

# NEWSLETTER

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## Vaccination – The road out of COVID-19 - William Baker, MD



This issue focuses on the Covid 19 pandemic, the road we have traveled and the challenge of navigating our “way out” by achieving immunity through vaccination. An article by Dr. Brij Bhambi describes the road we have traveled so far. Articles regarding Covid in children, a fairly lengthy rebuttal to those opposed to the vaccine (antivaxxers) and a story from Israel raising the question of what it will take Americans to match the 60% vaccination rate of Israelis. Also are Kelsey’s Korner regarding guidelines for summer exercise in the Covid vaccinated world, from Laura Sabedra at Bakersfield Heart Hospital regarding the restart of the Structural Heart Program now that elective cardiac procedures have been resumed and a BBQ recipe from Dietician Michele Chynoweth. In Kern County as in certain other parts of the US, the supply of vaccine now exceeds the

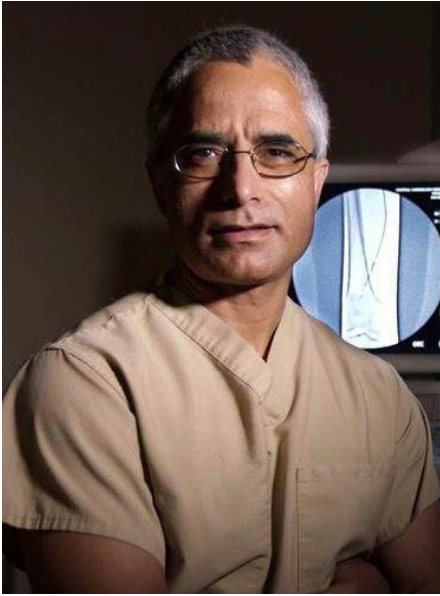
demand. We are falling far short of the goals needed to achieve herd immunity (70-80% of the population fully vaccinated).

Somehow, we must do better. Hopefully, this issue of our Newsletter, will help you, a loved one or acquaintance change their viewpoint and decide to receive the Covid vaccination and become part of the “solution” rather than continuing as a potential host for the virus and part of the “problem”. The way back to “normal” is vaccination. All of us at Centric strongly urge you to get the Covid vaccine as soon as possible.

KERN COUNTY COVID STATISTICS -  
For more detail please visit:  
<https://covidactnow.org/us/california-ca/county/kern-county/?s=1857775>

# COMMUNITY VOICES: A journey through COVID

**bakersfield.com - Brij Bhambi, MD**



Distant rumblings were heard about a possible new pathogen wreaking a devastating toll on a susceptible population in Wuhan. Those rumblings were systematically smothered. The ears that are trained to hear through the smothering failed to listen a second time. First miss was SARS I. Same smoldering cauldron, same cooks, same complacency by pandemic sleuths and more sinister outcomes.

The world watched in horror with a bated breath as corpses piled up in Wuhan and uttering of the P word (pandemic) was hushed by the Chinese government and the World Health Organization. As millions were coerced into quarantine and large hospitals miraculously appeared to tend to newly sick, the Chinese government permitted free flow of traffic to the rest of the world as it meticulously guarded its domestic borders. The virus hitchhiked unsuspecting humans and seeded the entire planet.

The next theater was Milan, Italy. Milan is an economic hub with a

large Chinese community. The newly introduced virus ravaged through Italy's elderly in multigenerational homes, forcing stretched health care to ration care, adding to loss of life.

A sudden jump, from a faraway land, to across the pond kindled fearful awakenings in Americas. Threat appeared to be menacing. Yet we felt reassured by our advanced health care and resiliency. As the infections mounted from a scattered case across the western U.S. to soul-crushing losses in New York City, our health care system stood stretched and resiliency questioned. The darkness descended deep and dawn seemed foreign.

The virus compelled the medical community to improvise, learn quickly and share the best practices to help mitigate the damage. Lacking in protecting armor, the medical community embraced this challenge, as a large number of them succumbed to COVID's wrath. The societal love that was spontaneous and universal felt warm and welcoming to health care workers.

The mitigation measures like masks, therapeutics like chloroquine and perceived infringement of individual liberties all morphed in to cultural and political battles. The virus saw the fault lines and quickly inhabited them. The chasms were widened, divisions deepened.

We need to work on not being so predictable next time.

The virus also laid bare a fact that was barely a secret. Between obe-

sity, diabetes, sedentariness, calorie dense and nutritionally vacant food, hypertension, addictions, etc., we are not churning out the best human specimens. Reasons are many: economy, education, culture, personal freedom, corporate conscience and others.

We can do better.

Along the way, mitigation measures found increased adoption, therapeutics evolved, hospital practices adapted to the new pathogen and vaccine development galloped like never before. The Warp Speed endeavor that synergized private-public undertaking became our saving grace.

Contrary to common perception, mRNA vaccines did not emerge out of nowhere and in no time. Genomics is a robust scientific discipline. The mRNA vaccines rode that 40-year-old science to triumph on the wings of unprecedented collaboration and unrelenting pursuit by the best in the scientific community. These are not "rushed" vaccines. These vaccines are a crowning victory undergirded by decades of science. They combine incredible safety and efficacy. These vaccines are our way out of darkness.

As the logistics of scaled up production, timely distribution and expanded access to the general population are being resolved, the vaccine hesitancy is threatening to be a formidable challenge. With 100 million-plus shots delivered and a good three months of data at hand, there is substantial evidence of safety and efficacy to persuade the skeptic.

Let the message spread.

We need to remain cognizant that this fire is truly global. It needs to be put out everywhere near simultaneously. Large pockets of susceptibility will continue to offer the virus opportunities to mutate. Human to animal spread may allow more sinister iterations of the virus. Our immunity based on previous infection or vaccination may be a pervious shield to the next mutant.

The mRNA-based vaccine has the promise to be a platform technology. Possibilities of downstream breakthroughs in all aspects of human health abound. Surveillance, diagnosis and treatment of cancer, genetic disorders among others, have tailor-made solutions within the realm of possibility.

The COVAX program aims to achieve the ambitious goal of universal vaccination through international cooperation. That goal has to be met but means to reach that goal can be contentious. A demand has been made that IP rights be loosened for expanded production and expedited vaccination to save lives and effective-

ly end this pandemic. It may not seem to be an unreasonable ask given the magnitude of the problem.

IP rights are capital, time and labor intensive. Success is rare and underpinned by enormous intellectual rigor. Fruits of such labors can't be denied to the committed and unlawfully distributed to others. Countries that have strong protection of right to property laws are more prosperous. By some estimates, more than 70 percent of the U.S. economy is supported by IP contribution.

A successful venture needs financial rewards to keep the locomotive of imagination and progress running.

The pandemic presents an urgent question: Will preserving IP deny expedited expansion of vaccine development? If so, will the delay end up adding to preventable death? Is the cause of capitalism furthered by price or pricelessness? Is the goodwill best argument for capitalism in a distraught world flattened by the virus? Will the saved lives best monumentalize the spirit and deed of capital-

ism? Is it not human to be charitable?

The best model has to accommodate the sanctity of IP and expedited access to the vaccine to all of humanity. This is an opportunity to amplify the cascade of virtue, wealth and intellect. Saved lives will learn to respect IP.

Merit and mercy, we need both.

Capitalism is occasioned an opportunity to proselytize the skeptics through acts of mercy.

As a battle-fatigued United States looks homeward, other countries are using soft power ploys to fill the void and redefine international relationship. The pendulum does not have to swing to extremes. We have to play a long game. Vaccine diplomacy is a necessary humanitarian and statecraft instrument.

The win over the virus is not a zero some game. In this global village, swim or sink together. The shore is close.

Let's keep the harbor safe.

## CDC Guidelines

If you are fully vaccinated, you can resume activities that you did prior to the pandemic.

Fully vaccinated people can resume activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

If you haven't been vaccinated yet, find a vaccine.

## Reasons to get vaccinated against Covid 19

- 1) Protect you from dying from Covid 19
- 2) Protect your family, friends and community from infection should you become infected
- 3) Allow safe person to person interactions in the workplace, home and social settings
- 4) Allow return to work, reviving the economy from the devastation caused by Covid 19



## COVID 19 in Children – Why vaccinate? - William Baker, MD



1) As of 5/3/21 - 3 M Covid confirmed cases in kids –22% of the US total.

2) Covid 19 US death rate 1.9% and in those under 25 - 0.2 %.

3) As of 5/3/21 - from 300-600 kids had died of Covid. 75% of those were non-white.

4) As of 4/1/21 - Multisystem Inflammatory Syndrome in Children (MIS-C) cases -2,000 and death rate of about 2%. MIS-C is a severe illness associated with shock and organ failure in infants and children including adolescents, who become ill from Covid. 56% present with shock and 73 % require intensive care, including mechanical ventilation.

5) World-wide Covid 19 cases in children comprise 8% of the total.

6) Covid 19 consequences in children

a. Death from Covid 19

b. Death or disability from MIS-C due to Covid

c. “Long covid” in children with persistent fatigue, “covid brain” and other symptoms have been observed and documented in one study from Rome and

unpublished observations from the US.

d. The B.1.1.7 (UK) variant appears to be more contagious, especially in children with a 23% increase in cases in children under 10 in the UK

7) Most children who get Covid are not symptomatic or are minimally symptomatic and spread the disease to others, including teachers, parents, grandparents and others more vulnerable than they too serious infection. Children have not, however, for a variety of reasons proven to be the “superspreaders” once feared.

8) Children at greatest risk are those with underlying conditions including: chronic lung disease (including asthma), blood disorders, immune suppression, diabetes mellitus, cardiovascular disease, psychological problems, severe obesity. Those with underlying conditions are 23% more likely to be hospitalized, 38% more likely to be in the ICU and 33% more likely to die.

9) Influenza since 2004-2005 season has killed an average of 37-188 children per year.

Influenza was especially lethal to those under 5 years of age. 10-year average US Influenza cases of 28,645,000 with 1.6% hospitalization rate and 0.13% death rate. Covid 19 is 14 times more deadly at 1.8% with a 20% overall hospitalization rate. 80% of those dying from influenza were NOT Vaccinated.

The answer to the question why vaccinate children is simple. What risk are we willing to take with our children’s lives? We have no way of predicting which of our children are going to become seriously ill as opposed to simply experience mild symptoms. We have no ability to predict who will transmit the disease to vulnerable family members, siblings or friends. We advocate vigorously for our children to get the flu shot every year for a reason. How much more should we be engaged to vaccinate our children against a disease far more lethal and associated with potential protracted symptoms. A 0.2% death rate is very low unless it is your child who dies!

## Israel's vaccination success story - William Baker, MD



As we face the challenge of vaccine hesitancy resulting from antivaxxer claims, mistrust of traditional healthcare and politics, it may be helpful to reflect on the road traveled in Israel to achieve the highest vaccination percentage of the population in the world, second only to the Seychelles by a few per cent. As in the US, many of the residents of Israel have starkly different religious views. The most challenging to reach regarding Covid vaccination has been the ultra-Orthodox community, who shunned Covid vaccination (as well as cell phones and television). Government public service campaigns were unsuccessful in making a difference in their meager vaccination rate. After much effort, there was success in obtaining the assistance of ultra-Orthodox Rabbis in reaching out to their congregations to be vaccinated to protect themselves and their community. They were convinced by the science. Hotlines were set up to counter the antivaxxer claims that the vaccines had caused deaths. In spite of this the vaccination rate

did not increase.

A 31-year-old ultra-Orthodox Jewish woman, Osnat Ben Sheetrit, owned a successful wig and bridal salon. She was about to give birth to her 5th child. She remained hesitant about the vaccine even after evidence was presented that the vaccine was safe in pregnancy, and was approved for use. She scheduled an appointment for the vaccine but before she was vaccinated, she was infected with SARS-2 and both she and her newborn child succumbed to Covid 19. A virtual army of conspiracy theorists appeared on the scene to claim that she had died of the vaccine. Her family then publicly intervened to set the record straight. In fact, she had not been vaccinated and moreover if she had been she would not have died.

What ensued was a dramatic turn of events. With an outpouring of sympathy for the young woman and her child who ended up in the same grave because of Covid, vaccination rates accelerated. To date 80% of the ultra-

Orthodox have been vaccinated, contributing to the 60% of the population who have received at least one dose and 56% fully vaccinated as of April 22, 2021. By comparison in the US, 34% are fully vaccinated as of May 9, 2021. In California 48% have received one dose and 27% fully vaccinated and in Kern County 30% have received at least one dose and 19% are fully vaccinated.

**WE CAN DO BETTER!** What will it take for all of us to overcome the disinformation, fear, mistrust, conspiracy theories and politics to simply do the right thing and receive the Covid vaccine in order to protect not only ourselves but our community and our nation? What will move us from our "beliefs" about the SARS-2 coronavirus pandemic and vaccine we all need to turn the tide of Covid 19? Will it take the death of a loved one, the death of a public figure we trust or the tragic and avoidable death of a simple mother and her newborn child? Information regarding Israel from multiple sources including NPR.

# The Challenge of Vaccine Hesitancy - William Baker, MD

There are many reasons people cite as the basis for their decision to refuse vaccination with the Covid 19 vaccine. Currently in the US, the Pfizer BioNTech, Moderna and Johnson and Johnson vaccines have emergency use authorization from the FDA for use in the US fight against Covid 19. This means that the vaccines have been through Phase I, II, and III trials demonstrating vaccine safety and effectiveness first in small and then increasingly larger numbers of people. The Phase III trials involved about 15-20,000 individuals and data from trial participants now include over 44,000 from the Pfizer BioNTech vaccine assessed at 6 months from the second dose indicating 100% effectiveness against severe disease as defined by the CDC and also effective against the variant predominantly found in South Africa (the south African variant). Details regarding each of the approved vaccines and the various trial phases is discussed in the last issue of our Newsletter.

## Antivaxxer- Reasons not to get vaccinated

**1) Vaccine makers are immune from liability** - Not true as there is a special Vaccine Court to which claims are submitted, regardless of whether approval is for "full" approval or emergency use authorization (EUA)

**2) The checkered past of the vaccine companies** - It is true that virtually all pharmaceutical companies have been found liable for drugs found to cause severe adverse effects, even years after being fully approved by the FDA. Considering the global emergency we faced in

February of 2020 and the urgency to produce effective vaccines, it is truly remarkable that in May of 2021 the vaccines are proving so highly safe and effective. Adverse events are regularly updated and the system for reporting these events has proven remarkably effective (Vaccine Adverse Events Reporting System- VAERS). This was recently demonstrated with the pause in the use of the Johnson and Johnson vaccine when the extremely rare disorder of cerebral vein thrombosis in 6 patients was found associated with J&J vaccination among over 6.8 million doses administered in the US. Subsequent evaluation has determined no direct association between blood clots and the vaccine.

**3) Aborted fetal cells are used in the vaccines** – This is not true. It is true that cell lines from aborted fetuses 50-60 years ago have been used to make stock for vaccine manufacturing, which the Catholic Church has authorized.

**4) The current vaccines were produced "too fast" and not enough is known about the safety** – In reality, the mRNA vaccine platform use by Pfizer BioNTech and Moderna are the results of decades of research dating to the SARS-1 coronavirus epidemic in 2004. The "Operation WARP Speed" simply awarded \$10 Billion for pharmaceutical companies to actually produce a SARS-2 coronavirus vaccine, for which they were well prepared to do after decades of research and development.

**5) mRNA vaccines are "gene therapy"** – This is scientifically impossible. In fact, the mRNA

snippet used to direct the cells of vaccinated individuals to produce the virus spike protein is incapable of entering the human cell nucleus and disappears immediately after encoding the message to make spike protein to machinery in our cell cytoplasm.

**6) Vaccines may cause vaccine enhanced disease (VED)** - this is the concept that the vaccine might cause an enhanced or worse case of disease symptoms is a concern which was dispelled by the Phase I, II and III trials with Covid vaccines. Now that we have 6 months of data is it abundantly clear that this does not occur.

**7) Data gaps are present in the information provided to the FDA for emergency approval, such as the lack of including pregnant women** – This is true, however, ongoing study has demonstrated such broad safety of the vaccines across the enter spectrum of ages and conditions (and recently in children) that the vaccine safety and efficacy are increasingly validated.

**8) There is no long-term safety data** – This is the classic antivaxxer trope, known as the "Nirvana Fallacy" – that is that if a vaccine is not perfectly safe then it is terrible and not useful. To date while there have been very rare side effects observed with the vaccines used in the US, they are not technically "perfect". To deny usage of these vaccines in the midst of a deadly pandemic is pure folly! Also, how can you expect long term safety data when developing a new vaccine for a new and deadly disease? We have only been confronted with Covid 19 for 15 months.



**9) There is no informed consent** – This is blatantly untrue, as anyone who has received a Covid vaccine is aware from the consent they signed prior to vaccination. Claims that the information in the consent is flawed are based on misunderstanding of science, pseudoscience, and bad science.

**10) There is under reporting of vaccine adverse reactions** – It is not true that only 1% of adverse reactions are reported to the Vaccine Adverse Event Reporting System (VAERS). Antivaxxers “weaponize” the adverse reactions to support their unfounded claims. For instance – the early reports of Bell’s palsy as a possible adverse reaction were found to have no statistical correlation to vaccination.

**11) Vaccination does not stop transmission of infection** – Trials were designed to determine if vaccination prevented symptomatic disease and death; which has been resoundingly confirmed. Evolving data from the Pfizer BioNTech and Moderna vaccines indicate that they DO prevent infection and asymptomatic transmission.

**12) People get the vaccine and yet still get Covid** – The vaccines currently in use in the US are essentially 100% effective at preventing death and serious illness. With very rare exception those who become ill after full vaccination experience a very mild Covid illness, no worse than the common cold. This is once again the “Nirvana fallacy” that if a vaccination does not provide 100% protection it is worthless.

**13) Since the overall survival rate from Covid is 99.74%, there**

**is no reason to be vaccinated, especially for low-risk individuals** – First of all, we do not really know what the true fatality rate is from Covid 19 (the death rate of those infected and diagnosed with Covid). In the US that number is expected to be as high as 2%. Would you get on an airplane with “only” a 0.26% chance of crashing and killing you? In addition, this is the classic selfish thing that younger antivaxxers do- ignoring the much higher case fatality rate among the elderly.

**14) The number of deaths from Covid is bloated** – This is the idea that people die “with” rather than “of” Covid. The “6% gambit” is that only 6% of Death Certificates list Covid as the sole cause of death, therefore the conclusion is that only 6% of people die “of” Covid. This is a conspiracy theory that results from a basic ignorance of the way Death Certificates are filled out. The document requires that the primary cause of death such as cardiac or respiratory arrest is listed first. Then second for instance might be “due to” pneumonia. Then third would be “due to” Covid 19.

**15) Dr Anthony Fauci and 6 others at the National Institute of Allergy and infectious Disease (NIAID) own patents involving the Covid vaccine companies and benefit monetarily from Covid 19 and the vaccination prepared to prevent and control the disease. There is also a related conspiracy theory that there are HIV RNA sequences in the spike protein used as antigen to make the Covid mRNA-based vaccines** - Careful analysis of patents and other records clearly indicate that the claims regarding Dr. Fauci and others receiving monetary compensation as the result of the

SARS-2 pandemic are false. There are short sequences of RNA found in the HIV coding but these are very short matches with those found in SARS-2 coronavirus and many genes share some degrees of similar matching; this is simple genetics. NIAID obtain the gene sequence of SARS-2 from Chinese scientists and developed a stabilized spike protein then provided it to Pharmaceutical companies free of charge for the development of vaccines against Covid. The US holds the patents on the work of NIAID.

**16) 16) Dr. Fauci is involved in illegal “gain-of function” research** – This is a claim proposed by anti-vaccine conspiracy theorist Judy Mikovits. The idea is that the Covid 19 pandemic was planned by “global elites” and that Dr. Fauci, in collaboration with Chinese scientists, helped make the SARS-2 coronavirus more deadly. It has been clearly proven that the Covid 19 pandemic is the result of a naturally occurring coronavirus and not an “engineered” virus. This theory has been widely used by politicians engaged in fear mongering.

**17) The world’s leading virologist is “sounding the alarm” and should be heard** – This is the idea that since the SARS 2 virus mutates once about every 10 hours, variants are arising quickly as the virus runs rampant. It is proposed that because of the vaccination, more deadly variants of the virus will develop than if there were no vaccine. These are the claims of Rupert Gaert vande Bosshe, who is NOT the world’s leading virologist and has not published in many years. The same theory was proposed decades ago regarding measles vaccination and determined in a

court of law to be not scientifically valid. Coronaviruses in fact do not mutate as fast as most RNA viruses and the selective pressure vaccine exerts on viruses to mutate is unknown but certainly much less than the effect of antibiotics on the development of antibiotic resistance seen in bacteria. It is true that the more hosts for the virus, the more mutations will occur and the greater chance that

a variation will develop which evades the effect of our currently available vaccines.

### 18) “I already had Covid” –

First, many people claiming to have “had” Covid were not tested or tested negative. Furthermore, we do not know how long immunity from reinfection lasts after initial infection but we do know that the immune protection

resulting from the vaccination is much greater than nascent immunity (immunity induced by falling ill with Covid)

**19). Material for this article is in part taken from Science - based Medicine** authored by Dr. David Gorsk, M.D., Ph.D., F.A.C.S. found at Swopes .com as well as the New England Journal of Medicine and other sources.

## Summer Exercise in a COVID Vaccinated World

– By Kelsey Reason, CEP

With the increased number of COVID vaccinations being delivered, we are starting to see the horizon of a brand new day where we can get back to some semblance of “normal” in our lives. This comes just in time for summer when a lot of people start to get out and about. Especially after these many months of being under restrictions and guidelines with regards to our activities and events, this will be a welcome change to our lifestyles.

If you are motivated to begin an exercise program this summer, the good news is that things are beginning to open up so there are ample options to choose from. For example, many gyms in Bakersfield have reopened for indoor exercise, are offering structured classes, and have opened their other facilities like tennis and pickle ball courts. Some gym facilities do require a mask to be worn on the premises, even while exercising, and so be sure to check the website or make a phone call to inquire as to their current COVID policies. Speak with your physician before beginning an exercise program and ask about the safety of exercising with a mask on with regards to your health conditions. Some gyms may allow an exception to the mask policy with a note from your doctor but these reasonable accommodations

must be approved by the gym in advance of your exercise on site.

There are other options for exercising on your own as well. The Bakersfield heat is something to consider when planning your exercise program so be sure to exercise at the coolest times of the day (early morning or late evening) to avoid any adverse heat related issues. Getting into the open, fresh air with a walk, jog, bike ride, or stair climbing are good cardiovascular exercise routines. One benefit to the heat is that the swimming pool is a refreshing exercise option as well. You can swim laps across the pool or even walk laps around the shallow end for exercise. Pool work is a great alternative when cardiovascular weight bearing exercises like walking might be difficult or problematic based on your conditions.

Taking proper safety measures when conducting outdoor exercise is very important. Making sure to wear your sunscreen (don't forget to reapply if you are out longer than an hour or so), wearing moisture wicking clothing and a hat, and drinking plenty of water will help to ensure you remain safe and healthy while exercising. Strive for a moderate intensity exercise meaning that the exercise should feel “somewhat hard” to

“hard” after a 5-10 minute “light” warm-up (and then don't forget to perform a “light” 5-10 minute cool down post-exercise also). Keep in mind that as things are starting to heat up, you might reach this level of activity faster or with less work output than you usually do, so adjust your workout regimen as necessary.

If you have been vaccinated and as more and more people are receiving the shot, including your family and friends, there are some perks that come along with being fully vaccinated. The CDC has suggested that certain activities are acceptable without a mask with other vaccinated individuals. If you have a vaccinated pal, implementing the buddy system when it comes to exercise is a great way to help with accountability and increase long term adherence to an exercise program. You can find the most up to date interaction guidelines on the CDC website.

Use this new season and changing times to make a healthy adjustment to your lifestyle by beginning or maintaining an exercise program. Continue to be careful as is recommended but take advantage of the things that have reopened and enjoy the summertime that we have looked forward to for so long!



# Restarting Elective Cardiac Cases Following COVID - Bakersfield Heart Hospital



During the pandemic, resources were redirected towards treating patients infected with COVID-19. In order to meet the challenges of the pandemic, hospitals were instructed to stop elective surgeries that utilized valuable ventilators and occupied intensive care unit (ICU) beds. Structural heart disease interventions for non-emergent patients were put on pause; but now with the Coronavirus cases trending down, the Cath Lab is ramping up.

**What Is Structural Heart Disease?** Structural heart disease affects the heart's anatomy, or structures, such as valves, chambers, walls, and pockets. An abnormality or defect that weakens the heart's structure—its walls, valves, and muscles—is referred to as structural heart disease.

A healthy heart has four valves that work together to move blood from the upper chambers to the lower chambers and eventually to the lungs and other organs. Any abnormality or damage to these valves can alter blood flow

and lead to serious complications, such as stroke, heart failure, or sudden cardiac arrest.

Sometimes a defect is present from birth. Other heart problems come later in life as a result of aging or underlying diseases that cause wear and tear on the heart. Structural heart disease can include:

- Valves that don't open and close properly (aortic stenosis or mitral valve regurgitation).
- Abnormal openings between the heart chambers (ventricular septal defect).
- An open pocket in the upper left chamber (left atrial appendage) that can increase the risk of stroke for certain patients with atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow.)

Many of these diseases are progressive, which means that symptoms become more severe and complications are more likely to occur with age.

Historically, these issues have been treated through open heart

surgery. More recently, minimally invasive transcatheter therapies have revolutionized care for heart patients. In minimally invasive heart procedures, cardiac surgeons enter the heart through small incisions in the groin, eliminating the need to split the patient's breastbone which is done in open heart surgery. Transcatheter therapies are less traumatic and typically offer better outcomes, shorter length of stay and a more rapid recovery. At Bakersfield Heart Hospital, options to treat structural heart disease are:

- Trans-catheter Aortic Valve Replacement (TAVR) for severe aortic stenosis (Narrowing of the valve in the large blood vessel branching off the heart)
- MitraClip® Mitral Valve Repair for mitral regurgitation (a leaky valve that lets blood flow from one chamber of the heart to another)
- Closure of Left Atrial Appendage using the WATCHMAN™ Device to reduce stroke risk in Atrial Fibrillation patients unable to take blood-thinners
- Atrial Septal Defect (ASD) / Patent Foramen Ovale (PFO) - closures for holes in the heart tissue

If you have a structural heart condition and are seeking treatment, ask your Cardiologist about the Structural Heart Program at Bakersfield Heart Hospital.

# Centric Health

Centric Health is a multispecialty medical group comprised of many of the most outstanding medical professionals and medical groups in Bakersfield dedicated to providing the highest quality of medical care in a rapidly changing health care landscape. Centric Health was developed to enable physicians to do their best work and to assure access to high quality care for residents of our community. Centric Health includes a broad spectrum of medical specialties and services designed to meet the many needs of patients.

The Physicians and healthcare professionals at Centric Health Medical Offices offer an array of services ranging from Cardiology, Vascular, Primary Care, Endocrinology, Pulmonology, Infusion Services, Neurology, General Surgery, Neurosurgical Spine Surgery, Urgent Care, and Diagnostic Imaging.

- **Central Cardiology Medical Center**
- **Preferred Family Care**
- **Sillect Medical Centers**
- **Kern Endocrine Center**
- **WF Baker MD and Associates**
- **J. Foster Campbell, MD**
- **Golden Valley Medical Associates**
- **Harjeet Singh, MD**
- **Susan Hall, MD**
- **Dr. Viridi - Neurology**
- **Dr. Ian Armstrong - Spine Specialist**
- **Dr. Ashraf - Pulmonology**
- **Dr. Nisim - General Surgery**
- **Clinica Del Valle**
- **Golden State Hospitalists**
- **Centric Health Imaging**
- **Centric Urgent Care**

# Healthy Eating - Summer 2021

What has this pandemic shown us about our lifestyle habits? Lots!

Some of us found out the refrigerator was our stress release box and ended up with an extra 10-15 pounds; others took the time to organize shopping lists, plan menus and cook fresh. Many took up gardening, walking or converting the garage into an exercise playground. Some became binge movie watchers.

It's time to look at Summer 2021 with new eyes .. one with colorful plates, new shapes and flavors. If you grill outdoors, plan the ENTIRE meal for meal prep and serving. Save labor. Make your plate a triangle...something colorful (fruits & vegetables); a protein from plant or animal, and a whole grain or fiber source... include beverages with lots of fresh water garnished with lemon, lime, orange or cucumber or melon balls.

Outdoor grilling...save the indoors...prepare and cook everything outdoors—

Cut up fruits and vegetables; alternate colors, shapes, fruits and vegetables on skewers (bamboo or metal) —even a 5-year-old can assist in the construction of the “fruit/veggie kabobs” to maximize color! Teach children and adults to alternate colors and shapes on the kabob—circles, triangles, cubes (some will need roasting or steaming before ‘kabobbing’)

Asparagus Carrots Zucchini  
Broccoli Artichoke Celery

\*Winter Squash Mushrooms

Cauliflower Onions

Cucumber Okra

Jicama \*Brussels Sprouts

Tomatoes Tomatillos  
Apples Melons Banana  
Apricots Berries Mango  
Nectarines Grapes Papaya  
Peaches Pears Pineapple

You can make a main dish with the kabobs. For protein add cubes of roasted tofu or plant-based “meat balls”, cheese cubes (select ones that have 5 g fat per ounce or less), or select from cooked chicken/beef/pork/lamb/turkey/shrimp salmon/boiled egg. Serve with whole grain pita bread or corn tortillas. Or place the kabobs with alternating protein/veggie/fruit kabob on grill. Roast and serve. Use food thermometer to verify meat temperature. Try to keep pieces similar size for even cooking.

Recipe is great to enjoy outdoors under the covered patio but good indoors as well.

## WATERMELON MINT QUINOA SALAD (makes 4 servings)

Prep time 20 minutes, Cook time 0, Ready in 20 minutes

### INGREDIENTS

3 cups cooked quinoa, chilled (1 cup dry quinoa)

1 cup sliced almonds(unsalted)

4 cups, packed, fresh baby spinach + arugula mix

½ mini seedless watermelon, peeled and diced into small chunks (about 4 cups)

½ cup crumbled feta (look for lower fat feta in deli section)

2 tablespoon fresh mint, julienned (about 12 leaves)

### CITRUS MINT VINAIGRETTE

1/3 cup extra virgin olive oil

Zest and juice of 1 small lemon

3 tablespoons orange juice (about

½ large orange)

2 tablespoons fresh mint, julienned (about 12 leaves)

1/2 teaspoon salt

Combine all VINAIGRETTE ingredients in a sealed glass jar; shake until well combined.

### INSTRUCTIONS

In a medium sized bowl, combine cooked quinoa, almonds and Citrus Mint Vinaigrette

Divide spinach/arugula mix into 4 medium bowls. Top each bed of greens with quinoa almond mixture

To each bowl add: 1 cup of watermelon, 2 tablespoons feta and ½ Tablespoon of mint

### NUTRITION PROFILE PER SERVING:

560 calorie 36 grams fat, 6 grams saturated fat 0 grams trans fat 15 mg cholesterol, 390 mg sodium, 48 g carbohydrate, 7 grams fiber 14 g sugar, 16 g protein.

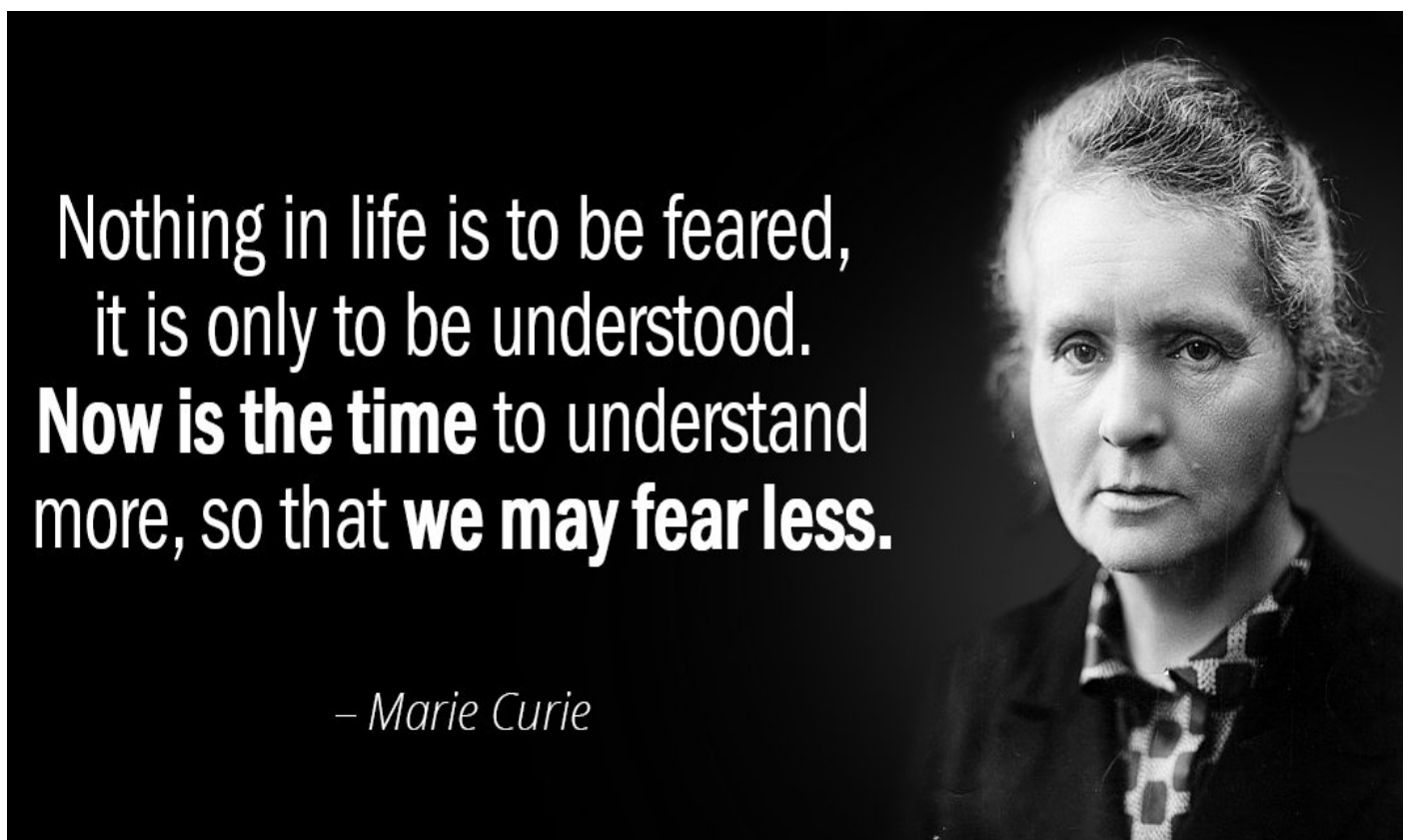
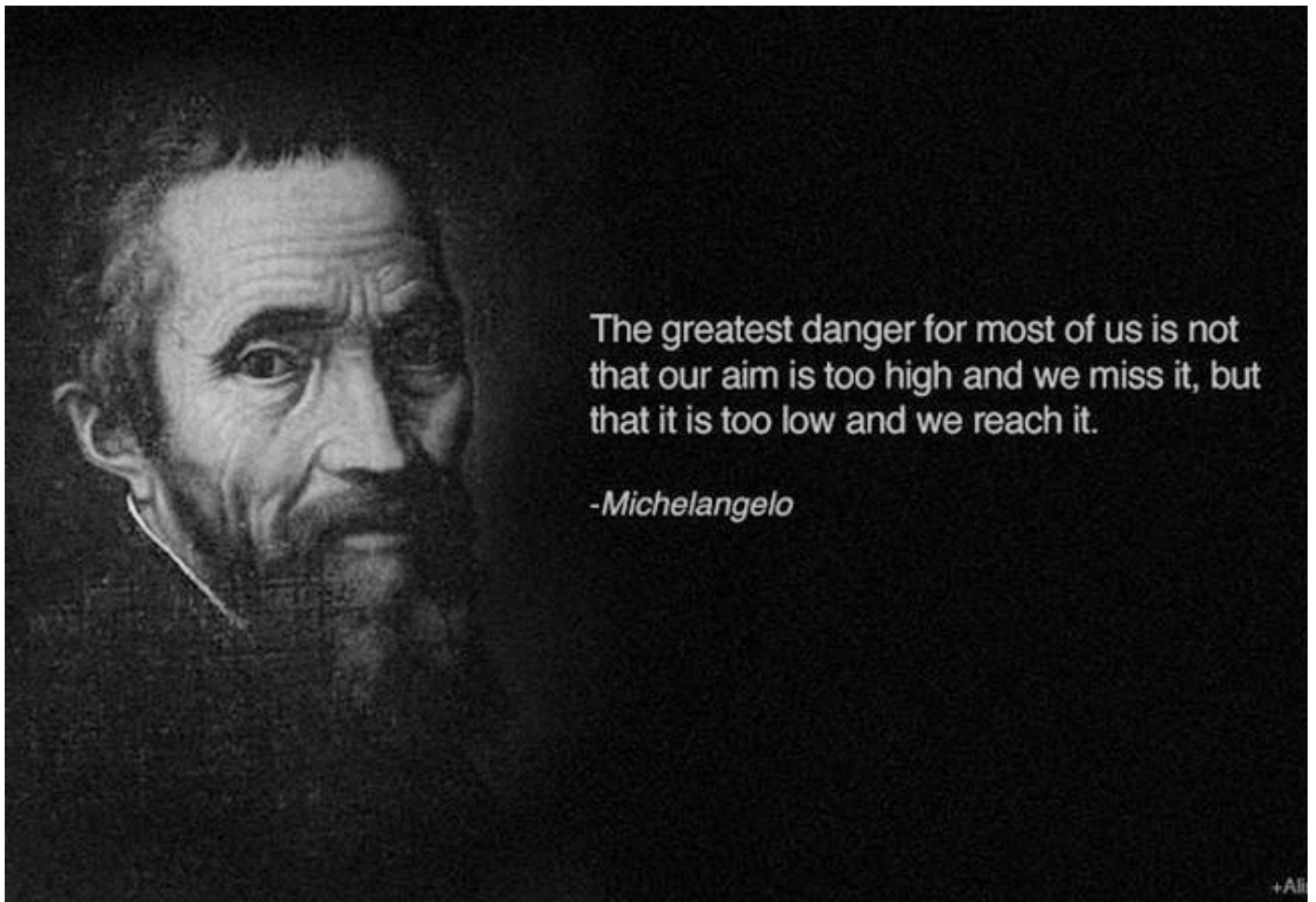
Easy way to save calories—divide recipe into 6 servings, reduce sliced almonds by ¼.

Enjoy what you love to eat, but learn to select and revise the recipe (or serving size!) to make it heart, kidney and diabetes friendly. Remember Medicare and other insurers include nutrition therapy services for diabetes and chronic kidney disease. Some plans include preventive services for weight management and treatment of cholesterol and triglycerides as well. Locate a registered dietitian nutritionist using your insurance card toll-free number or [www.eatright.org/find-an-expert](http://www.eatright.org/find-an-expert)

Recipe courtesy of

<https://www.Foodreveal.com>





You must not rely on the information in these materials as an alternative to medical advice from an appropriately qualified professional. If you have any specific questions about any medical matter you should consult an appropriately qualified professional. If you think you may be suffering from any medical condition you should seek immediate medical attention. You should never delay seeking medical advice, disregard medical advice, or discontinue medical treatment because of information in these materials.