutes, at least 3 days a week – and with a day off between the walks. Over time, and when you feel up to it, start **Phase 2** by gradually increasing the speed and/or the level of difficulty, for example, by walking up hills, or by increasing the incline on a treadmill.

In **Phase 3**, you will introduce **Interval Training** into your program, in which you go faster for 10 to 15 seconds (“sprints”), and then go slowly until you catch your breath. Initially in Phase 3, you will start with only slight increases in speed, and go faster when your body feels ready. (But do **NOT** force yourself to do more than your body is ready to do because you want to avoid possible injuries!)

In **Phase 4**, you will gradually work on increasing the number and the speed of your Interval Training sprints. Aim for working up to **6 to 8 sprints** of 30 seconds each, and with each sprint followed by 30 seconds of partial recovery! **Take your time building your body's level of conditioning up to this standard!!!**

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# DIABETES

## Folowing Up With Your Doctor About Testing For Diabetes

### Strength-Building Exercise

For building up the strength of your muscles, you should divide your attention to 2 groups of muscles. **Group A** muscles are those of the arms, chest, shoulders, and upper back. **Group B** muscles are those of the legs, abdomen, sides, and lower back. You can use free weights or machines that you would find in a gym. I prefer using machines because there is a much lesser likelihood of serious injury, and because you can do faster workouts!

**I**deally, choose 12 to 15 exercises (20 exercises if you find that you love to exercise!) that use your major muscles. Gym personnel, or books can help with this.

**Group A Exercises:** Choose weights or resistances such that you can do only 6 to 10 repetitions to the point of muscle failure (= cannot do anymore). For a given exercise, when you can do 11 or 12 repetitions to the point of muscle failure, you are ready to move the weight or resistance up a notch.

**Group B Exercises:** Choose weights or resistances such that you can do only 15 to 20 repetitions to the point of muscle failure. For a given exercise, when you can do 21 or 22 repetitions to the point of muscle failure, you are ready to move the weight or resistance up a notch.

### Order of Exercises, etc.:

1. Do no more than **3 workouts per week** for strength building exercises, and with at least a day off between workouts
2. For optimum use of time, do your cardio and strength-building exercises on the same days, with the order:  
**First**, Group A exercises  
**Second**, Cardio exercise  
**Third**, Group B exercises
3. **BOTH** cardio exercise and strength-building exercise are necessary for your best health, **including for preventing and reversing Diabetes!**



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## SLEEP

Sleep is critical not only for the function of your **immune system**, but also for your brain and most cells and organs of your body!

Your **brain** does many things when you are sleeping, for example:

- It **cleans itself of debris** (for example, waste products of metabolism),
- It **consolidates and analyzes** various events in your life – both recent and “ancient,” as well as intermediate,
- Improves **Mental Health** when you have enough **deep sleep**,
- **Solves** problems,
- **Creates** art, poetry, and prose – to name a few,
- Reduces **Stress** by assisting muscles and other parts of your body to relax,
- Refreshes and strengthens your **immune system**,
- And many other activities

Things **YOU** can do to improve your **sleep**:

- **Keep electronic devices off** (TVs, radios, phones) at least over the hour before you go to bed, unless you are using them for soothing, relaxing music, and the like,
- Keep the bedroom as **dark** as possible by using heavy, dark drapes, etc.,
- Keep the bedroom comfortably **cool**,
- Use ceiling and/or floor **fans** to drown out extraneous, low-level noises, and
- Do your best to maintain a **consistent sleep/wake schedule**

## STRESS REDUCTION

Just 2 activities will produce HUGE, POSITIVE benefits:

- Go to **BrainyQuote.com** and click on any of 10 or so categories of quotations from famous people, and not-so-famous people. Then print out or otherwise copy what suits your fancy

Consider such **categories** as:

**FUNNY** (my favorite!); and keep in mind that **Laughter is the best free medicine!**

**INSPIRATIONAL, MOTIVATIONAL** etc.

You can also print these out and frame them for your walls, bathroom mirrors, etc.!

- Learn to relax all of the muscles in your body by **willing them to relax!** I have trained my body to do this in less than 5 seconds! I do it before my blood pressure is taken, and practice it more than a dozen times throughout the day.

## SPIRITUALITY

The essence of SPIRITUALITY is respect for life – ALL LIFE – including all the ecosystems of Planet EARTH, which, of course, includes people and animals. Thus, we must do our best to help those who are less fortunate than we are – including those who are homeless, those who have Mental Health issues, etc.!

## NEW BOOK ALERT



### **CANCER:**

**CAUSES, PREVENTIONS, CURE**

By Doc Wilson

Doc Wilson's ground-breaking book, **CANCER. CAUSES. PREVENTIONS. CURES**, (*subtitle: What the Food and Beverage Does NOT Want You to Know!*) addresses critically needed information that is not readily available from most members of the medical community.



**Doc Wilson, Ph.D.**

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## Learn To Value The Seniors In Your Life

**All of us will benefit from learning from the wisdom and the experiences of the seniors who live around us!** Recently, I was talking with an older woman who is a client. As she spoke, she got very emotional. Through her copious tears, she told me that she did not understand why God had not taken her to Heaven because her children and grandchildren did not value anything that she had to say. I tried my best to comfort and encourage her, and to try to redirect her thinking to a healthier and more accurate direction, but to no avail!

Adult children should know all that their parents sacrificed in their loving efforts to give them the best life possible! Although everyone knows that no one is perfect (including their parents), and that, from time to time, everyone makes mistakes, I have learned that **a major mistake** that many people make is to **assume that:**

***"when a person they love does not appear to love them back, or does not treat them the way they would like and the way that they feel they deserve, it often is based on that other person's inability to give back because they have nothing inside from which to give in that category!"***



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## **I'm Not Done Yet!**

***I may be 60, 70, 80, 90, or over 100, but I'm not done yet!***

***My hair may be thin, gray, or have no hair, but I'm not done yet!***

***My vision may be lacking or may even be gone, but I'm not done yet!***

***My hearing may be fading, or I may not be able to hear you, but I'm not done yet!***

***My bones may be brittle, I may walk with a limp, a cane, or maybe I'm in a wheelchair, but I'm not done yet!***

***My mind may fade in and out, and I may forget things, but I'm not done yet!***

***I have had numerous life experiences, and have built the wisdom to know that***

***Life's greatest lessons are learned by the scars we carry and the valleys through which we travel!***



Also, I have learned that one cannot optimally master loving people without first having experienced substantial grief. And the greater one loves, the greater the grief that they experience when they lose someone they deeply love.

Although my body has aged, and I may not be as quick to process and react to various events, I can still be a valuable resource for the next generation if given a chance.

**I hope that you get to experience the precious gift of aging well and becoming an impactful, dedicated, highly spiritual senior!** In addition, the next time that you meet another senior, think of **all that you can learn from them** – instead of focusing on what they may have lost over time!

Also, think of “seniors in wheelchairs” as “wisdom sitting in chairs,” and do not hesitate to take full advantage of all that they have to share! If we work together, hand-in-hand, we can make this world a better place for all! Of course, also remember that I am not done yet!

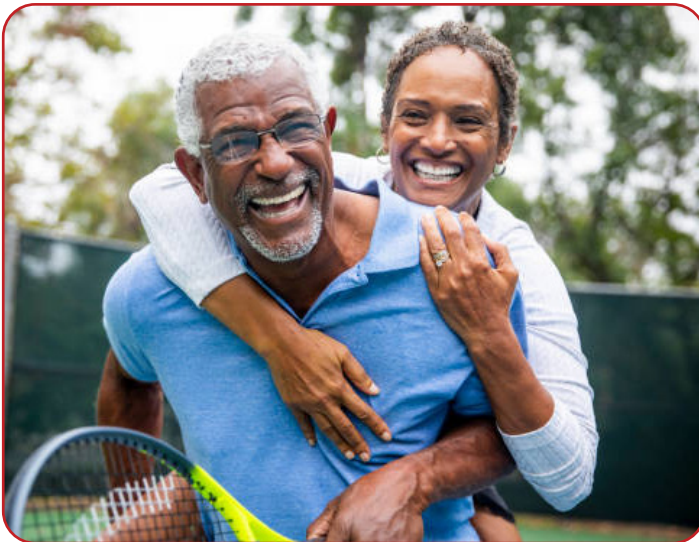
We celebrated Mother's Day in May, and we will be celebrating Father's Day in June; let's give our parents and all the seniors in our lives their well-deserved gift of respect by valuing their experience and their wisdom! Once they are gone, we will never again be able to tap into their vast library of knowledge! Furthermore, they definitely will appreciate the contact and the deep conversations!

We wish all the mothers and fathers of the world a very special thanks for all that they sacrificed for all of us children, including their wise, loving influences as we moved forward in the journeys of our lives!

Cheryl J. Wilson, M.S.  
[advocacy4seniors.com](http://advocacy4seniors.com)



**Cheryl J. Wilson, M.S.**



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## RELATIONSHIPS

*The Caregiving Romance Blossoming from Relationships to Partnerships*  
*"The Answer My Friend, is Within"*

***Everything under the Sun is related and relating to something!***

I developed a personal Relationship definition several years back to be "It depends on who you kin to!" We call our biological relatives "kin folks!" The definition from Oxford Languages: "Your kinfolk are the people in your family. Even very distant cousins you've never met can be your kinfolk." When anthropologists use the term kinfolk, they mean people who are related by blood and share a common ancestor." **Kinfolk and Caregiving have been a pairing for a long, long time.**

A 2020 update, covering from 2015 to 2020, reveals an increase in the number of family caregivers in the United States to **9.5 million!** This means that **more than one in five Americans is a caregiver!** The study also reveals that **family caregivers are in worse health** than they were five years ago!

***Matters of the Heart*** - Georgia's premier family caregiving magazine, Rated "#1 and Best Family Caregiving Magazine in Georgia" by Google, focuses on the health and well-being of those who care for others from the cradle to the grave. Because of the number of geriatric cases relating to the structure of populations, our attention is drawn to relationships between those serving and those who are aged. Relationships tend to truly be about ***Matters of the Heart***, that is, about strong connections driven by emotions and feelings instinctively or intuitively by reason or knowledge. However, ***Partnerships*** are governed by shared goals: the "WE" becomes more important than the "I."

Caring for adults, who, for the most part, have cared for themselves in a particular way most of their lives, requires different strategies than caring for a child, for example; however, when roles are forced to change, and submissiveness (which is yielding to the authority of another) becomes the order of the day; what is likely to happen? In some instances, it becomes **heavy duty dis-order!**

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Such situations often do not rise up glaringly or noisily, yet, natural battles creep in. Too often this natural human response to change occurs without preparation; and, in too many cases, is summarily dismissed!

## What are Some of the Symptoms & Signals for Trouble Ahead?

According to Pew Research Center statistics, **more than 40 million adults** in North America are taking care of an elderly, chronically ill, or disabled loved one. Of the 70% of family caretakers who take care of one person over 65, 32 % percent describe the experience as being stressful, and that they are on their way to **"Caregiver Burnout!"**

### 14 Warning Signs of Caregiver Burnout

- Lack of energy
- Overwhelming fatigue
- Sleep problems (too much or too little)
- Changes in eating habits, weight loss or gain
- A feeling of hopelessness
- Withdrawing from, or losing interest in, activities you once enjoyed
- Depression or mood swings
- Neglecting your own physical and emotional needs
- Feeling like caregiving is controlling your life

- Becoming unusually impatient, irritable, or argumentative with the person you are caring for, and/or with others
- Anxiety about the future
- Difficulty coping with everyday things
- Headaches, stomachaches, and other physical problems
- Lowered resistance to illness

### Prevention Methods for Burnout Prevention

As a writer, and believer that Our Triune God gives us our "Daily Bread for Life, Liberty, and Pursuit of Happiness," and as a seasoned caregiver, these truly are **"Matters of the Heart,"** and I delight in sharing and encouraging others who are traveling along similar life journeys!

**Individual 2 Person Relationships** tend to run according to how each person feels about the other with respect to exclusivity, or not, and collectivity! Personally, I usually feel the need to discuss relationship changes as **Partnerships: WE** (care-receivers and caregivers) must become **partners** in order to achieve the best overall results!

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## Caregiver Burnout and Signs To Look For

*“The Answer My Friend, is Within”*

A common ailment in seniors is **dementia**, which affects cognitive functions. Dementias usually are progressive – not developing overnight; therefore, a partnership seems the most desirable psychological structure for the typical relationship dynamic in the healthcare setting.

Based on the concepts in the above paragraphs, I was inspired to create a plan to include the **reality of changing roles in the healthcare setting**.

Perhaps the most important, most fundamental concept is: **the WORTH of each individual has to be considered and highly respected!** Acceptance starts in the mind and does not come without challenges. It is extremely helpful if both individuals in a two-person relationship can **pray together** about a given situation – fully realizing that, alone, neither is equipped (creatively, emotionally, spiritually, etc.) to deal completely with the needed changes. However, such potential problems are not likely to apply in many cases – especially when there is a strong belief in a Higher or Spiritual Power/Source. But, **prayer IS essential!** Afterall, we would not want **The Enemy** to have a field day at our expense! Bringing this into the Spiritual realm is a great way to solve such problems and challenges. I truly believe that **“the Answer, my Friend, is within” concept is within the HEART of each of us!**

In my case, it is **an openness and degree of Grace** that allows me to accommodate and sometimes overextend tolerance, but this is by conscious choice.

- In a 2-person “negotiation,” when I feel that over-reach is not going to work, we partner in agreement and move on.
- Many things are a matter of preference and taste, and when I can accommodate another’s, I do so with a cheerful attitude, realizing that, when a person is dependent on another, **attitude** is important! It not only helps my partner feel better, but it also helps me feel good that I still have the emotional energy to be loving, kind, and considerate. I often share with those close to me that I Love God first, and Me second!



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- Regarding doctors' observations, lab results, and special treatments or methods, often it is necessary to partner in agreement on a special-need-to-know basis. I always ask lots of questions, and seek clear directions on how things should be handled, and how medications should be administered. As a result, the doctors with whom I work are very accommodating when prescribing the very best – including therapies and home care. In addition, the doctors provide additional services, such as tele-visits and video monitoring.
- **A partnering, united front** sends the message that the best, and only the best, relationships with others are crucial to the health and well-being of both the Care-Receiver and the Care Giver. And **High Expectations result in High Performance in the majority of situations!**

The above issues are definite matters of the heart. In addition, I have learned and continue to learn so much each day as a Caregiver, and am honored to give back to one who has given so much throughout our almost 3 score years of partnership in marriage! In partnership we have shared goals! In disagreements we were willing to have the tough conversations – less of “who’s right” and “who’s wrong,” which helps maintain a high degree of respect and normalcy.

We must remember that **roles change, but individuals usually do not!** There is no space for ego, and the willingness for vulnerability maintains balance in the relationship. **In true partnerships, the care receiver and the caregiver live with the mutual concept of prioritizing and nurturing each other’s feelings and needs!**

**Caregiving should not change the dynamics from relationship to partnership, especially in a marriage. Marital status or gender should not matter. **As long as possible, two individuals must, remain caretakers of each other! Physical disability can be there, but as long as there is a sound mind, the journey can be a Blessing to both!****

### **Preventive Bread-and-Butter Issues**

- Do NOT hesitate to ask for help
- Take breaks
- Take care of yourself
- Make time for yourself
- Delegate as many daily activities as possible
- If working, check on family leave benefits
- If your loved one is receiving hospice care, share your frustrations and your joys
- If you need a brief getaway, consider **hospice respite care** for your loved one for a few days

**Seek Help! There are support mechanisms to make you a happier person and a Proud Caregiver! Finally, be sure to **help your Care-Receiver feel more like a Partner** in the process.**



Myldred P. Hill, Ed.D.

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## Post-COVID-19 Syndrome

*(Also known as Long-COVID-19, Post-Acute COVID-19 Syndrome)*

**T**he long-term effects of COVID-19 infection are among the major concerns that have begun to push researchers to uncover the signs and symptoms (including their differences) in various populations of people (for example, in the older adult, in the pregnant woman, and in the pediatric population). Studies have revealed that no age (within the spectrum from children to the elderly) is immune from contracting long-term effects from COVID-19 infection. Following the approved COVID19 Vaccination Protocol (which might change as scientific knowledge progresses) is the primary and most important approach to help decrease the incidence of severe illness, death, and spread of "Long-COVID-19." Wearing masks, avoiding crowds and poorly ventilated spaces, doing a regular COVID test, washing your hands often are key ingredients and well-implemented multilayer approaches to preventing potentially dangerous Long-COVID-19 infections. A recent large research study, which examined the medical records of vaccinated and unvaccinated veterans, showed that being vaccinated reduced life-threatening lung disorders and blood clotting disorders by 49% and over 50%, respectively!

The chart in this article, which was compiled from a variety of sources, will help guide the family caregiver to symptoms that might indicate a Long-COVID-19 infection, as well as the category of medical specialist(s) most qualified to determine the diagnosis. In addition, the most important aspects of the needed care plan are outlined.

So, when should you seek medical attention? Answer: When your symptoms last more than 4 weeks after "recovery," and/or if you have any high-risk medical conditions. If your symptoms last more than 3 months, it may be advisable to add a specialist to your medical team. Also, journaling your physical and mental symptoms will help you remember the times, the dates, and the frequencies of your symptoms, which will help your discussions with your healthcare provider. Furthermore, staying up-to-date with your COVID-19 vaccinations and boosters will elevate the level of functioning of your immune system.

Finally, be sure to further boost your immune system by eating plenty of fruits, vegetables, nuts, seeds, and beans, which are superior infection-fighting foods; also, eliminate sugary foods and foods made of flour from wheat, rye, or barley (these kinds of flour contain glutens!). Such nutrition will eliminate foods like bread, pastries, pretzels, most cold cereals, etc.! Other healthful habits that will reduce the effects of Long-COVID-19 include getting enough deep sleep virtually every night, routine exercise (ideally, both cardio exercise and strength-building exercise!), as well as stress reduction if it is needed!

The caregiver should also speak to the care receiver's healthcare provider about influenza, pneumococcal, and shingles vaccines to reduce additional possible complications.

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POST COVID SYNDROME	POST COVID SYNDROME	POST COVID SYNDROME
<b>Fatigue/Hematologic Syndrome:</b> Endocrinologist, Hematologist	Very tired and "worn out"	Rule out anemia, hypothyroidism, electrolyte abnormalities
<b>Cardio-Respiratory Syndrome:</b> Cardiologist, Pulmonologist	Cough, shortness of breath, chest pain, palpitations	Rule out pulmonary embolism, coronary artery disease, heart failure
<b>Neuro-Psychiatric Syndrome:</b> Neurologist, Psychiatrist	Headaches, no restorative sleep, difficulty sleeping, loss of taste or smell, brain fog, memory loss, difficulty concentrating, depression, anxiety	Rule out vasculitis (destroys blood vessels by inflammation)
<b>Gastro-Intestinal ("GI") Syndrome:</b> Gastroenterologist	Stomach discomfort, diarrhea, constipation, vomiting	Likely cause of initial infection or drug toxicity
<b>Hepato-Biliary Syndrome (Liver):</b> Gastroenterologist, Hepatologist	Abnormal liver function test	
<b>Musculoskeletal Syndrome,</b> > 3 months: Rheumatologist	Muscle pain, weakness, achiness	Prolonged ICU stay, inflammatory process in joints
<b>Thromboembolic (blood clotting) Syndrome:</b> Hematologist, Neurologist	Shortness of breath, problem with nerve, spinal cord, or brain function	Occurs in the hospital setting
<b>Dermatologic (Skin) Syndrome:</b> Dermatologist	Rash (vesicular, maculopapular, urticaria), COVID-toe	Allergic reaction, reduced circulation
<b>Genito-Urinary (genital and urinary) Syndrome:</b> Urologist, Nephrologist	Protein and blood in urine, kidney failure	Endothelial injury, complement activation which controls blood clotting & immune function
<b>Multisystem Inflammatory Syndrome:</b> Hematologist, Cardiologist Gastroenterologist	Fever, GI symptoms, rash, chest pain, fast heart, rash, blood shot eyes	Elevated levels of inflammatory markers
<b>Ophthalmologic Syndrome:</b> Ophthalmologist	Blurry vision, retinopathy, nodules (or retinal detachments) on macula, causing blindness	Diabetes complications, other syndrome complications

\*Ruling out drug interactions should always occur!

## A Few Facts & Figures

**Risk Factors:** Severe disease, hospitalization, pre-existing medical conditions (high blood pressure, kidney disease, diabetes, older age, obesity, mental illness), immunocompromised, member of a minority group (African American, Latino, American Indian, Asian American, and very low income)

**Short Syndrome:** Symptoms occur less than 4 weeks following a COVID-19 infection

**Acute Syndrome:** Primarily occurs at least 4 -12 weeks following a COVID-19 infection

**Chronic Syndrome:** Symptoms persist after 12 weeks following a COVID-19 infection; therefore, consult a specialist

Outpatients: **10-35%** prevalence;

Hospitalized Patients: **80%** prevalence

**3-6 months: average resolution period for COVID-19 infection**

For more information go to [www.cdc.gov](http://www.cdc.gov) and [www.covid.gov](http://www.covid.gov).



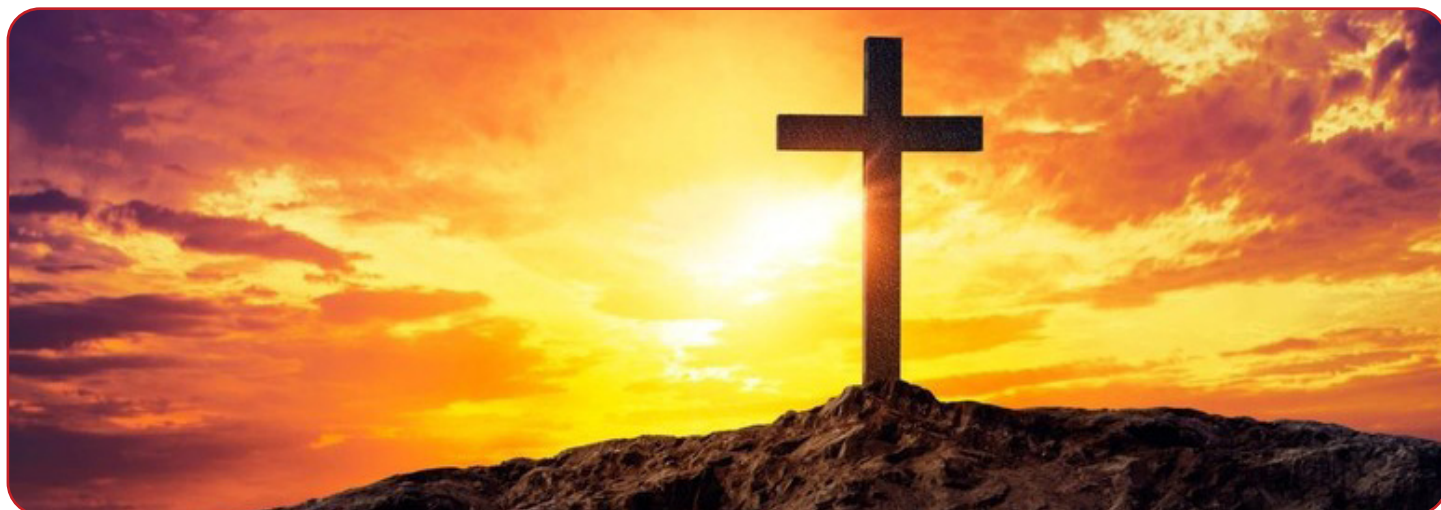
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## If God be for us, then not only who, but what can be against us? *COVID, Mental Health, and The Body of Christ*

**E**arlier this year, I wrote of certain primal human needs and; amongst these needs is our need to be in constant contact with other human beings. (Wizeman, 2022). Those who are closest to me know that my heart has always been about human connectedness. I have spent the better part of my life mentoring younger people and, to borrow a quote from my good friend, Donald Parker, "mentoring is not a one-time event, it's a life-time commitment." This is a belief that I cling to like Saran Wrap® clings to the side of the bowl of my leftover mashed potatoes. I have preached, quite literally, from Genesis 2:18 more than once. that God, in His infinite wisdom, designed us to be in communion, not only with Him, but with other people as well. Our nature has not changed, and as I have been saying since the outbreak of this pandemic, there is not a single micro-organism on this planet that will ever change that. Pardon my strange imagery here, but; my God is bigger than some mindless microbes. Today, I want to explore a little further what my previous article began to ask: is there any empirical evidence that we are still being hurt by this pandemic? (Hint – This is a trick question.)

Over the course of the past few years, we have heard the expression, "follow the science..." thrown in our faces until we are blue in the face. It is not that scientists do not agree! Duh! The nature of science is to be disagreeable. Scientists are taught to doubt and question, to test every assumption *without presupposition*; and, after we have tested our assumptions, we report our findings, including our methodologies that other scientists can run their own tests to verify our results.

In other words, we put our work out there so that others who doubt us, can either prove us wrong, or verify that we were correct. This is how science works. To not question science itself, is about as unscientific as we can get. This is sort of the dividing line between faith and science. In faith, we accept (a thing that I very much accept as part of genuine faith), and in science, we doubt (something I also very much accept as necessary to good science). I do not believe that these two concepts are in opposition with each other. I will say, however, that more times than I care to admit, while I was investigating some scientific question, my faith has been strengthened by things that I have discovered through the scientific method. This happens most often, for me, when I am not looking at any particular question of faith, but when I am looking at questions of science.

My most recent scientific inquiry was a neurological question about COVID-19. The reports of the loss of the senses of both smell and taste have been widely reported since as far back as the SARS-2 epidemic, (Johansson, et al., 2021), and so there has already been a body of research that has been looking at the neurological aspects of corona type viruses for the past two decades. When I had COVID myself in 2021, I had a most unusual neurological presentation that I reported to my PCP. I completely lost my appetite. I do not mean that I lost the desire to eat; I mean that my stomach and my brain just stopped communicating. For four months, I never once felt any hunger pangs. I went days on end without eating simply because I forgot to eat and I did not feel hungry.

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I lost a great deal of weight and passed out numerous times during that period. I had to have my daughter, call me three times a day to remind me to eat! Both my doctor and I have searched the literature and have not found such a presentation elsewhere. For now, I hold my case as anecdotal only, but I keep looking regularly. As I read more and more research, something spiritual was also becoming clear; I tripped over a snake while I was looking for a tree!

In separate, church-related research, I was asking (related to COVID-19), what is the future of the church going to look like post-pandemic? I pulled articles from denominational, psychological, and medical resources. In all, I read 52 articles. I tried to be fair by pulling from a variety of theological perspectives (mostly North American Christian viewpoints, with a smattering of a few other perspectives). The list of sources (not specific authors or articles) includes:

**(For the complete list of references in the order of this article, including Biblical and other references cited, go to the website of Matters of the Heart listed where the full version of this article is presented).**

I must begin with the disconcerting news... there is no consensus amongst any of these editorial staffs! Some people believe that the church is on death's door, while others see this as the wake-up call for the next Great Awakening. (Morley, 2015; Steber, 2020; & Jaradat, 2021). An unexpected pattern did start emerging that began to overlap with my neurological research. Almost all of the religious and psychological experts had one of two drastically divergent opinions on what was called "the kiss/handshake of peace" in the church where I grew up. Every church that I have ever attended (and the synagogues that I have interpreted for Deaf congregants over the years) had some version of this ritual. Always 15 to 30 minutes into the service, the pastor/priest/rabbi would ask everyone to turn to greet people seated near them. Shy people shook one or two hands (perhaps one or two people on the autism spectrum might wave) and the most gregarious members would make an effort to shake hands and/or hug at least 15 of their fellow congregants.

Here's the key: almost all of this was met with an actual skin-to-skin contact with another human being. And then? COVID-19 rocked our world.

On the evening of April 8, 2020, Dr. Anthony Fauci got on the airwaves and essentially told the American public that we would never go back to handshaking again! (Meek, 2020).

Now, unless you are as germophobic as Adrian Monk, this comment should have raised all sorts of hackles! I had no empirical evidence for what I was feeling, but what I knew was that the scriptures said something different. I first got caught up in the charismatic revivals of the late 1970s and as a new Christian at that time, I was told to commit as much of the Bible to memory as I could. One of those earliest verses for me was James 5: 14 which says this: "Is anyone among you sick?"

Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord." When I first committed this verse to memory when I was in high school, we used the words "Let him call upon the elders of the church and let them pray over them with *the laying on of hands*..." while I understand that anointing with oil can take place by pouring a vial of oil over a person's head, it is still difficult to imagine anointing anyone without actually touching them. In my worldview, ministers of the good news do not function properly without touching the people to whom they are ministering.

While that verse may be questionable as to whether it means that you need to actually come in physical contact with a person with whom you are ministering, consider the words in Mark 6: 5 are unambiguous: "Now He (Jesus) could do no mighty work there, except that He *laid His hands on a few sick people and healed them*."

John tells us (believers) that we are to walk (behave or act) like Him (Jesus)! In fact, many of Jesus' miracles were accomplished through the power of touch. Read the following accounts and you will see time and again how Jesus pushed the issue of touch: Mark: 31-37; Matthew 9: 18-28; Matthew 9: 27-34; Matthew 9: 43-48; Matthew 20: 30-34; Mark 1: 30-38; Mark 1: 40-45; Mark 7: 31-37; Mark 8: 22-26; Luke 7: 1-8; Luke 13: 10-17; Luke 22: 50-54; John 9: 1-38; and John 20: 24-29. Here is the key to this list, it is not a complete list, it is just a list of places in the gospels, where the sense of touch, was vital to Jesus' ministry.

What all of the writers who were predicting the doomsday scenarios for the church had in common was that they were all predicting the eradication of touch in the church (no more collection baskets, no more handshakes, no more greeters at the doors, livestreaming or hybrid home/in-person church services, et cetera) and what the revivalists were all saying was that there was going to be some return to more personal skin-to-skin contact.

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44. Trinity Journal (Evangelical Free Church)
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48. Voices Journal (American Academy of Psychotherapists)
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50. Wesleyan Advocate (Wesleyan Church)
51. World (Interdenominational)
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I would say to pat yourself on the back if you are getting sense that I am saying that touchy feely churches are more salubrious than those churches who are afraid that Satan won when he struck Job, head-to-toe, with skin boils! But, remember, in the end, Job, and not his skin lesions did win. Now you can go give your pastor a hug,

There is no doubt that the televangelist and livestreamed church are a permanent fixture in our world and are part of the mixture, but remote worship that excludes human contact has always felt like an uncomfortable fitting shoe somehow to a healthy spiritual state. It feels to me that we are ignoring the scriptures, God has given us the formula for healthy church, and we have chosen another path instead. Are we allowing our senses to lead our faith? Are we "following the science?"

Before we go on, let us consider, the non-science text (i.e., the faith perspective, if you will) ... Three scriptures that come to mind off the top of my head are these:

Hebrews 10: 24-25: 24 And let us consider one another in order to stir up love and good works, 25 not forsaking the assembling of ourselves together, as is the manner of some, but exhorting one another, and so much the more as you see the Day approaching.

Matthew 18: 20: 20 For where two or three are together in My name, I am there in the midst of them.

1 Corinthians 14: 26: 26 How is it then, brethren? Whenever you come together, each of you has a psalm, has a teaching, has a tongue, has a revelation, has an interpretation. Let all things be done for edification.

From a faith perspective, this certainly seems to challenge the microbialists. Most of my friends in the medical and scientific community, especially those who demand that faith and science are mutually exclusive, argue that I use scripture to prove scripture; and thus, my statements are invalid. (That is the subject for another article, and even another magazine.) There is a logic to their argument if you accept their premise that faith and science are incompatible entities. After all, germs are real and they genuinely can, and do physically kill many larger, presumably stronger, organisms; this is not just paranoia; it is fact. Up until this point, I would almost say that the evidence was leaning overwhelmingly in favor of hard science. Are people of faith really still living back in the 14th century? Or, is the scientific community not being true to the scientific method?

Have they proposed a hypothesis ( $H_0$  = Faith is bogus) and then, without collecting a random sample of data or testing their hypothesis against well-established statistically sound methodologies, and just made a judgement without the normal scientific rigors that they would apply to other beliefs that they already held (such as the laws of gravity being predictable based on the mass of large terrestrial bodies (Louis, 2016), or the rates of DNA mutation and volatility in a strain of viruses in host organisms that have been exposed to specific pharmaceutical interventions. (Prajapat, et al., 2020).

To some, I have been accused of just expounding on 2000-year-old platitudes (their words, not mine). The question is: do I have any "scientific evidence" to support my push for a fully engaged church life, despite the novel corona virus? My answer almost always comes in reading for other things! My own unique experience with COVID-19 led me to do a lot more reading than most people might choose to do on the neurological aspects of the disease rather than on the respiratory aspects of the disease. Through 2013, I worked as a freelance ASL/English/Spanish interpreter. Living in Baltimore during most of those years, I did what most interpreters in Baltimore do: I spent about 50% of my interpreting career in hospitals: the business of Baltimore and Maryland, after all, is medicine (think mega-employers such as Johns Hopkins with its hospitals, laboratories, outpatient centers, et cetera; University of Maryland System (with all of its many hospitals and ancillary medical facilities), LifeBridge Medicine, MedStar Medicine, Kaiser-Permanente, Bon Secours, St. Agnes Medical Center/Ascension, Greater Baltimore Medical Center, Sheppard-Pratt Hospitals, Walter Reed Army Hospital and the US Naval Hospital, the VA System, NIH, Upper Chesapeake Medical, Riverside-Shore Memorial Hospital System, and CareFirst, not to mention the more than half-a-dozen or so hospitals that have gone belly-up. In my life, I have been in all of these hospitals/facilities, and some that are not listed here (in Washington, DC, Virginia, Delaware, and Pennsylvania). To say that I have been exposed to diseases beyond what most people have been exposed to would not be a far stretch of the imagination. I have worn almost every form of PPE that hospital staff personnel have had to wear. And, in my role as a pastor, I have also walked into hospital rooms with no PPE and prayed over terminally ill people (and yes, even touched sick people with my bare hands!) To say that my experience runs the gamut is a fair assessment. What I do, that many other people do not do, is that I read.

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And, I read. And, I read... And, did I mention that I read? I am not ignorant of diseases. I started reading about corona viruses back in 2002 when I was first exposed to SARS and later MERS. So, when COVID-19 hit, I was shocked at the mass hysteria. Yes, this is a contagious and virulent virus, but truth be known, it was not any worse than those epidemics (except that the spread was much wider), when the reaction of shutting everything down was however, quite different.

I took standard PPE precautions throughout my career, and I never once came down with SARS, MERS, any strain of influenza or any other viral disease. Now, on April 8, 2020, I was being told that not only could I not temporarily not shake hands with my fellow human beings, but that this was now, "the new (permanent) norm." (Meek, 2020) And I smelled a rat! What do I do, when I smell rotten garbage? I start reading. My reading led me to an article by Dr. Anton Johansson and his colleagues at the University of Uppsala in Sweden. As with so many people of my ilk, I was soon reading article after article on c-tactile afferent nerve bundles. These are unmyelinated nerves close to the skin surface in all mammals. (Floyd, 2014). As such, they are mechanoreceptor cells that generally register feelings of affection and belonging. (Floyd, 2014). These are the very things the scripture is pointing to when it talks about the laying on of hands. According to Pawling and his team (2017) as unmyelinated cells, these nerve endings fire off at a faster rate than myelinated nerve cells. This is key to how they work. It is why a slow, long, deliberate handshake carries more meaning than a fist or elbow-bump. The hands may carry more germs, but they also carry more affection (Floyd, 2014 & Pawling, et al., 2017). No livestreamed church service will ever have anyone give you a pat on the back or a bear hug. They cannot do that. The research goes so much deeper than just talking about the anatomy (structure) of touch, it goes into the physiology (function) as well. (Ellingson, et al., 2016 & Pawlings, et al., 2017). It turns out that when these touch receptor nerves are excited, they send signals to your brain. This is how all nerve cells work, but these cells do two other unique things. First, they prime your endocrine system to release oxytocin, dopamine, and serotonin – the so-called "feel-good" hormones." (Ellingsen, et al., 2016). If fact, as unmyelinated nerve cells, they need extra TLC – they need a certain amount of gentleness. (Ellingsen, 2016, et al., & Pawlings, et al., 2017). A handshake, a pat on the back, a rub on the shoulders feels good because God designed our body to function that way. The body of Christ also needs infusions of oxytocin, dopamine, and serotonin. This is not just faith, but it is faith supported by science.

The second thing that happens when people touch us, is that our endocrine system shuts down the production of cortisol, (Ellingsen, 2016). Cortisol is the hormone most closely related to depression. Most of us have the same reaction when we see a close friend who is crying; we hug (i.e., actually physically touch) our friend. This is why governmental mandatory shut down of nursing homes and funeral homes was just offensive to people on so many levels. I am bereft when I see the increase in adolescent violence and suicide rates that have gone through the roof. (McDonald, 2020)

Hebrews 10: 25 (see above) admonishes us to not forsake the assembling of ourselves together, as is the manner of some. This may sound like spiritual mumbo-jumbo to some, but as I am reading about how our very nervous system is designed, it is more than a good idea; it is actually required for our mental and physical health. (Floyd, 2014). Of course, there will continue to be naysayers who believe that fear of germs trumps mental and spiritual health; I believe that the science shows us something quite different. I believe that they are correct, their churches will wither away and die, but the future of healthy churches lies in the age-old wisdom of the scriptures and solid scientific practices. The second part of the verse is equally as "touchy feely." To exhort each other is literally to encourage each other: conceptually? We thrive with pats on the back!

The verse in Matthew 18 goes along the same thought, but focuses on smaller, more intimate groups. Again, these are not Zoom meetings where no one is in the same room. More than once in my life, I can remember crying in front of my life group members... something that I would never have done in a church with a thousand people! On all of those occasions, I can remember it ending in a hug. I can rarely remember who it was that initiated the hug, those details are unimportant! What is important, as it is pointed out in this verse that Jehovah (I AM) was there in the midst of such meetings, c-tactile afferents nerves firing on all cells – our biology just bowing down to the Creator who made us who we are. Science and faith cannot be in opposition to each other.

Finally, we look at the verse in 1 Corinthians; Paul admonished the church to let all things be done for edification. One last time, I look to science to see that God's word has understood something about our anatomy and physiology long before the first edition of Gray's Anatomy even went to press. I did not go out looking for a scientific explanation of the scriptures; those I already accept in faith.

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The church has faced persecution far worse than shuttered doors due to government mandates, but make no mistake, keeping God's people at arms-length, without so much as allowing our bodies to function in the way that God designed them to function is an attack on the body of Christ as unacceptable to our health as any novel corona virus is on an individual person.

I will close with a short c-tactile afferents illustration... I was hoping to finish this article last night, but I could not: sleep was getting its grip and winning the battle. I went to my bed, and, as is so often the case, Valentino, my friend's five-year-old golden doodle jumped right up in bed next to me. He has a need to sleep in constant physical contact with me. You see, these bundles of nerves, our Creator placed in him (in all mammals) as he did in you and me. I woke up this morning refreshed and ready to finish my work. I have friends who are horrified that I would allow a dog to sleep in the bed with me – what a disgusting sharing of germs across species they complain. As far as I am concerned, I am sorry that they miss out on such a great comfort! Let us not allow Satan to keep us apart pretending that it is for the church's health – it is not!

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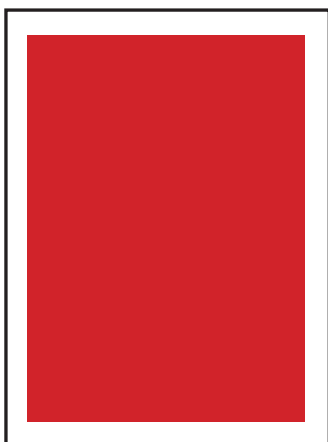




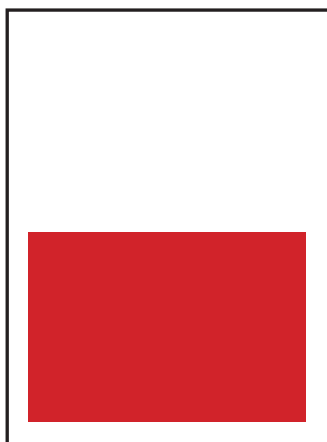
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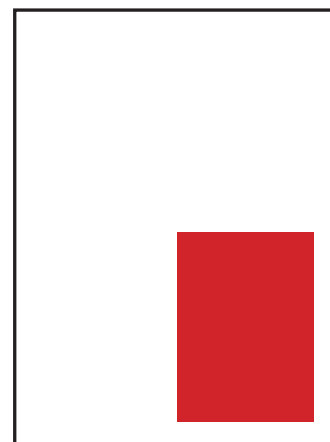
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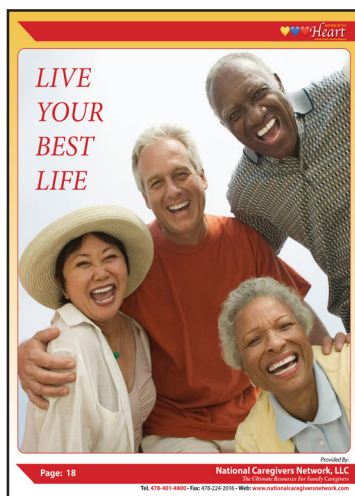
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