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WILLIAM F. BAKER, JR. M.D., F.A.C.P.

Message from the editor



Our February 2021 issue is a departure from our usual emphasis on Women's Health. In the midst of the COVID-19 pandemic and with vaccines now available, there is the clear need for all of us to be informed with the scientific facts. This article attempts to explain how the COVID-19 vaccines work and information concerning their efficacy and safety. A late addition also discusses the significance of the new COVID variants. Also included are discussion regarding the wearing of masks, myths concerning vaccines and frequently asked questions and answers. There is also an article by Dr. Brij Bhambi which eloquently frames the current challenge of vaccine distribution and suggests a change which would make vaccination more readily available to all. Many sources have been accessed for the articles included in this issue. Primary sources have included the

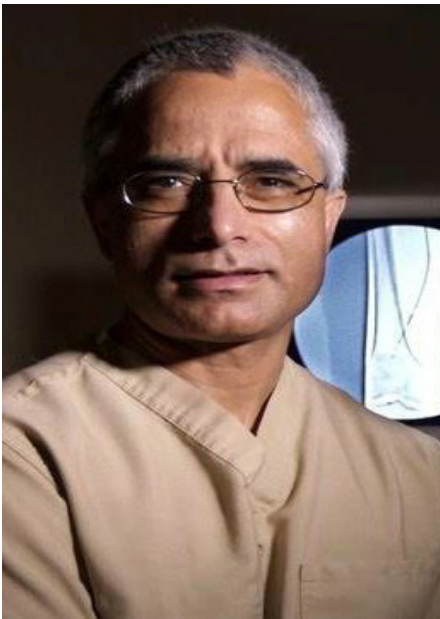
CDC, National Institutes of Health, New England Journal of Medicine, British Medical Journal, Lancet, Medscape News, and internet news sources providing updates concerning the rapidly changing landscape of COVID-19.

Articles by Kelsey Reason concerning Cardiac Rehab and our exercise during COVID-19 and by Bakersfield Heart Hospital and Centric Healthcare conclude by outlining their contribution to our community vaccination effort.

I sincerely hope that this month's Newsletter finds you and your family well and staying safe. We know that this pandemic is not over but we all share the hopes and prayers that all of us will take the steps necessary to endure these difficult days, emerge well and protected against COVID-19. "Normal life" may be a way off but we will get there together.

COMMUNITY VOICES: The solution is inside the box

Brij Bhambi, MD



The miracle of science has exceeded, even the most ambitious expectations, in delivering highly efficacious vaccines utilizing both traditional and exciting new technologies. Vaccines give the world a hope to exorcise the curse of COVID-19.

A large scale Israeli data using Pfizer vaccine, released on Jan. 31, affirmed the original trial results with 95 percent efficacy in infection prevention and a very significant hospitalization reduction.

In the U.S., Moderna and Pfizer are expected to deliver 10 million dosages a week. The Johnson & Johnson vaccine will likely join the mix soon, expanding supply even further.

Piling repositories, however, won't contain the pandemic. Only mass vaccination will put the pandemic out. Every vaccinated human being becomes part of the solution.

A risk calculator that determines the demographics most at risk from the ravages of COVID-19 and those deemed essential,

reasonably need to be at the head of the line. Roughly 25 percent of the population is age 16 and under. They are currently not on the vaccination list.

COVID-19 infection seems to lend durable immunity. There is substantial evidence across the world that risk of repeat infection is very rare (less than 1 percent in a British study of more than 6,000 participants). For now, those with previous infections should be at the end of the line.

Taking kids 16 and under and those with prior infections off the immediate vaccination list, the number needed to vaccinate drops down to 230 million nationally (using the same math, roughly 600,000 for Kern County). A fast-spreading virus has accorded numerous opportunities for mutations. Several mutations (British/South African/Brazilian/Californian) seem to lend the virus as more contagious and virulent. There is a disconcerting observation of vaccine resistance (South African variant).

We need to accelerate vaccination to stay ahead of potential adverse mutations that may compel us to go back to the drawing board and start all over again. In the sage words of Yogi Berra, "it's getting late early."

We have a good handle on the demand, supplies thankfully are expanding and now we need to solve the riddle of vaccination itself. It appears that limited supplies, special storage requirements of the Pfizer vaccine and fragility of mRNA-based biologics compelled decision

makers to establish stringent rules regarding "vaccination clinics." Somewhat complex algorithms for tiered vaccination and the threat of punitive measures to health care providers for any deviation from subscribed guidelines paradoxically resulted in vaccine wastage. Both the wasted vaccine and vaccine idly adorning the freezer shelves are counterintuitive to the stated goal of expedited vaccination.

The solution in this case is simple — a solution supported by existing infrastructure of doctor-patient relationship and corner pharmacies. Bureaucratic intrusiveness through "designated vaccine centers" is an unnecessary impediment. To create new charts for patients in "vaccine clinics" is redundant and wasteful. To have elderly, infirm and anxious people wait for hours in lines around sports stadiums is an avoidable drama.

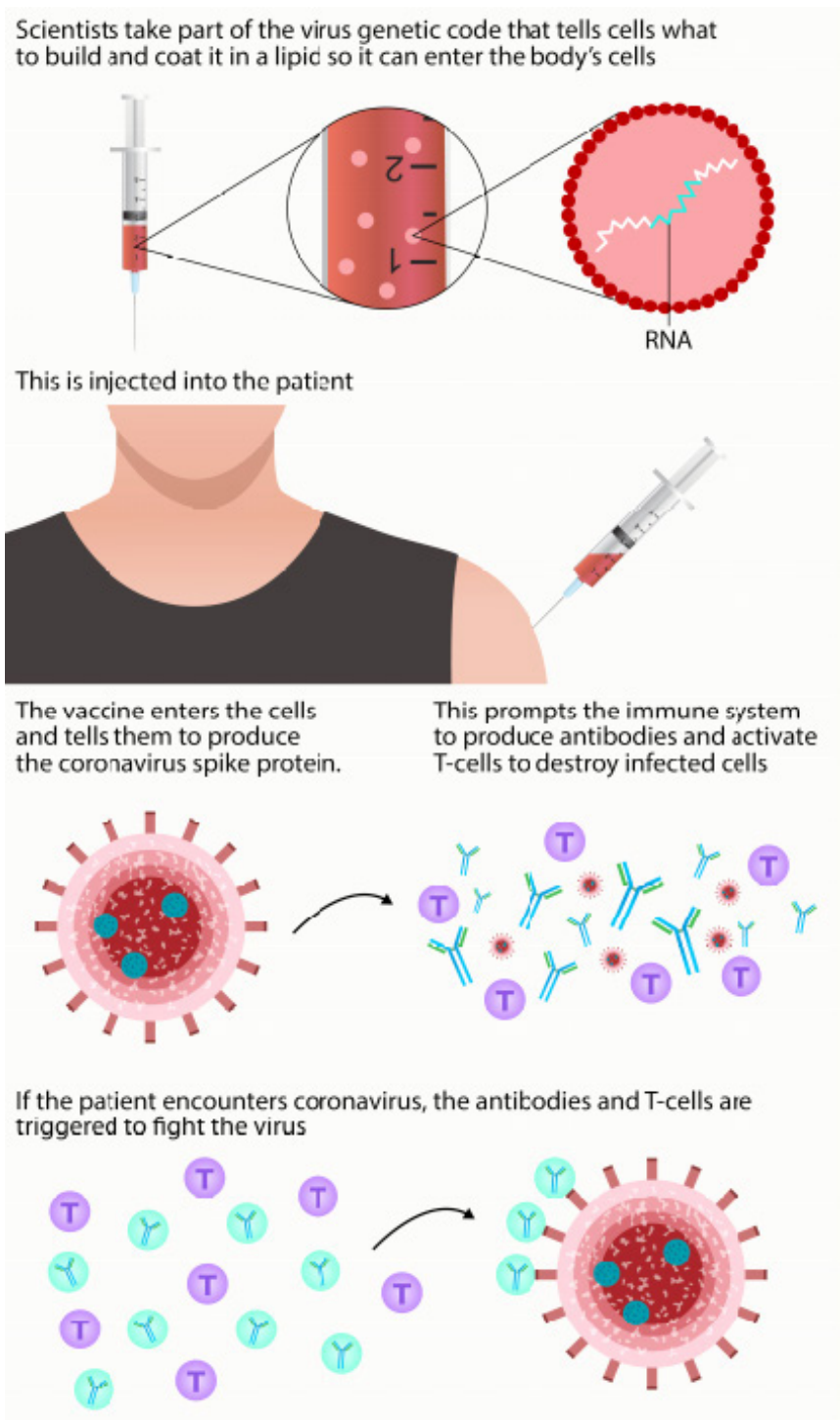
Release the vaccine to doctors and pharmacies. Relationships there are underpinned by trust and familiarity. Patient records already exist. Compliance to guidelines should be encouraged, but thrust of vaccination has to be vaccination. We should resist the temptation to overthink. Sometimes the solution is inside the box.

Moderna and Pfizer-BioNTech vaccines mRNA

COVID-19 Vaccine

COVID-19 mRNA vaccines deliver targeted genetic proteins found on the surface of the SARS-CoV-2 to the ribosomes of host cells to make a harmless piece of what is called the spike protein. After the protein piece is made the cell breaks down the instructions and gets rid of them.

Our immune systems recognize that the protein does not belong there and begin building an immune response and making antibodies. At the end of the process, our bodies have learned to gain this protection without ever having to risk the serious consequences of getting sick with COVID-19.



Available vaccines in the US

Pfizer Vaccine

Study groups – 43,538 enrolled participants – 150 clinical trial sites in 6 countries and 39 US states

- Doses – 2 injections 21 days apart
- First dose efficacy – 52.4%
- Second dose efficacy – 95%

Moderna Vaccine

Study groups – 30,000 enrolled US participants

- Doses – 2 injections 28 days apart
- First dose efficacy – not available
- Second dose efficacy – 94.1%

Adverse effects (more common after the second dose)

- Pain at the injection site
- Fatigue
- Headache
- Muscle aches
- Chills
- Joint pain
- Fever

Facts about mRNA Vaccines

Vaccine cannot give someone Covid-19

mRNA vaccines do not use the live virus that causes Covid-19

Vaccine does not affect or interact with our DNA in any way

mRNA never enters the cell's nucleus, which where our DNA (genetic material) is kept. The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

Coronavirus Vaccines



There are currently 30 COVID vaccines in Phase 1 trials, 26 in Phase 2, 20 in Phase 3, 6 authorized, 4 in full use and 4 vaccine trials have been abandoned. Below are the most widely used vaccines as of February 6, 2021.

Phase 1 – Safety trial (small numbers of patients)

Phase 2 – Efficacy trial (hundreds of patients)

Phase 3 – Expanded efficacy trial (thousands of patients)

Vaccines:

1. Pfizer-BioNTech - mRNA vaccine. Phase 2/3. Approved for use in Bahrain and Saudi Arabia, Emergency Use Authorization in USA and EU. Efficacy 95% preventing illness.

2. Moderna - mRNA vaccine. Phase 3. Approved for use in Switzerland, Emergency Use Authorization in USA, UK and other countries. Efficacy 95% preventing illness.

3. Oxford Astra-Zeneca – Genetically engineered Adenovirus vaccine. Phase 2/3. Approved for emergency use in UK, EU and other countries. Efficacy 70%

preventing illness. Use halted in South Africa due to lack of efficacy in mild or moderate disease.

4. Johnson and Johnson – Adenovirus based vaccine. Phase 3. Approved for Emergency use in China. Efficacy 72% preventing illness and 85% preventing severe illness. 57% in South Africa.

5. Sputnik V – Adenovirus based vaccine. Phase 3. Early use in Russia and emergency use in other countries. Efficacy 91.4% efficacy preventing illness.

6. Novavax – Protein based vaccine. Phase 3. 89% efficacy and less so in South Africa.

Stop Doing These Things Now – Anthony Fauci M.D.

1. Stop waiting until the vaccine is “safe” to get your shot. It’s safe NOW.
2. Stop being Laissez-Faire about your mask wearing.
3. Stop gathering with others in congregate settings, particularly indoors.
4. Stop traveling.
5. Stop going to bars.

COVID-19 Variants – What we know and what we do not

Each and every time a virus reproduces there is the possibility that mutations in the virus RNA sequence may occur. Most of these are inconsequential but occasionally these mutations lead to durable change in the characteristics of the virus. These changes may make the virus more contagious or potentially more lethal. Since the initial strains were characterized, new variants have been identified. These appear to be of significant importance in the course of the COVID-19 Pandemic as they may affect diagnostic testing, treatment and prevention with vaccines. Below is a brief summary of each new variant. All of these have been demonstrated in the US.

UK variant – B.1.1.7 – Large number of mutations. More contagious and more lethal. Vaccines effective.

South African variant – B.1.351 – Shares some mutations with B.1.1.7. More contagious. Astrazeneca and Novavax vaccines less effective and use of the AZ vaccine halted. mRNA vaccines (Pfizer and Moderna) demonstrated to produce fewer antibodies in the laboratory setting.

Brazil variant – P.1. Mutations affect the ability to be inhibited by antibodies. More contagious. Vaccine effectiveness uncertain. California variant- CAL-20C. More contagious. Partially responsible

for the October to January surge in Los Angeles County.

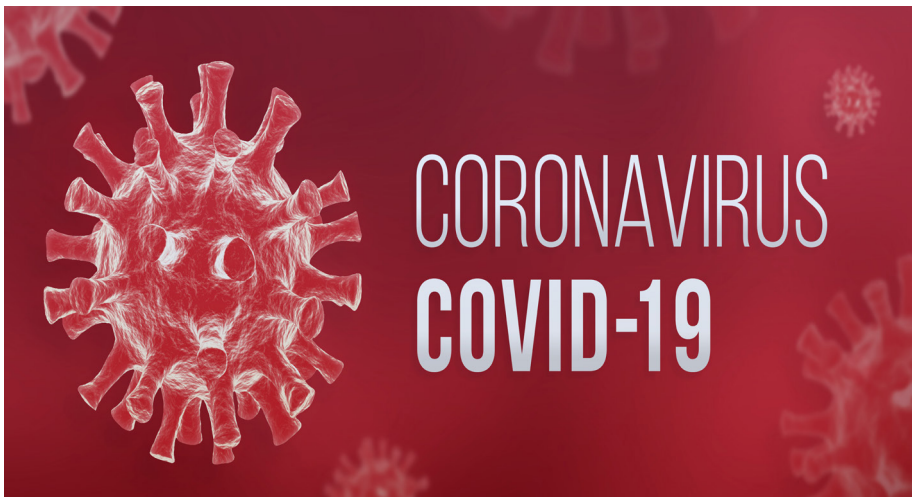
What it means

- 1) More person to person spread
- 2) Milder OR more severe disease
- 3) Unknown whether diagnostic tests are effective
- 4) Uncertain response to current treatment
- 5) Unproven effectiveness of the current vaccines

What we do not know

- 1) How widely variants have spread
- 2) How the disease from the new variants differs from disease from other variants
- 3) How variants affect diagnostic testing, treatment and vaccines effectiveness

COLCORONA RESULTS



In the August 2020 Newsletter, we announced the Colcorona Trial. This is a double-blind, controlled, randomized multinational trial using colchicine to prevent the severe inflammatory condition triggered by the COVID-19 virus which causes life-threatening and fatal illness. As an investigation site, a number of Kern County

residents participated in the landmark trial. The results are now in. Colchicine 0.5 mg taken twice daily then once daily for the subsequent 27 days results in a lowering of the need for hospitalization, a 50% reduction in the need for a mechanical ventilator and a 44% reduction in the rate of death. Colchicine

was initiated within 48 hours of a positive PCR test in patients 40 and older with underlying risk factors. These results are game-changing in that this is a very inexpensive and safe medication, can be given by mouth to outpatients and dramatically reduces the risk of serious illness and death. It is the first such treatment for COVID-19 illness. Thank you to the Kern County residents and physicians who participated in this important medical study.

William F. Baker, Jr., M.D., F.A.C.P.
Regional Principal Investigator
Colcorona Trial

5 Reasons to wear a mask after vaccination

1. No vaccine is 100% effective.

Both the Moderna and Pfizer-BioNTech vaccines are 95% effective, meaning that 1 in 20 are not protected. This was in clinical trials. In the real-world, effectiveness may be somewhat less as variables such as transport and storage of the highly sensitive mRNA vaccine may influence its effectiveness.

2. No vaccine is effective right away.

It takes 5-6 weeks for full protection after the first dose of either.

3. Vaccines do not prevent the virus from spreading.

Vaccines can provide two levels of protection. The measles vaccine prevents viruses from causing infection, so vaccinated people don't spread the infection or develop symptoms. Most other vaccines — including flu shots — prevent people from becoming sick but not from becoming infected or passing the virus to others. While COVID-19 vaccines clearly prevent illness, researchers need more time to figure out whether they prevent transmission.

4. Masks protect people with compromised immune systems.

People with cancer are at particular risk from COVID-19. Studies show they're more likely than others to become infected and die from the virus, but may not be protected by vaccines. Cancer patients are vulnerable in multiple ways. People with lung cancer are less able to fight off pneumonia, while those undergoing chemotherapy or radiation treatment have weakened immune systems. Leukemia and lymphoma attack



immune cells directly, which makes it harder for patients to fight off the virus.

Doctors don't know much about how people with cancer will respond to vaccines, because they were excluded from randomized trials. Only a handful of study participants were diagnosed with cancer after enrolling. Among those people, COVID-19 vaccines protected only 76%.

Although the vaccines appear safe, "prior studies with other vaccines raise concerns that immunosuppressed patients, including cancer patients, may not mount as great an immune response as healthy patients." "For now, we should assume that patients with cancer may not experience the 95% efficacy."

Some people aren't able to be vaccinated. While most people with allergies can receive COVID-19 vaccines safely, the CDC advises those who have had severe allergic reactions to vaccine ingredients, including polyethylene glycol, to avoid vaccination. The agency also warns people who have had dangerous allergic reactions to a first vaccine dose to skip the second.

5. Masks protect against any strain of the virus.

Global health leaders are extremely concerned about new genetic variants of the coronavirus, which appear to be at least 50% more contagious than the original.

So far, studies suggest vaccines will still work against these new strains, but we do not know how well.

One thing is clear: Public health measures — such as avoiding crowds, physical distancing and masks — reduce the risk of contracting all strains of the coronavirus, as well as other respiratory diseases. For example, the number of flu cases worldwide has been dramatically lower since countries began asking citizens to stay home and wear masks.

"Masks will remain effective," "But careful and consistent use will be essential."

The best hope for ending the pandemic isn't to choose between masks, physical distancing and vaccines, but to combine them.

"The three approaches work best as a team".

Kaiser Health News 1/15/2021
lszabo@kff.org, @Liszabo

How Do I Exercise Amidst a Pandemic? – By Kelsey Reason, CEP



Many are still shocked by how the COVID-19 Pandemic is progressing. It's been a year since the virus came to the USA, we are all still wearing masks, trying to make heads or tails of the future, and wondering when we can get back to normal. Perhaps you were thinking of starting an exercise routine when we locked down and all the gyms closed. Maybe you knew you wanted to lose weight but now your "COVID Weight" has just been added right on top. You may have even been on the road to recovery in a Cardiac Rehabilitation program only to be postponed by yet another closure due to the increasing COVID-19 cases in our city and state.

In these times, we can often become discouraged by what's going on around us, but stressing about it is like being in a rocking chair. It gives you something to do, but you aren't going anywhere! The best thing you can do is put that worry to work and accomplish something that will benefit you both physically and mentally: EXERCISE! We might need to get a bit creative to accomplish this task amidst a pandemic, but there are certainly ways to take care of yourself and maintain a healthy lifestyle.

As a general rule, you should strive to get 150 minutes of moderate intensity exercise per week. A gym will have a number of cardiovascular pieces of equipment like elliptical trainers and rowing machines along

with your traditional treadmills, stationary bikes, and stair climbers. If your gyms are closed, you don't need to use fancy equipment to do your cardio work. Cardio can be done by walking at a brisk pace, riding a bicycle, climbing stairs, or jogging to name a few examples; break up your 150 minutes over the course of 4-7 days in the week. When engaging in exercise it is important to monitor yourself and your symptoms. In the absence of monitoring equipment, such as a telemetry monitor in cardiac rehabilitation or a smart device like FitBit or Apple Watch to monitor heart rate, you can use alternative, subjective means to monitor intensity. One method is the "Talk Test". Using this gauge, you are conducting light exercise if you can speak easily while you are working out, moderate exercise if you can talk but with heavy breathing, and high intensity exercise if it is difficult to carry on a conversation. Another preferred method of monitoring relative intensity is the Borg Rating of Perceived Exertion (RPE) Scale. There have been a number of studies conducted on this RPE Scale which have concluded that if you are exercising at a level of 12-16 on the chart you are likely within your calculated target heart rate range. Warming up and cooling down for at least 5 minutes each in the blue, "light" section of this RPE Scale is recommended.

The most important thing to remember, whether you are just

getting started with exercise, trying to maintain your plan, or recovering after a cardiac event, is that you must listen to your body and gradually increase your duration and intensity of exercise. If you are unable to go outside for exercise, there are a number of light, beginner cardio workouts online that use body weight, combine cardio and resistance training, and can be done in a relatively small space. Review the video before you begin your workout to ensure you are comfortable with the exercises demonstrated and modify as necessary (some videos will have a modified version included). As you are learning, it is always helpful to conduct the exercises in a mirror to ensure they are correct and to help avoid injury. If you keep active to the best of your ability, watch carefully what you eat, and keep in contact with your loved ones safely, we'll make it through this pandemic stronger and healthier all around!

Borg's Rating of Perceived Exertion (RPE) Scale	
Perceived Exertion Rating	Description of Exertion
6	No exertion; sitting and resting
7	Extremely light
8	
9	Very light
10	
11	Light
12	
13	Somewhat hard
14	
15	Hard
16	
17	Very hard
18	
19	Extremely hard
20	Maximal exertion

2021 – Light at the End of the Tunnel – Bakersfield Heart Hospital

We couldn't wait for 2020 to end. The quarantines, the closures (schools, restaurants, beauty and barbershops.) We were all looking to 2021 for a return to normalcy. However, when we saw the virtual ball drop on Times Square ushering in the New Year, things looked a lot like they did in 2020. After Thanksgiving travel and Christmas gatherings, a surge of COVID-19 infections hit us again. Bakersfield Heart Hospital (BHH) had to close programs like our Women's Heart Center and Cardiovascular Rehabilitation program so that nurses and staff in that department could help on the patient floors. Non-emergent, elective surgeries were postponed to insure we had ICU capacity for our sickest (COVID and non-COVID) patients.

At the same time, the initial shipments of Pfizer's COVID-19 vaccine, which received

emergency authorization from the Food and Drug Administration (FDA), were being deployed. Interventional Cardiologist, Dr. Brij Bhambi and ICU Nurse Lucy Barrison, were the first to be vaccinated at BHH, setting a leading example for other healthcare workers to do the same.

Although BHH was still dealing with the surge of COVID patients, our CEO, Michelle Oxford and our Chief Nurse Executive, Carol Stiltner, RN., decided it was Bakersfield Heart Hospital's moral obligation to vaccinate as many Kern County residents as possible. BHH started with healthcare workers, vaccinating many first responders including Hall Ambulances EMTs and community physicians. Once the Kern County Department of Public Health opened up the tier to vaccinate 65 and older, BHH was inundated

with 5000 applications requesting appointments. Unable to support the volume with current staff, BHH was able to secure third semester Registered Nursing students from Bakersfield College and Cal State Bakersfield to assist with vaccination clinics by serving as screeners, providing injections, and monitoring participants for complications following vaccinations.

BHH has gone through many process changes trying to make community COVID-19 vaccinations as smooth as possible, learning lessons along the way. Today, BHH has vaccinated 3900 healthcare workers and 65+ seniors.

With coronavirus infections and hospitalizations starting to show some early signs of a plateau in Kern County, there is light at the end of the tunnel.

Things to know about the COVID-19 vaccinations and BHH Guidelines:

- BHH no longer holds walk-in clinics and has moved to appointments only. You can go to www.bakersfieldhearthospital.com and look for the red "Schedule a COVID-19 Vaccination" tab at the top.
- BHH receives vaccine shipments on Tuesdays. Appointments for the week are loaded into the website once we confirm the number of doses available to distribute. If no appointments are available, please keep checking back.
- BHH is not collecting a wait-list for the next phase/tier. Please do not schedule an appointment online unless you are in the current phase/tier which can be found at www.kernpublichealth.com/covid-19-vaccine-schedule.
- If you received your first vaccine from a pharmacy or at the fairgrounds, they are responsible for your second vaccine. BHH is unable to provide a second vaccine to you.
- It is very important you keep your appointment for your 2nd vaccine. When you get your first vaccine, your name goes to Kern County Public Health. Five days prior to your second vaccination, they automatically ship out your dose. If you miss your appointment, your second vaccine becomes someone else's first vaccine and you lose your dose.

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**
- **Dr. Viridi - Neurology**
- **Dr. Ian Armstrong - Spine Specialist**
- **Dr. Fontaine and Dr. Borst - Radiology**
- **Dr. Ashraf - Pulmonology**
- **Dr. Nisim - General Surgery**
- **Southwest Internal Medicine**
- **Clinica Del Valle**
- **Golden State Hospitalists**
- **Centric Health Imaging**
- **Centric Urgent Care**
- **Centric Priority Care Clinic**

What's new at Centric?

Centric Health is pleased to welcome Harjeet Singh, MD to its growing family. Dr. Singh's office is located at 2415 Niles St., Bakersfield, CA 93306 and he provides comprehensive primary care services at this location. Call (661) 631-1591 to make appointments.

Healthy Eating: Fish Tacos Recipe with Best Fish Taco Sauce!

Prep Time: 30 minutes Cook Time: 25 minutes Total Time: 55 minutes



Author: Natasha of NatashasKitchen.com

Skill Level: Easy

Cost to Make: \$20-\$25

Keyword: fish tacos

Cuisine: American

Course: Dinner, Lunch, Main Course

Calories: 172 kcal

Servings: 24 tacos

Ingredients:

Fish Taco Ingredients:

24 small white corn tortillas

1 1/2 lb cod or tilapia

1/2 tsp ground cumin

1/2 tsp cayenne pepper

1 tsp salt

1/4 tsp black pepper

1 Tbsp Olive oil

1 Tbsp Butter

Fish Taco Toppings:

1/2 small purple cabbage

2 medium avocado sliced

2 roma tomatoes diced (optional)

1/2 diced red onion

1/2 bunch Cilantro longer stems removed

4 oz 1 cup Cotija cheese, grated

1 lime cut into 8 wedges to serve

Fish Taco Sauce Ingredients:

1/2 cup sour cream

1/3 cup Mayo

2 Tbsp lime juice from 1 medium lime

1 tsp garlic powder

1 tsp Sriracha sauce or to taste

US Customary - Metric

Instructions:

Line large baking sheet with parchment or silicone liner. In a small dish, combine seasonings: 1/2 tsp cumin, 1/2 tsp cayenne pepper, 1 tsp salt and 1/4 tsp black pepper and evenly sprinkle seasoning mix over both sides of tilapia.

Lightly drizzle fish with olive oil and dot each piece with butter. Bake at 375 for 20-25 min. To brown edges, broil for 3-5 minutes at the end if desired.

Combine all Taco sauce ingredients in a medium bowl and whisk until well blended.

To serve the tacos, toast the corn tortillas quickly on a large dry skillet or griddle over medium/high heat.

To assemble: start with pieces of fish then add remaining ingredients finishing with a generous sprinkle of cotija cheese and finally that awesome taco sauce! Serve with a fresh lime wedge to squeeze over tacos.

Nutritional Facts:

Fish Tacos Recipe with Best Fish Taco Sauce!

Amount Per Serving

Calories: 172

Calories From Fat: 81

% Daily Value*

Fat: 9g14%

Saturated: Fat 2g13%

Cholesterol: 23mg8%

Sodium: 215mg9%

Potassium: 287mg8%

Carbohydrates: 15g5%

Fiber: 3g13%

Sugar: 1g1%

Protein: 8g16%

Vitamin: A 345IU7%

Vitamin: C 13.9mg17%

Calcium: 64mg6%

Iron: 0.8mg4%

* Percent Daily Values are based on a 2000 calorie diet.

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- Treatment for Allergic Reactions
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The most authentic thing about us is our capacity to create, to overcome, to endure, to transform, to love and to be greater than our suffering.

Ben Okri

It is during our darkest moments that we must focus to see the light.

Aristotle Onassis



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.