

LANGUAGE AND INFORMED CONSENT

VITAMIN D AND COVID-19





### CONTENTS / FALL 2021 / ISSUE 103



Editor's Note / 7

CEO Update / 9

### **FEATURES**

Interview with Dr. Jie Zhao, PhD

14

Research Update: Vitamin D and COVID-19

Nature Rx for Humanity: Rediscovering Our Wild Side During COVID-19

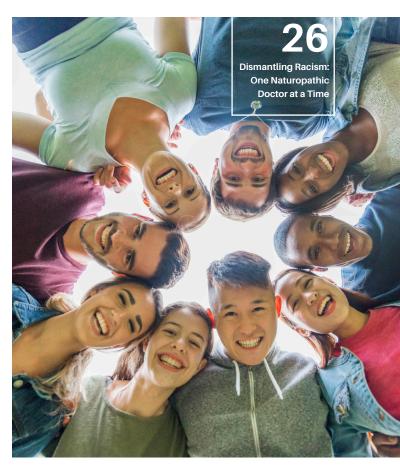
Dismantling Racism:

One Naturopathic Doctor at a Time

Interview with Dr. Sarah Wilson, ND

Language and Informed Consent

Caring Community Creates Resilience How ND's Can Help!



### CONTRIBUTORS

### **DR. KATHERINE WILLOW**

Katherine graduated from NCNM in 1983 and had the honour of working with Dr. Leo Roy, MD, ND, and then Dr. Sandy Wood, DC, ND, both in Toronto. After teaching many courses at OCNM (now CCNM), she became the first clinic director in 1986 - with a budget of zero dollars. (Let's say we were very creative in getting patients on which to practice and we ended up hanging pink material, which must have been on sale, from dowelling on wires from the ceiling to create clinic rooms, smile.) In 1997 she purchased the land she would caretake as Carp Ridge EcoWellness Centre in rural Ottawa, a saga which continues to this day. www.ecowellness.com



### **DR. SARAH WILSON**

Dr. Sarah Wilson, ND, is the founder of both Advanced Women's Health and Naturopathic Clinical Mentorship, and a passionate educator in the area of women's health, focusing on the connection between hormones and inflammation. Prior to entering into clinical practice, Sarah worked in the field of obesity and immunology research and was also the medical science liaison for Ferring Pharmaceuticals, educating Pharmacists, Physicians and Naturopathic Doctors on the evidence-based use of probiotics. Sarah is also the best-selling author of Finally Lose It: A professional woman's guide to stop dieting, fix your hormones and overcome weight loss resistance.



With a knack for making meaningful connections, Owen has had a long history of guiding and helping others transform their health. He is devoted to using the growing field of evidence supporting the clinical benefits of nature, helping patients incorporate these principles into their life and reconnect with the world around them. Check out his passion project: Science & Nature.





**DR. TAYLOR BEAN** 

Dr. Taylor Bean is a licensed Naturopathic Doctor and owner of TaylorMade Wellness clinic, located in Salmon Arm, BC. She has worked overseas in Singapore, which taught her more about East and West medicine. Her primary focus includes digestive health, vaccine education, chronic infections and pediatrics which includes supporting children with ASD, ADHD, to PANS/PANDAS. Her websites: www.drtaylorbean.com/

www.vaccineoptimization.com

**DR. JIE ZHAO** 

PhD

Dr. Jie Zhao is the head of Delos Labs, with a PhD in Building Performance and Diagnostics from Carnegie Mellon University. His research focuses on human-building interactions; the study of sustainability, energy efficiency, human behaviour, comfort, health and productivity in the built environment. Dr. Zhao has dedicated 10+ years researching the impact of the indoor environment on health, well-being and sustainability. Learn more at <u>delos.com</u> for the latest white papers, studies, insights and tips for improving indoor air quality.



### **DR. ERIKA RISTOK**

social justice issues.

ND (inactive), RSW, MSW Erika Ristok completed her naturopathic training in 1998, a master's degree in social work in 2019, and holds a previous degree in psychology. After over twenty years of naturopathic practice, her current focus is mental health, where she enjoys supporting her clients' growth in self-understanding, self-compassion, and connection to their own values, resources, strengths, and wisdom. She is passionate about environmental and



### **DR. ODETTE BULAONG**

ND

Dr. Bulaong, ND, is a Toronto-based Naturopathic Doctor and educator whose practice has focused on fertility and reproductive health since 2007. Prior to graduating from CCNM, she obtained a specialist degree in human biology from the University of Toronto in 2001 and certification in Workplace Wellness and Health Promotion. She is passionate about teaching people how the human body works, whether it's during patient visits, online or as an instructor at a private college where she has taught prenatal and pediatric nutrition, anatomy, and physiology since 2012. She is committed to supporting social justice in our profession as a member of NDDR.



### **BEATRICE HAI**

Naturopathic Medical Student Beatrice is a fourth year student at the Canadian College of Naturopathic Medicine. She has a special interest in women's health, fertility, digestive health and stress management.





# Dismantling Racism: One Naturopathic Doctor at a Time

DR. ODETTE BULAONG, ND, AND DR. ERIKA RISTOK, ND (INACTIVE), RSW, MSW

In 2020, it's fair to say we faced two major pandemics. One was a new and unknown pandemic – COVID-19. The other was sadly an old and very well-known pandemic – racism. The summer of 2020 gave rise to social justice movements that ignited social change across the globe and discussions that taught us new words like anti-racism and allyship. As 2020 turned into 2021, we witnessed more acts of racism in the U.S. and Canada, and conversations often turned to highlight the resilience of the Black, Indigenous, Muslim, and Asian communities – how they end up overcoming so much hatred and how the larger community around them bands together in solidarity. And that is important and beautiful and hopeful.

However, it is not enough to be in awe of the resilience of communities who continue to have to overcome racism-related stress. Amplifying their resilience is a good start but the communities deserve more, and Naturopathic Doctors are capable of giving more – of doing more, specifically in the anti-racism

work of critical allyship. Nixon explains that "the 'critical' in critical allyship draws explicit attention to systems of power to emphasize that change at the interpersonal level is important but should not eclipse the goal of structural change." We know that you're busy and we understand that. But we also know that there may be more holding Naturopathic Doctors back from this important work.

As two members of Naturopathic Doctors Dismantling Racism (NDDR), a relatively new group of (currently) Ontario-based naturopaths working together to address racism within our profession, we wish to share our personal reflections on what brought us to this anti-racism work during the pandemic – along with the obstacles that almost prevented us from doing so and the insights we gained from resolving to continue the work. We hope that by sharing our perspectives, other Naturopathic Doctors may be encouraged to take imperfect action towards their own anti-racism work for the benefit of their patients and their community.

### Consider where there's room in your practice to better realize the following elements of the naturopathic oath, using a social justice lens:

### 1. "Address the fundamental causes of disease"

At the very least, racism contributes to the burden of stress carried by people who have been systemically oppressed. Screen for experiences of discrimination when assessing sources of stress that may be impacting your patients' health. Make your practice a safer space, including active acknowledgement of these wider impacts on your patients' health.

2. "I will conduct my life and the practice of naturopathic healthcare with vigilance, integrity, and freedom from prejudice"; and "I will...first of all, do no harm"

Understand how you're contributing to harm/prejudice. For example, microaggressions are on the same continuum as overt racist acts, and if you haven't taken the time to learn more, there's a possibility you may be perpetrating them. Learn how you can limit your participation in racism, and actions you can take to be an active ally instead.

3. "I dedicate myself to the service of humanity as a practitioner of the art and science of naturopathic medicine" Your head is full of knowledge and skills, and your naturopathic toolkit is full of powerful therapeutics. Is there room for growth in the area of becoming an ally for your

racialized patients and colleagues, using your power and privilege as a naturopathic doctor? Prioritize this work by adding it to your professional development goals and creating an active plan.

4. "I will honour my teachers and all who have preserved and developed this knowledge"

Much of our naturopathic knowledge is derived from Indigenous ways of knowing and being. You make your living from this knowledge. How can you actively acknowledge and honour Indigenous peoples in your practice? How can you be an ally to support Indigenous peoples' well-being?

5. Support the growth and evolution of naturopathic medicine

Our profession continues to grow in numbers. Our knowledge base continues to grow through research. Our education continues to get better. How can naturopathic medicine grow and evolve to meet the needs of those who hold less privilege, and continue to be actively harmed, rather than just the needs of the (mostly White) people who currently access our services?

### Erika's Story: Reflections From a European Settler

I used to think that naturopathic medicine was holistic. In my training, I was taught that considering physical, mental, emotional, and spiritual aspects of a person equated to treating the whole person. But by not asking about experiences of discrimination and racism, we're ignoring social determinants of health. We're ignoring what can be major stressors for many; or, through our errors of omission, exacerbating stress. If we haven't taken time to examine our own racism, then chances are, we are perpetuating harm in ways of which we're not even aware.

Don't get me wrong; I know we care. Caring is what we do; we're doctors! And not just any doctors....Naturopathic Doctors! We care hard!! We treat the root; we suss out the source! We listen, hard; like no other doctor! Except that...if we're White, and we haven't taken the time to examine our racism, we're probably missing part of the picture. And we're keeping on with dietary prescriptions that ignore culture; or appropriating other cultures' foods (hello, quinoa and kombucha!), without acknowledgement, for our (mainly White) patients' wellness.

We listen, hard; like no other doctor! Except that... if we're White, and we haven't taken the time to examine our racism, we're probably missing part of the picture.

To be clear, this is not a personal flaw or fault. If you've grown up within a system that has racism baked into it, then this toxin is going to be part of you through no personal fault of your own, just as eating an all-organic diet from the time you are born is not going to keep environmental toxins from getting into your body. There's simply no getting away from it. And the data is clear that COVID-19 has only heightened existing inequities, for example disproportionately affecting Black, Hispanic and Indigenous communities with a higher number of cases and deaths relative to their representation in the U.S. population<sup>1,2</sup>; as well as African Americans being more likely to live in areas experiencing outbreaks.3

Kim and Bostwick conclude that "[the] disproportionate effects of COVID-19 in African American communities are a reflection of racial inequality and social exclusion that existed before the COVID-19 crisis". Hooper et al. explain that the discrepancies arise from two issues: "racial/ethnic minority populations have a disproportionate burden of underlying comorbidities, [e.g.] diabetes, cardiovascular disease, asthma, HIV, morbid obesity, liver disease, and kidney disease [and also] racial/ethnic minorities and poor people in urban settings live in more crowded conditions both by neighborhood and household assessments and are more likely to be employed in public-facing occupations (e.g., services and transportation) that would prevent physical distancing." While social distancing is known to be an effective strategy, Yancy notes that this is a privilege that is simply not accessible to all.

After twenty years of practice, I went back to school for a master's degree in social work, graduating in 2019. In the process, I became educated in ways I hadn't foreseen with respect to determinants of health outside of those I learned as a Naturopathic Doctor. In my naturopathic work I had gravitated more and more to getting at what I felt was the underlying cause of ill health by working at the stress angle...which I considered to be lack of "presence", overly busy minds resulting from overly busy lives, insufficient outdoor time, insufficient time engaging in mean-

ingful connection. My naturopathic care included mindfulness strategies, diving into negative self-beliefs that were leading to not looking after ourselves in loving ways, and so on. I didn't want to be the next health practitioner helping someone in their weight loss quest by slapping them with their next restrictive diet, if it meant that I was reinforcing a belief they weren't good enough as is. So, I went back to school so I could add psychotherapy to my skill set. And honestly, I went the MSW route because it seemed the most straightforward path to get there.

I couldn't have even told you an awful lot about the field of social work beforehand. But one thing my education included was reflection: lots and lots of enforced reflection time. Reflective writing after reflective writing. Lots of time diving into research. Lots of time listening to knowledgeable teachers. For my thesis on "mindful self-compassion" I was privileged to have a member of the Indigenous Field of Study program on my thesis committee. The generosity of this expert's time and feedback meant more reflection and education for me.

I'm not under any illusion that I'm the first "woke" White Naturopathic Doctor, or even that I'm "woke" at all, for that matter. But I do know that, while I always considered myself compassionate about the impacts of racism, I had never looked at my part in it. In fact, in many ways, I avoided it. I realize now that it is not enough just to treat my non-White colleagues and clients in the same way I treat the people who make up my mostly White circle.

If others are under the assumption, like I was, that the problem is "not me", since "I'm not racist", then we can't count ourselves as allies. We must recognize our privilege, and do more. There's not a magical villain or perpetrator "out there". Our collective continued inaction as individuals, as Naturopathic Doctors, matching our continued lack of reflection and curiosity about how we contribute, and our continued inaction, results in more of the same: maintenance of status quo, continued oppression. In other words, our lack of action can directly and indirectly lead to disadvantages in healthcare and lives for our patients who are not White. Breaking the cycle and contributing to systemic change means finding out: "What are my biases? How can I put my compassion into action supporting change? How can I be an ally?" Personally speaking, I'm pretty sure my sporadic Facebook shares aren't cutting it.

I hold many fears about engaging in this work with my naturopathic peers. Some of these include fear of making mistakes, e.g., causing distress unintentionally through my blind spots; "not knowing", when I'm more comfortable being an expert and having answers, or at least knowing where to find them; being called out for not doing enough; and speaking out while not feeling confident because I'm outside of my comfort zone. But if I'm going to practice the "mindful awareness" that I preach, then I need to acknowledge my discomfort and show up anyway. For me, fear is a construct of my imagination. This is markedly different from fear for the safety of myself or my family that I escape based on my white privilege. We all know that at this current point in time, violence against racialized individuals is one of the certainties of life.

Naturopathic medicine needs a detox. We are failing our community members, colleagues and patients who are most at risk from the consequences of social and racial injustice. How? By living with unexamined racism and privilege. Part of our privilege – not earned, not asked for, but ours nonetheless – is that we can ignore this whole "racism" problem if we wish. I am calling for each of you to engage in this work. It is up to us to take this burden off our colleagues and communities.



# **Immune Health Be Prepared**



### MediHerb

The Gold standard for Herbal medicine

### **PRODUCTS**

**Echinacea Premium** 

**Astragalus Complex** 

**Andrographis Complex** 

**Sinus Forte** 

### Aller-C

Vital Nutrients

### **CONTAINS**

Vitamin C

Quercetin

Citrus bioflavonoids

**Bromelain** 

### **JHS Naturals**

Hot-water extracted to ensure efficacy

### **PRODUCTS**

Reishi

**Coriolus Super Strength** 

Cordyceps

Agaricus



LOOK FOR DR BOB SCOTT'S IMMUNE LECTURE AT THE OAND CON 2021



O LOOK FOR IMMUNE SPECIALS AND PROTOCOLS ON INSTAGRAM @PROMEDICS\_

## Odette's Story: Perspectives From a First Generation Filipino-Canadian

George Floyd. Breonna Taylor. These are names of people we all know now - but as we know there are so many more. Like many of you, the social justice movement that finally gained global momentum in the summer of 2020 was the starting point for my personal anti-racism work. As the year progressed, we learned of Joyce Echaquan; and in 2021 we learned the names of Salman Afzaal and his family. When I joined NDDR, I knew I would be learning and contributing more ways to support other Naturopathic Doctors with their anti-racism work. What I did not expect was that working with the NDDR would quickly impact my relationship to my own culture and my patients.

I consider myself lucky to have been raised in Scarborough, a suburb of Toronto, where many immigrants landed in the 1970s including my parents, who emigrated from the Philippines in their twenties. My elementary and high schools were filled with diverse classmates, and at university the same was true - at least for my circle of friends - since I went to the University of Toronto downtown. Having been surrounded by some combination of Filipinos, other Asians, and Black people for most of my life up to that point, I never felt out of place. In other words - I felt like I belonged in those spaces and I expected that to be the norm. It was only once I reached naturopathic college that I actually felt like a minority. Being one of only three Filipinas and part of the estimated twenty-five percent visible minorities in my class was a bit of a shock; especially considering the campus was in Toronto. While I never experienced overt racism or microaggressions during my studies, I was aware that most of my classmates - along with the majority of professors, clinical supervisors and administrative staff - were White. I wouldn't say that it directly impeded my learning, but on occasion I wondered, especially in the early days of first year: "Am I supposed to be here?" I felt out of place. In other words, I wondered if I belonged there. What I didn't realize I was experiencing was a lack of representation in our profession. I realize now that this lack of representation is part of the systemic racism that exists in healthcare. Representation matters - and if you have never felt underrepresented in your profession, then you have benefited from the unearned privilege of being able to learn from people who look like you, which likely strengthened your belief that you were capable of becoming a Naturopathic Doctor. Fortunately, recognizing the existence of both the unearned privileges and unfair disadvantages in our profession is an important step towards changing systemic racism.7,8

### This unbiased investigation can be difficult but is long overdue both in our profession and our naturopathic education.

Social structures exist in healthcare, education and science; all fields that have allowed us to practice naturopathic medicine. In order to address systemic racism within our profession, we need to hold our naturopathic schools, regulatory bodies, and provincial and national associations accountable for actively dismantling racism within their organizations. It requires shifts in curriculum and increased representation of people who identify as racial

minorities in all levels of our profession and organizations. This necessitates motivated employees, dedicated volunteers, and funding. But we must not stop there. We also need to examine our own naturopathic practices and clinics to question what spoken and unspoken policies allow racism to persist. The immediate reaction to this self-analysis might be "We're not racist; this doesn't apply to us", however, in her article on critical allyship, Nixon reminds us that we need to "reject the assumption that racism doesn't exist in these areas – and instead proactively seek where racism does exist. Then, we can discuss ways of mitigating racism from our institutions." This unbiased investigation can be difficult but is long overdue both in our profession and our naturopathic education.

When I was a student at CCNM, I was eager to put our naturopathic modalities into practice and this was especially true for our nutrition training. Like most students, this would result in telling my family what foods were healthy and unhealthy. In retrospect, while I had good intentions, my attempts to teach my Filipino family how to "eat healthier" by denouncing their white rice was actually harmful. White rice is not just a staple food in the Philippines, it is the staple food. It's present at every meal – yes, often even at breakfast - and it's the first food I learned to cook as a child. So telling my family in my first year at CCNM that we should no longer be having white rice because it was unhealthy and was going to give us diabetes was at the very least amusing to my family. Looking back now, I realize how damaging and disrespectful it was. With my current understanding of how systemic racism has permeated medicine - including naturopathic medicine - I realize how Eurocentric much of our education in clinical nutrition was. What I didn't realize that I was being taught was that Filipino food was unhealthy - and that Filipinos were unhealthy. These teachings definitely impacted the way I ate for many years. For a culture, like so many, where food is love, telling your Filipino family that your food is unhealthy is, in effect, telling your family that their food is not love, which is harmful to physical and mental-emotional health as well as to healthy relationships with food and family. Fortunately, the work that we've done with NDDR changed not only the way I relate to Filipino food but also how I educate my patients about their relationship with foods important in their own cultures.

Fast-forward to thirteen years of naturopathic practice and recently, a Filipina patient to whom I recommended some traditional Filipino dishes as part of her nutrition plan was visibly moved. She expressed her appreciation; she felt validated and empowered because it was the first time anyone had told her Filipino foods were healthy. Her previous Naturopathic Doctors had demonized and discounted them. And the truth is - I was probably one of those Naturopathic Doctors who had unknowingly shamed other Filipinos, Chinese, South Asian and Caribbean patients regarding their food choices, because we were never taught the importance of making culturally sensitive nutrition recommendations. Despite being a visible minority myself, until engaging in this anti-racism work and implementing it in my practice, I never realized how harmful it was to not actively consider cultural food differences in my practice. Our patients need to hear that their traditional foods can be healthy and their culture is healthy. As Naturopathic Doctors constantly providing nutritional recommendations, we have a responsibility to challenge our own unconscious cultural biases when it comes to food. This will help strengthen our patients' connection with their culture which will ultimately help improve their health and well-being.

Reflecting on my experiences as a naturopathic student, and now a Naturopathic Doctor, who is a visible minority, I realize that



I never thought twice about most of these situations. I accepted them as "just the way things are" rather than questioning them. This is how ingrained medical racism is transmitted throughout institutions, and naturopathic medicine is not immune to this. This has reignited in my anti-racism work a transition towards critical allyship, which reminds us not to be satisfied with internal allyship work,9 but rather to work towards disrupting the systemic racism that exists within naturopathic medicine.

Since many Naturopathic Doctors benefit from unearned privileges, as we do the work of becoming critical allies it is important to be aware that our sense of entitlement and increased access may lead to roadblocks that can distract us from the real work of dismantling racism. These include:

- Focusing our resources on guilt and other emotions we may feel as people with privilege; spending more time discussing our feelings than focusing on those of the oppressed
- Showing up as a hero who is needed to fix the situation and save people who have less unearned privilege
- Being certain that we know how to solve the problems of those who have experienced racism
- Using our allyship work as a tool for our own personal advancement
- Participating in performative allyship taking on the role of ally only to be seen as doing good rather than to actually support meaningful change
- Expecting praise for your allyship especially from those who have been affected by racism
- Focusing on interpersonal actions while becoming complacent in working towards change at a systemic level.<sup>7</sup>

Unpacking our own racism is part of the process of supporting change. It's an uncomfortable place to go; we'll fail time and again. But through those failings, we'll learn a little more each time. Learning to be an ally, or better yet, an accomplice, in dismantling racism can feel like an impossible task in an entrenched system, but part of that is being willing to surrender to the fact that right now we're continuing to fail, and then actively seeking ways to participate in the process of correcting the situation. If you're not sure the problem exists in our profession, be open to learning more. If you're pretty darned sure you're not contributing to racism in any way ("I'm not racist"), learn more.

If you're as committed to health and well-being for all as we'd like to think we are as Naturopathic Doctors, we hope you'll accept this invitation to become involved in the work for change. Let's put the onus on ourselves to participate in social change rather than continuing to rely on the resilience of marginalized communities to cope with the harms of systemic racism. There are many forms your participation can take, and many leaders to follow for guidance. Whatever starting point you are at, our group's commitment is to support your learning in order to help us do better as a profession in dismantling racism.

The authors are members of the "Being a Better Ally" sub-group of Naturopathic Doctors Dismantling Racism, whose mission is to create a community where all forms of racism and inequity of care due to racial systems are eliminated in order to provide well-rounded, well-informed, and accessible healthcare to all. By addressing systemic racism (including medical racism) within the naturopathic realm, NDDR aims to support members in their unlearning/relearning of our unconscious biases for better care in marginalized groups. Through education and up-to-date resources for both members and the public, we recognize our role, not only as healthcare providers but also, as advocates of human rights and social justice.

Our "Being a Better Ally" sub-group looks for ways to engage in critical allyship and has created a resource called "Become a Better ND by Becoming a Better Ally" for Naturopathic Doctors. Other sub-groups are working on developing culturally sensitive resources, e.g., "Diets of the World"; increasing accessibility to naturopathic services for racialized/marginalized individuals; decolonizing naturopathic medicine with systems thinking that connects systemic racism to environment and health and addresses the issue holistically; and creating new models of naturopathic healthcare delivery for marginalized populations, with a focus on Indigenous communities. Keep your eyes open for the release of our resources, and opportunities to participate in this work.

Interest and inquiries can be directed to <a href="mailto:nddr.contact@gmail.com">nddr.contact@gmail.com</a>.

# ND NATUROPATHIC DOCTORS OR DISMANTLING RACISM

#### **REFERENCES**

- Stokes EK, Zambrano LD, Anderson KN, et al. Coronavirus Disease 2019 Case Surveillance – United States, January 22– May 30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:759-765. DOI: http://dx.doi.org/10.15585/mmwr.mm6924e2
- Millett GA, Jones AT, Benkeser D, et al. Assessing differential impacts of COVID-19 on black communities. Annals of Epidemiology. 2020;47:37-44.
- Gould E, Wilson V. Black workers face two of the most lethal preexisting conditions for coronavirus – racism and economic inequality. *Economic Policy Institute*. June 2020. Accessed August 25, 2021. <a href="https://files.epi.org/pdf/193246.pdf">https://files.epi.org/pdf/193246.pdf</a>
- 4. Kim SJ, Bostwick W. Social Vulnerability and Racial Inequality in COVID-19 Deaths in Chicago. Health Educ Behav. 2020;47(4):509-513. https://doi.org/10.1177/1090198120929677
- Webb Hooper M, Nápoles AM, Pérez-Stable EJ. COVID-19 and Racial/Ethnic Disparities. JAMA. 2020;323(24):2466-2467. doi:10.1001/jama.2020.8598
- Yancy CW. COVID-19 and African Americans. JAMA. 2020;323(19):1891-1892. doi:10.1001/jama.2020.6548
- McIntosh P. White privilege: Unpacking the invisible knapsack. The National SEED Project. 1989. <a href="https://national-seedproject.org/Key-SEED-Texts/white-privilege-unpack-ing-the-invisible-knapsack">https://national-seedproject.org/Key-SEED-Texts/white-privilege-unpack-ing-the-invisible-knapsack</a>. Accessed Dec 14, 2020.
- Romano MJ. White privilege in a white coat: How racism shaped my medical education. Annals of Family Medicine. 2018;16(3):261-3.
- 9. Nixon, SA. The coin model of privilege and critical allyship: Implications for health. *BMC Public Health*. 2019;19(1637). https://doi.org/10.1186/s12889-019-7884-9