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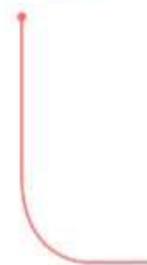
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PHOTOGRAPH BY SUECH AND BECK WITH STYLING BY FRANNY ALDER; (BAGELS) CREATIVE/ISTOCK; ILLUSTRATION BY ALLY REEVES

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NUMBER OF (UNPAID) HOURS WOMEN SPEND CAREGIVING PER WEEK, UP FROM 68, PRE-PANDEMIC.

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On the Cover



Special thanks to four members of Liv, a cycling group linked to the women-focused bike shop of the same name in Vancouver's Kitsilano neighbourhood, who agreed to let us tail on them on a morning ride. Among the fantastic photographs captured was this gorgeous shot snapped along the Stanley Park seawall. Rider Angela Chang spoke to our writer, Dominique Lambertson, about the boost she gets from the cycling group. "You meet people who push you beyond what you imagine is possible."

Photograph by Alana Paterson.

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3 TRUSTY (AND CHEAPER!) ALTERNATIVES TO A PELOTON

1. Echelon Connect

This bike offers a sturdy frame and smooth ride at a much friendlier price point by skipping out on a few features, such as a display screen. *Echelon Connect Sport Indoor Bike*, \$700, walmart.ca



1

2. XTERRA

If you’re short on space, you can still get a good sweat in with this popular folding option. It only has eight levels of magnetic resistance, but offers a near-silent ride. *XTERRA Folding Adjustable Magnetic Upright Bike*, \$181, amazon.ca



2

3. DMASUN

This bike’s friction system makes a slight whirring sound as you spin, and the pads that add tension may need to be replaced down the (virtual) road. *DMASUN Indoor Exercise Bike*, \$530, amazon.ca



3

Can’t wait to hit the actual road? Find biking tips for the great outdoors on page 44.

5 Reasons to Book a Professional Skin Consultation Now

Giselle Curcio, AlumierMD's global director of education and development, explains why a professional skin consultation is an essential step toward achieving your skin goals.



From that first blemish to each new wrinkle, your skin is constantly changing. Aging, stress, and environmental factors all play a role in how your skin looks and feels. For a unique and tailored approach, skip Google and instead speak to an AlumierMD professional who will assess your skin and put together a personalized routine to achieve results.

A Tailored Approach

The effectiveness of a skincare program relies on compliance, meaning you have to stick with it in order to see results. An AlumierMD professional is trained to ask questions about your lifestyle and preferences in order to create a program you'll actually follow.

Identify Triggers

Although correcting a skin issue (like blemishes or redness) is important, it's equally important to find out why your skin is reacting in a certain way, says Curcio. AlumierMD professionals are trained to go beyond just treating the issue to help you identify triggers.

Treat & Prevent

"A professional consultation with someone who knows and understands the skin best will not only look at corrective treatments but preventative measures as well," says Curcio. Every day we're exposed to many external elements that can wreak havoc on the skin, so Curcio highly

recommends EverActive C&E™ + Peptide. "It uses the most bioavailable form of vitamin C, in an optimally concentrated dose to protect the skin against the damaging effects of free radicals, all while brightening, tightening and making the skin incredibly resilient".

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alumiermd.ca/find-a-professional



Giselle Curcio
AlumierMD's Global Director
of Education & Development

AlumierMD

Last spring, in lockdown and with the walls of my condo closing in on me day by day, I became determined to reacquaint myself with riding on two wheels.



It had been years (er, decades?) since I'd last been on a bike. Balance has never been my strong suit, and riding in the city always terrified me. But I was desperate for a pandemic-friendly way to stay active with my kid, who's too young to navigate crowded streets, streetcar tracks and oblivious car door-openers on her own. I'll do it this for her, I thought.

▲
Wish you were here?
Me too. Cyclists snake
along Vancouver's
Stanley Park seawall.

Pretty soon, however, it was all about me. A dizzying sense of freedom came over me during that first wobbly ride. The combination of being out in the spring air and alone in my head was exhilarating. I was hooked. Long rides using Toronto's Bike Share program are now a rare fond memory of 2020.

Statistics show I wasn't the only one getting back in the saddle. As temperatures rose across the country, so did people's appetites for their own two-wheeled adventures. Bike shops all but sold out of inventory and cities turned over major roads to cyclists looking for a safer way to commute and stay fit. As we roll through another pandemic spring, it's safe to say this free-wheeling trend is here to stay.

Whether you're just getting in on it, or looking to level up, this issue has you covered. In our field guide (page 44), Dominique Lambertson digs into the serious health benefits, both mental and physical, of cruising around on any type of bike, and rounds up all the latest gear (including a disco-inspired bell for extra bling). Rebecca Gao explains why not all helmets are created equal and makes an impassioned argument for padded shorts (hear her out). And if you want to make the most out of your ride, take a friend—as anyone from Vancouver's Liv cycling group will tell you, biking with buddies amps up the feel-good factor even more.

That's not exactly surprising, since we're all a bit starved for companionship these days. And flexing your friendship muscles is more important than ever. As Sarmishta Subramanian writes on page 68, all this social distancing has remapped friendship, fundamentally changing the way we connect with others. As I read her exploration of what we've lost to the six-foot gulf that's separated us all for more than a year, I started to recognize the toll this pandemic has taken on my own friendships; the subtle ways I've become more withdrawn, and how being alone can be both a coveted and devastating state.

Will it prove difficult to remember what it takes to have meaningful relationships? Or will it be like riding a bike? It may be the longer days, the warmer sun and the smell of fresh grass talking, but my money is on the latter.

Christina

CHRISTINA VARDANIS
Editor-in-chief

READER'S DIGEST

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SPECIAL FEATURE



The 2021 Reader's Digest Trusted Brand™ Awards!

For the past 13 years, Reader's Digest Canada has conducted an annual Trusted Brand™ Study to uncover which brands Canadians trust most. In 2021, more than 4,000 votes were tallied to identify the winning brands across 33 product categories such as consumer packaged goods, insurance companies and Canadian retailers.

We are pleased to showcase the following 2021 Trusted Brand™ winners!



Curious to find out what other brands came out on top? Visit trustedbrands.rd.ca for the full list of winners.

™Trusted Brand is a registered trademark of Reader's Digest

Awe walking:
it's spring cleaning
for your mind.

PAGE 24

Vitals

Manta hairbrush:
Like a regular
hairbrush, but better.

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Trend Report

WANT A FEEL-GOOD WORKOUT? MIGHT AS WELL JUMP



BY REBECCA GAO • For the better part of a year now, gyms and studios have been shut down because of COVID-19 restrictions—which means in addition to serving as our offices, restaurants, movie theatres, and classrooms, our homes are now our gyms. While some people have created a patchwork at-home exercise routine, maybe with an exercise app or a fancy new piece of equipment, others with smaller

homes or tighter budgets may be looking for other options.

Enter the rebounder trampoline, also known as a fitness trampoline, a mini trampoline or simply a rebounder. These compact pieces of equipment have a firm jumping mat that gives you a smaller and lower bounce than the trampolines of your childhood. Though rebounders aren't the same as trampolines for kids, the fun

“GETTING ON
THE TRAMPOLINE
IS SUCH A
FUN FEELING.
YOU CAN'T
HELP BUT SMILE.”

factor is right up there. Plus, you don't need too much space to get rebounding—just enough to stretch out your arms and about three feet of clearance overhead.

There are two types of rebounders: spring-loaded and bungee cord. Spring-loaded versions get their bounce from metal coils under the mat, while bungee-cord trampolines use elastic (or sometimes metal) cords to tighten the jumping mat. The latter tends to have a softer bounce, which can make for a more intense workout because it allows you to sink deeper.

Any way you cut it, it's good for you. Jumping on a trampoline has been found to be a more effective cardio workout than jogging, while also being easier on the joints. Plus, when done correctly, rebounder exercises work virtually every muscle in your lower body.

"People tend to think, 'Oh, I'm just going to jump up and down, and it's going to be super easy,'" says Naomi Joy Gallagher, a Vancouver-based personal trainer who also teaches rebounder workouts on YouTube as Naomi Joy Fitness. "But the thing is, the workout comes from actually pushing down into the trampoline, and that just transforms the exercise."

As with any exercise, form is key. While you might be tempted to hop around on your toes like you did as a kid, pushing down into the trampoline (not jumping), requires footwork and lower-body movements that are important to master. Plus, maintaining the right position will help avoid injury.

First, set up your stance: Stand in the middle of the trampoline with your feet hip-width apart, knees slightly bent, spine in the neutral position and a slight tilt at the hips to activate the core and glutes (but not so much that you're leaning forward). Make sure your shoulders are back and down, and your core is activated before you start. Then, push down into the trampoline and get bouncing!

"The most common mistake is that people jump up instead of pressing down," says Gallagher. "When [you push down] with proper form, you are using the deep core muscles and your lower-body strength, and increasing your heart rate."

Of course, there are a few risks to be aware of. If you have weak knees or ankles, or if you're unbalanced, invest in a model with a detachable balance bar to help with stability.

Gallagher also advises users to be careful when getting on and off the trampoline, especially if you've worked up a sweat—they can get really slippery.

For some people, especially women, jumping on a trampoline might mean some urinary incontinence, a.k.a. pee leakage.

"When you jump, there's an increase in intra-abdominal pressure, meaning that there is a strong, sudden downward pressure on the bladder," says Michiko Caringal, owner of Happy Down There, a pelvic floor physiotherapy clinic in Toronto. "Ideally, the pelvic floor muscles would contract to support the bladder. However, if you experience incontinence, there is a likelihood that the pelvic floor muscles are either weak or uncoordinated, or have low endurance."

Luckily, rebounding can eventually help strengthen and build endurance in your pelvic floor. In the meantime, there are a few things that can make the whole experience a bit less, well, wet. First, Caringal suggests getting a physical assessment to figure out where you're at. Also, take breaks between reps.

"I always suggest doing side steps in between reps to allow the pelvic floor muscles to 'reset' before another jump," Caringal says. And, if you were told by a physio to do Kegels, learn how to do them properly.

Once you master the basics, there are a few ways to level up your workout. Small hand weights, ankle weights and resistance bands will add a killer strength workout to your cardio. And there are lots of videos online that will help build your skills and stretch endurance. A quick search will call up creators like Gallagher, or studios devoted to rounouncing like Montreal's House of Bounce, which now offers virtual classes and an on-demand library of videos to choose from.

"The best part of rebounding is just how fun it is," Gallagher says. "If you can't get outside for a walk, just go on the trampoline for five minutes. It's just such a fun feeling that you can't help but smile."

TOOL KIT



Incorporate strength training with a dumbbell set. \$89, canadiantire.ca



Improve muscle tone with a resistance tube. Everlast, \$13, well.ca



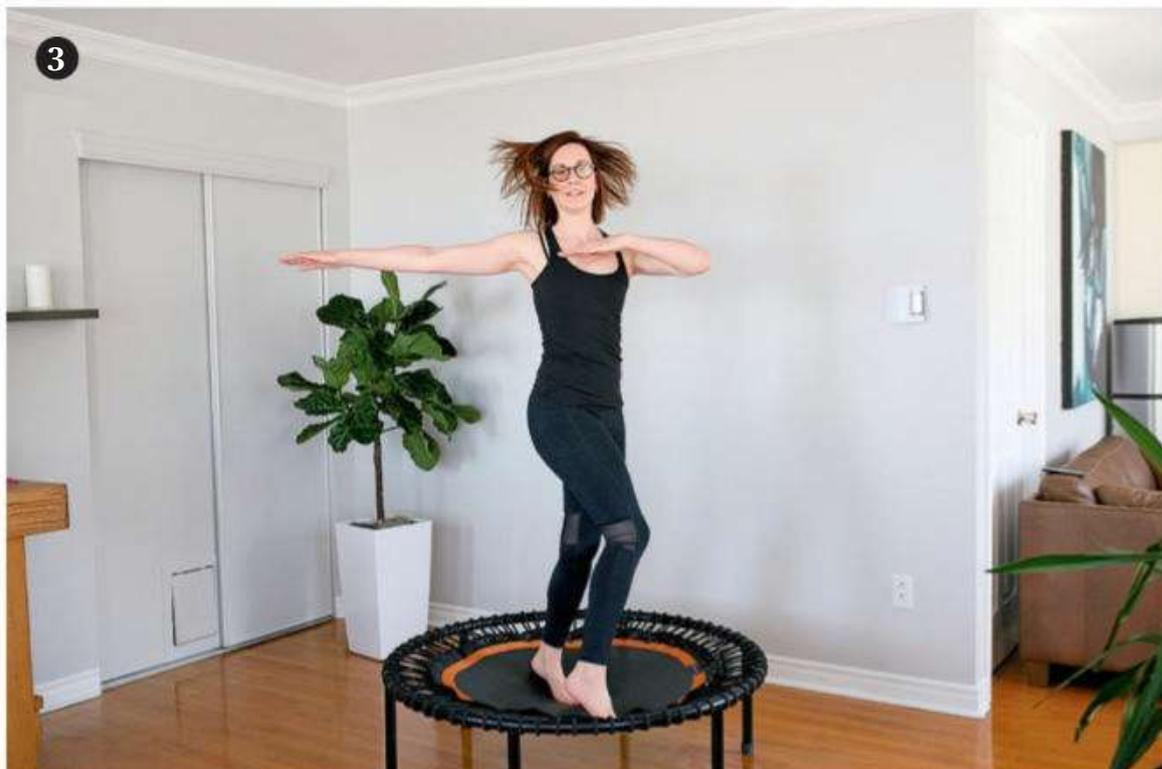
Stow the trampoline away under a bed or couch with Costway's foldable version. \$96, loblaws.ca



Try It At Home

MONTREAL'S HOUSE OF BOUNCE SHOWS YOU HOW TO JUMP START YOUR ROUTINE

BY REBECCA GAO



1. Scissors

Start with one foot back and one foot forward. Then, bounce down and reverse the positioning of your feet as you come up. Pumping your arms, continue to bounce and reverse your feet, as if you were cross-country skiing.

2. Extension

Start with your feet planted shoulder-width apart. Then, as you bounce down, reach your right arm up and over and extend your right leg to the side, opening up that side of your body. Return to neutral and repeat the move on the other side, extending your left arm up and over and left leg to the side.

3. Twist

Start with your feet shoulder-width apart, knees bent and core engaged, then bounce into the trampoline and twist your feet and legs to the right. On the next bounce, return to centre. On the next bounce, point your toes to the left and twist to your left. Return to centre, and start from the top. Pump your arms to keep your upper body engaged.

4. Open side kicks

Try this move once you're ready for a bit of a challenge. With your feet shoulder-width apart and hips squared, bounce down. As the trampoline rebounds and you move up, kick your right leg out to the right side. Do the same with your left side. You can do this move either one side at a time, or with your right and left legs alternating.

PRO TIP
Bouncing barefoot will improve your balance and strengthen your feet.



In Conversation

FORMER MP CELINA CAESAR-CHAVANNES ON DROPPING THE GLOVES AND WRITING A BOOK THAT HEALS

BY HANNAH SUNG ● The first few months of 2021 have been a test of resilience. Headlines announcing new COVID-19 variants landing in Canada, coupled with a merry-go-round of home-schooling and lockdowns, had me desperately looking for good news. And I found some, in former Liberal MP Celina Caesar-Chavannes's compelling new memoir.

Can You Hear Me Now? is the best kind of page-turner. She tells her story with raw honesty, which stops you in your tracks and shows how vulnerability and strength are two sides of the same coin.

I remember being dazzled by Caesar-Chavannes when she made national headlines in 2017, after delivering a fist-pumper of a speech in the House of Commons against body shaming, addressed to girls and women who feel “different.” She was the only Black woman MP in Parliament at the time.

“It has come to my attention,” she said, “that there are young girls here in Canada and other parts of the world who are removed from school or shamed because of their hairstyle. Mr. Speaker, body shaming of any woman in any form from the top of her head to the soles of her feet is wrong, irrespective of her hairstyle, the size of her thighs, the size of her hips, the size of her baby bump, the size of her breasts or the

size of her lips—what makes us different is what makes us unique and beautiful.”

Referring to her own braided hair, she added, “Mr. Speaker, I will continue to rock these braids...in solidarity with young girls and women who look like me and those who don't. I want them to know that their braids, their dreads, their super curly Afro puffs, their weaves, their hijabs and their head scarves, and all other variety of hairstyles, belong in schools, in the workplace, in the boardroom and, yes, even here on Parliament Hill.”

I loved watching her, in Ottawa's seat of power, being so relatable yet commanding, fierce but calm. She spoke with ease, energy and conviction.

But behind the scenes, Caesar-Chavannes was struggling. Her book reveals a dramatic contrast between her public persona—the successful woman who went toe-to-toe with the prime minister and walked away from the party to sit as an independent—and her private life, in which she suffered from depression, was a target for online threats and, when she hit a breaking point, required emergency treatment for her mental health.

Her conflict with Prime Minister Justin Trudeau will be a big draw for curious readers who want the dirt (which she delivers). But it was her life story that sucked me

in, page after page. I spoke to Caesar-Chavannes to connect the dots between her childhood, the pressures of being a Black woman in politics and how her challenges became a source of tenacity and strength.

On re-examining childhood trauma

“I wrote the book not only from the perspective of how I felt during my childhood but also how I now view my childhood as an adult. So there's that mashup of, ‘Oh my god, I hated my mother. She just totally broke my heart,’ and recognizing she also created the person that was parliamentary secretary to the leader of a G7 country. The way my mother raised me, based on what she knew coming from Grenada, and how I deal with my own children is different. But the element of needing to be strong women stays consistent. I learned to love the child in me that was hurt and upset and angry, and just say to myself, ‘Hey, I understand that you're hurt and upset and angry. But really, we're doing okay.’”

On the pressure of having to work twice as hard as a Black woman

“When we tell our children that they have to be twice as good, be twice as smart, study twice as long, that's not a sustainable model to live your life. You can't be doing everything double and have it not eventually catch up to you. And I say that with a big asterisk, because clearly our parents and generations before us did it. But I want to break that cycle—not because I believe that we don't have to be twice as good, especially as women of colour or people with multiple intersecting identities, but because I want people to understand what that pressure can do to your physical, mental and spiritual well-being, [especially] in spaces that were never designed for us.

You have to remember that Parliament was built on exclusionary principles. Women, people of colour, Indigenous people were not supposed to be there. Today that exclusion is baked into the walls of that space. And going in there as the only Black female out of 338 people, I recognized that really fast. I felt it in every picture I walked by, these eyes glaring at me, like, ‘Didn't we tell you not to come here when we built this place?’ And I would always look at them and be like, ‘Why are you looking at me? I earned my right to be here. I belong here.’”

On writing a book as therapy

“I wrote the last two chapters as [my conflict] with the prime minister was happening. I'm putting all of this anger into it, and I sent it to my editor, and she's like, ‘I can't publish this.’ And then she said the magic words: ‘Do you want a book that hurts? Or

do you want a book that heals?’ And I was like, ‘I want a book that heals!’ And—of course, look, I’m crying right now—of course, I have to go back and do that thing where I ask myself: Where did I make mistakes here? How was I a part of the breakdown? What lessons can I learn from this that I could impart to other people before they go and tell off a prime minister?”

On racism and sexism’s deadly health effects

“I started to study this phenomenon called weathering. It’s microaggressions. It’s a death by 1,000 cuts and how that weathers you. The phenomenon has been studied. It causes physical ailments; it causes mental illnesses; it causes you to actually have a shortened lifespan.

When I was in Ottawa, I kept thinking, whatever this thing was, it was killing me. I kept telling my husband, ‘I don’t know if I can stay here. I’m scared.’ I decided, okay, I will play the game for a while; I will learn and keep myself a little smaller. But I kept saying to my husband, ‘The gloves are going to come off.’ And he would answer, ‘Babe, I don’t know if you should do that because you get a little, you know, bold.’ My response would be that people need me to do that. And that I couldn’t keep pretending to be something I’m not, because it would eventually consume all of me.

This is why we need to show up as authentically ourselves. Because every single mistake, flaw, guilt, shame, joy, triumph, strength—every experience we’ve had has added value to us. But instead we

tend to hide those things, make ourselves smaller to fit into some predesigned box that was never designed for us.”

On the vulnerability of telling your truth
 “I realized, especially in the last days of my political career, that the basic tenet of our democracy is our humanity, how we treat one another. And we can’t treat one another the way we’re supposed to if we know nothing about each other. And so, in being very vulnerable in this book, I’ve been intentional about removing that Instagram filter to just say, ‘Look, this is who I am.’”

This interview was adapted from Hannah Sung’s newsletter, At the End of the Day (endoftheday.ca).

“I KEPT SAYING, THE GLOVES ARE GOING TO COME OFF. I COULDN’T KEEP PRETENDING TO BE SOMETHING I’M NOT, BECAUSE IT WOULD CONSUME ALL OF ME.”



How to Promote the Health of Your Smile and Boost Your Confidence

Melissa Vekil



Don't forget to floss

Proper flossing removes plaque and food particles between your teeth where a toothbrush can't easily reach. Because plaque build-up can lead to tooth decay and gum disease, dentists recommend flossing daily. When flossing, gently curve the floss around the base of each tooth, moving the strand up and down to left and right. Pro tip: if you tend to skip flossing before bed, try doing it right after a meal instead.

Confidence starts with a beautiful, healthy smile. From maintaining healthy gums to keeping your teeth pearly white, smile care can be the ultimate form of self-care. Here are four tips to help you achieve your best smile.



Give your gums some love

The foundation of a healthy smile is rooted (literally) in your gums. Your smile just isn't as strong without a stable foundation. That's why it's important to take care of your gums. Brushing with a toothpaste like Colgate® Renewal fights bacteria that can cause early gum disease and helps reverse early gum damage.

Visit colgate.ca to learn more about new Colgate® Renewal toothpaste, available now at most major retailers.



Create a routine

Follow the "rule of two" for a brighter smile: brush your teeth at least twice a day for two minutes per session and visit your dentist twice a year. Brushing your teeth regularly is an essential step in creating a healthy oral hygiene routine, but make sure you're getting the most out of it by using a toothpaste like new Colgate® Renewal. It fights bacteria that can cause early gum disease, helps reverse early gum damage, and helps prevent tooth decay for a healthy smile.



Maintain your healthy habits

Taking care of your mouth, teeth and gums can help prevent bad breath, tooth decay and gum disease. Resolve to practice good oral hygiene every day - remember, you're making an investment in your oral health, not just for now, but for your future, too. At a time when we're all focused on maintaining our health, it's comforting to know that little daily changes can have an impact.



HELPS REVERSE EARLY GUM DAMAGE

NEW

Colgate

RENEWAL
GUM REVITALIZE
HELPS REVERSE EARLY GUM DAMAGE
WHITENING RESTORATION



Eat More ROMANESCO



BY LAURA JEHA ● Romanesco, the whimsical, psychedelic star of the produce section, is a broccoli-cauliflower hybrid chock full of vitamins and minerals. It's almost too pretty to eat. (Almost.) The key to enjoying more of it starts with letting high heat do its thing, and making sure to not overcook it.

What is romanesco?

Romanesco, also called Roman cauliflower, hails from Northern Italy (some botanists believe it's the result of selective breeding by 16th century farmers) and is a striking,

bright lime-green colour. This cool-season delight is available from spring to fall and is part of the Brassica family of vegetables (think cauliflower, kale, broccoli and cabbage) but has its own distinctive shape and sweet, nutty flavour.

Romanesco has tightly packed florets that are clustered in pointed spiral shapes instead of rounded, like broccoli and cauliflower. Romanesco's unique look takes its cues from mathematics—it's a textbook example of a logarithmic shape called a fractal (math-speak for infinitely repeating patterns of smaller shapes creating one

big shape). In the case of romanesco, each spiked floret is made up of many smaller points, creating a mesmerizing, kaleidoscopic design.

Why it's good for you

Not only is romanesco visually appealing, it's also packed with nutrients, like vitamins A, C and K, calcium and iron. The body absorbs calcium and iron more easily from brassicas like romanesco than other vegetables. This makes them especially important to include if you're following a plant-based diet, where it can be challenging to get

sufficient levels of these minerals from your food. Romanesco is also high in cholesterol-lowering fibre—there's about four grams in one cup.

Studies have noted a decrease in the risk of developing colorectal and other cancers in those who eat more brassicas, like romanesco, broccoli and cauliflower. This can be attributed to compounds naturally found in brassicas called glucosinolates.

Glucosinolates are biologically active compounds that are by-products of sulphur, and romanesco is rich in sulphur-containing compounds. Released from plant cell walls when they're broken down by chewing or processing, glucosinolates form a variety of compounds that act as antioxidants. Research has found that these compounds help prevent the activation of cancer-causing molecules in the body; they also reduce inflammation by triggering detoxification enzymes that clear free radicals and set off immune functions.

Glucosinolates have been shown to have antibacterial and antifungal properties, helping you fend off infection.

How to pick and store it

Look for one that still has crisp-looking leaves attached—a sign of freshness. The head of the romanesco should be bright green and feel firm and heavy.

Cooking and storage methods will affect the levels of anti-inflammatory compounds and vitamins in romanesco. Store it in a plastic bag in the fridge, and eat it within a week of purchasing to exploit its peak glucosinolate benefits. To prevent nutrient loss during the cooking process, try baking or roasting your romanesco—boiling can cause water-soluble C and B vitamins to leach into the cooking liquid.

How to cook it

The key to preparing romanesco is not to overcook it. The best way to maintain its spectacular shape—and avoid turning it into mush—is to roast it, pan-fry it or grill it in large chunks. Cooking romanesco at a high heat for a short amount of time will allow for caramelization, while preventing the florets from overcooking. Don't be afraid to get a nice char going, which will only enhance the romanesco's naturally sweet flavour. Serve roasted quartered romanesco as a side dish, sauté smaller pieces to add to pasta, or blanch florets and use as crudité to up the wow factor on a spring veggie platter.

Laura Jeha is a registered dietitian, nutrition counsellor and recipe developer. Find out more at ahealthyappetite.ca.

TIP

Toss any trimmed stalks and leaves in olive oil and roast alongside the romanesco. They're full of nutrients and will become deliciously crisp.



Cook This ROASTED ROMANESCO WITH LEMON-CAPER GREMOLATA

1 whole romanesco, halved
8 tbsp olive oil, divided
½ cup chopped parsley leaves
 1 clove garlic, minced
 Zest of 1 lemon
3 tbsp lemon juice
¼ tsp kosher salt, plus more for seasoning
1 tbsp capers, drained and roughly chopped (optional)
¼ cup pine nuts, toasted (optional)

Step 1

Preheat oven to 450°F. Drizzle romanesco halves on both sides with olive oil, rubbing in with fingers. Season well with salt. Place romanesco, cut side down, on a parchment-lined baking sheet and roast until tender (the florets should be firm enough to hold together without being crunchy), 30-35 minutes.

Step 2

Meanwhile, prepare the gremolata. Add the parsley,

garlic, lemon zest, lemon juice, 6 tbsp olive oil and ¼ tsp salt to a bowl and stir together to combine.

Step 3

Remove romanesco from oven and heat 2 tbsp oil in a large cast iron skillet over medium-high heat. Once oil is hot, add romanesco, cut side down, and sear until golden, 3-5 minutes. Flip and continue to sear, 3-4 minutes more. Remove romanesco.

Step 4

Take skillet off the heat and add in pine nuts. Cook in hot oil until golden brown, 2-3 minutes. Remove from pan.

Step 5

To serve: Place romanesco on a plate, drizzle with gremolata and sprinkle with capers and pine nuts, if using. Halves can be cut into smaller chunks for easier serving.

Quick Question

HOW DO I AVOID PASSING MY FOOD ISSUES ON TO MY KID?



BY NISHTA SAXENA • Feeding kids can be hard for all the usual reasons: You're tired and overworked, and your kids are learning and growing, and going through picky stages. But it can be even harder if you as a parent have unresolved issues around food and eating in general.

Children are the ultimate mirror; they show us what we can shine at, but they can also reveal our darkest attributes. In the best scenario, they encourage us to acknowledge and trade the limiting or negative beliefs we were raised with for new, updated body-positive messages.

Here are some strategies to use to avoid passing on the unwanted legacy of negative food and body concepts to your kids.

Acknowledge your hangups

If you remember hearing things like, "Watch what you eat," or "You aren't having another

cookie, are you?" you're not alone. Recognizing how those thoughts about food and your body made you feel is crucial, even if it's painful. Without this step, you may not understand or even realize the negative concepts you are passing to your child. Ultimately, we cannot change and shift what we do not acknowledge.

Try to be positive

The road to body acceptance can be long; while you're on it, keep in mind that making negative comments about your own body impacts your child's relationship with theirs. Don't make disparaging comments about having a big tummy or needing to do a cleanse. This soundtrack of self-hatred gets stored on your child's mental hard drive. Hearing a parent talk about dieting, needing to restrict food, and engaging in negative self-talk (such as, "I need to get this

weight off before summer") are all linked to negative food and body relationships. Try to have some compassion for yourself and quiet the negative thoughts for good.

Do an audit

Make a list of your favourite foods and the foods you worry about. Do you mentally label foods "good" or "bad"? Do you and your partner have different beliefs about high-calorie foods and when or even if they should be in the house? All foods can fit into a balanced menu if you choose. Even cotton candy—that pure, sugary joy—can have a place in your diet. Who doesn't have fun memories linked to cotton candy?!

Foods that are high in sugar, fat and salt (or all three) are often thought of as forbidden, bad or only for rewards. If you were told bread or dessert or high-fat foods were "bad," think about how you handle the shopping, meals and snacks in your house to see if those beliefs continue to hold. Same with gender-specific portion-control—if you experienced it growing up, there's a chance you're subconsciously engaging in it with your own kids.

Include all foods in your family diet

Having a regular schedule that includes some of these "forbidden" foods is a great way to neutralize their negative association. If carbs were cast as the enemy, have weekly pizza and pasta nights. If dessert was used as a bribe or reward, neutralize that idea by having dessert with a meal a couple of nights a week. The key is to nestle these foods within an unprocessed foods diet. Normalizing them removes their emotional power.

Eat together as often as possible

For children, there is a dual effect: You all get to rehash the day and talk about any issues that may have been frustrating, discouraging, hard or difficult, and you get to model healthy eating behaviours. It's a low-pressure opportunity for kids to express emotions and to feel a sense of connection and community around food. This connection, without pressure or expectation, is so important for increasing self-worth and decreasing anxiety.

Exercise for fun and pleasure

Lastly, disconnect the idea that food and exercise need to be linked. Food is meant for nourishment. Encourage your children to fuel themselves to pursue their interests and passions. Exercise should be fun and invigorating, not a way to burn calories and get rid of extra food.

Nishta Saxena is a registered dietitian and nutrition educator based in Toronto.

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For anyone who has experienced discomfort after drinking milk, it's easy to assume a lactose intolerance—and the end of enjoying milk. But what if you didn't have to give up milk? Uncomfortable symptoms like stomach pain, bloating, gas, and diarrhea could actually be caused by a number of different factors, including an A1 protein intolerance.

Most cows' milk on grocery store shelves in Canada contains a mix of both A1 and A2 protein types. Originally, all cows' milk contained the A2 protein only, but over time genetic variation resulted in mixed herds and the A1 protein developed. The proteins in milk affect people differently and the A1 protein may be harder to digest for some people, causing discomfort that's often mistaken for an intolerance to lactose.

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a2 Milk™ comes from cows that naturally produce milk with only the A2 protein type. It's produced in Canada and sourced from Canadian dairy farmers, but special care is taken to select milk from those cows that produce only the A2 protein type and no A1. As a result, this 100% Canadian milk is easier on digestion—and the research backs it up. Studies show that drinking milk containing only the A2 protein may help some people avoid the digestive discomfort they had long associated with dairy. A recent clinical study conducted by Purdue University indicates that some people who suffer stomach discomfort after drinking conventional milk may have significantly reduced symptoms if they consume milk that contains only the A2 beta casein protein type and is A1 protein-free.

And, there's more good news: a2 Milk™ has the same delicious, creamy taste and contains all the same nutritional qualities of regular fresh milk, including calcium, potassium, and vitamin B12.

Available in 1% partly skimmed, 2% partly skimmed and 3.25% homogenized, you can find a2 Milk™ at grocery stores across Canada.

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We Tried It A FACIAL CLEANSING BRUSH

BY RACHEL CHEN • Facial cleansing brushes have been around for a while – Clarisonic (which shut down last year) made a big splash in the mid-aughts with its electric cleansing models. Now there is a whole host of options on the market, from classic bristly ones to newer silicone versions. I asked Dr. Monica Li, a board-certified cosmetic and medical dermatologist, and clinical instructor with the department of dermatology and skin science at the University of British Columbia, to explain what the brushes do for your skin. And then I tried the silicone Meejee cleansing massager to see if it would up my glow factor.

What are the benefits of cleansing with a brush instead of your hands?

Li compares cleansing brushes to electric toothbrushes. “The brushes may make

it easier for us to exfoliate or perform a deeper cleansing of the skin, or have pre-set timers to keep us cleaning for a certain period of time so we don’t rush through,” she says. “But washing our face manually in the morning and before bedtime, as long as we do it thoughtfully and properly, can be effective too.”

“It’s important to appreciate that not everyone can afford cleansing devices or massagers—those who cannot are not doomed to bad skin!” she adds. The most important part of washing your face is making sure you are consistent and thorough, and not necessarily dependent on what tool you use.

How do you use a facial cleansing brush?

You can either apply cleanser onto the tool or directly onto your skin. Then wet

the brush and use it to wash your face with gentle circular motions, and rinse. Most brushes are waterproof and can be used in the shower. Be sure to wash and dry your brush when you’re done to avoid product residue and bacteria buildup.

Since the brush parts act as exfoliators, with varying degrees of severity, Li adds the caveat that it’s best not to combine it with other chemical or physical exfoliants (such as scrubs or beads).

Are facial cleansing brushes beneficial for acne?

“A cleansing brush aims to remove daily environmental debris and makeup, and serves to exfoliate the skin surface,” says Li. Clogged pores can lead to pimples, so the exfoliation can help in the fight against acne. Once dead skin cells are removed

from the surface, Li explains, your skin may feel softer, and it will be easier to evenly apply moisturizer.

Are facial cleansing brushes good for sensitive skin?

Everyone's skin is different. For sensitive types, Li suggests testing out a brush one or two times a week and checking to see how your skin responds before upping your usage. "If the skin is red, or feels dry, tingly or irritated, it may mean the brush has traumatized the skin's natural barrier. For people with rosacea or very sensitive skin, it might be better not to use a cleansing brush altogether," she says.

Which brush is better: bristle or silicone?

For the most part, the type of brush you choose should depend on personal preference and skin type. Li emphasizes that you should use different brush heads for the face and body because the skin on your face is more delicate. She adds, "Silicone scrubbers are generally softer and less abrasive to the skin and, in some cleansing devices, also antibacterial and hypoallergenic."

How does the Meejee perform?

In addition to its silicone brush, Meejee also has a massaging "sonic pulse" feature, which the company says will vibrate debris out of pores to fight acne at its source. It also claims regular use will prevent skin from sagging, based on a study of 42 women which found that, after two months of using sonic skin-massaging devices, they saw fewer wrinkles and had softer skin.

I used the Meejee daily for three weeks. Putting cleanser directly onto the Meejee allowed me to use less product more efficiently than when washing my face with my hands, and it also felt gentler on my skin than a washcloth. The massage feature was a bit jarring on first use, but the settings can be adjusted to whatever is comfortable.

While it's hard to say whether using the Meejee tightened my skin and cleaned my pores more effectively, my face instantly felt smoother after the first use, probably due to the exfoliation Li talked about. But thanks to the gentle silicone material, washing my face didn't *feel* like exfoliation.

The good part about the Meejee is it doesn't add an extra step to your pre-existing skin-care regimen (assuming you wash your face). Is it worth it? That's going to come down, in large part, to personal preference. The device is like an advanced washcloth—you may not need it, but it sure feels nice.

BRUSH UP

Since turning 40, I've noticed a disturbing amount of hair left in the brush I use every night. So I tried the much-hyped Manta Healthy Hair Brush, which promises to minimize breakage. The verdict? It glides through my hair, wet or dry, without a single snag. It feels glorious on my scalp. And each brushing session ends with just two or three strands left behind. The price (\$42) is a bit high, but not outlandish for a one-time cost. My only complaint is it's a bit too good at the whole painless-detangling thing: My fine-haired 10-year-old tried the brush and immediately claimed it as her own.—Christina Vardanis



We Also Tried This A GUA SHA TOOL

I get a facial about once a year, always in the fall, when my skin likes to show off all of its talents—it can be dry *and* blemished, dull *and* blotchy, flaky *and* shiny! When I had to cancel this year's appointment due to COVID-19, I considered the at-home options. Should I try a face steamer? Too risky. A red-light therapy mask? Too uncomfortable. A DIY microneedling kit? The stuff of nightmares.

During my research, I came across a stream of gua sha videos, in which a woman guided a flat pastel-coloured tool up her neck, across each side of her face and up to her hairline. Every time, the before-and-after comparisons left me a bit flabbergasted, wondering if the results were edited. (They weren't.)

Gua sha, a technique used in traditional Chinese medicine, helps promote lymphatic drainage and has gained popularity for its supposed beauty benefits—which, I admit, I never fully believed. But these videos (some of which have

accumulated 85 million views on TikTok) convinced me to give the tool a try.

I'm now addicted. I use it every other night while streaming my favourite show. It helps release tension in my forehead after a long day of staring at a computer screen. I use the edges to massage away TMJ pain, and I attempt to rub away fine lines. And when I'm done, my eyebrows look lifted, my face a little sculpted, my skin glowing.

Using a gua sha tool can also improve dark circles and puffiness around the eyes, says Valerie Grandury, founder of Odacité skincare. "Sculpting, for me, takes more than just one session, but if you practise it regularly, you'll see results." Massaging facial muscles (there are 42 of them) also helps stimulate collagen production, says Grandury.

In fact, Sara Kreitzer, a registered acupuncturist and clinic owner of Acupuncture Centre Toronto, sees gua sha as a natural alternative to Botox. It's also a much safer, more convenient and cost-effective treatment to tackle at home.—Renée Reardin

The Mini Guide

CRUSH THOSE WORK-FROM-HOME HEADACHES AND PAINS

BY KAREN ROBOCK ● Not all headaches are created equal. In fact, “there are 300 different types of headaches,” says Dr. Christine Lay, a neurologist and director of the Centre for Headache at Women’s College Hospital in Toronto. Tension headaches are the most common, characterized by a dull ache on one or both sides of your head and/or tightening in the back of your neck. By and large, they’re not a big deal: A walk outdoors, a round of meditation or some over-the-counter medication usually does the trick.

Sinus headaches are caused by an infection or allergic reaction. Cluster headaches feel like having a hot poker driven into your eye. Coital headaches are caused by fantastically good orgasms. (Yes, you read that right.) But with migraines, there are actually “neurobiological brain changes going on for 12 to 24 hours before the headache arrives,” Lay says. That’s why migraine is considered a brain disorder, one that affects as many as five million Canadians—and affects women three times more than men.

Classic migraine symptoms include excessive yawning, fatigue, food cravings and feelings of sadness. There’s also painful throbbing on one or both sides of your head, and often a sensitivity to light and noise, as well as nausea. Some people experience aura, which can include an array of visual or sensory disruptions. Attacks tend to last for at least four hours but can go on for days, and they can be incapacitating.

Migraine triggers are just as varied as migraine symptoms. An attack might be brought on by stress—or even by the relief after a stressful event, like a job interview.

Another common culprit is poor sleep, which, by the way, includes not just too few hours but also poor quality sleep and even too much sleep. For other women, loud noises, changes in barometric pressure, bright lights, strong smells, skipping meals and too much (or too little) caffeine can all jump-start a migraine. And basically any time estrogen levels change dramatically, like right before your period, you could be at risk of developing a doozie.

Fortunately, there are lots of options when it comes to managing migraine attacks. Maintaining a consistent sleep schedule, staying hydrated, eating well, getting enough exercise and staying on top of stress with mindfulness or meditation all make a significant difference. In addition to top-notch self-care, a number of vitamins and supplements can be helpful. Backed by solid research, magnesium citrate, vitamin D, vitamin B2 (known as riboflavin) and coenzyme Q10 have been shown to minimize the frequency and severity of head-throbbing attacks.

When it comes to acute therapies—also known as remedies that will get you through a migraine—over-the-counter pain relievers are typical and effective go-tos. (Beware of regularly using them more than once a week, because you could end up with “medication overuse headaches.”) For prevention therapies, daily medication, gene therapy, injectable alternatives and drug-free wearable devices are among the possibilities. Of course, talk to your doctor about what’s right for you. “The important thing to realize,” Lay says, “is that you don’t have to suffer.”

THIS’LL FEEL GOOD

1. SPINE STRETCH

Sit on the floor, feet wider than hips, then bend forward. Draw your chin into your neck as you hinge at the hips.



1

2. MERMAID STRETCH

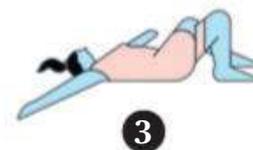
Sit on the floor with knees tucked to the left, holding ankles with your left hand. Extend your right arm overhead. Hold for 30 seconds, drop your arm, repeat twice, then switch sides.



2

3. CROSS-LEG SPINAL TWIST

Lie on your back, knees bent, arms in a T. Cross right knee over left, shift hips to the right, then drop knees to the left. Hold for at least a minute, then switch sides.



3

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Life Lesson

HOCKEY LEGEND- TURNED-HEALTHCARE WORKER HAYLEY WICKENHEISER'S VIEW FROM THE FRONT LINES



BY REBECCA GAO ● Canadian hockey legend Hayley Wickenheiser is just weeks away from finishing up medical school at the University of Calgary—but the past year has been unlike anything she anticipated.

Before the pandemic, the Hockey Hall of Famer and six-time Olympian split her life between spending days with the Toronto Maple Leafs (as their assistant director of player development) and starting shifts in the emergency room in the afternoon, often working until the wee hours of the morning. When COVID-19 hit in March of last year, everything changed: Her hockey obligations moved online, and she and her classmates were pulled out of the hospital.

Wickenheiser was put back into rotation in June and has since been working on the front lines in a variety of hospitals across Calgary, where she's seen and experienced the pandemic's toll on health-care workers' mental health. (A recent Statistics Canada survey found that 75 percent of health-care workers dealing with COVID cases report worsening mental health, with 70 percent saying their mental health was "somewhat worse now" or "much worse now" than before March 2020.)

Here, she unpacks what it's been like to be on the front lines and what lessons she'll take away from this time.

Her most challenging shift

"I remember one shift in particular where we had four patients come in with COVID-19 in varying degrees of distress. I watched a gentleman pass away with a teddy bear by his side and his family not with him because of the restrictions, which was heartbreaking. The ICU team had to rescue an airway on another COVID-positive patient who needed intubation and an ICU tracker. On that same shift, I watched my attending physician run a code on an overdose patient. And I held the hand of a 100-plus-year-old gentleman who did not have COVID but had suffered a blood clot. There was nothing doctors could do. I comforted him while we waited for his family to arrive, but he passed away.

"All that happened over the span of a six- or eight-hour shift. It was very emotional. Whether you are a physician, a nurse, a porter transferring patients or the person who has to clean up the mess after a code has been run, these are all very traumatizing, distressing things."

When her training was paused at the start of the pandemic, Wickenheiser started a social media drive, aligned with ConquerCOVID19 and supported by actor Ryan Reynolds, to help build up stores of PPE for health-care workers.

The challenges to mental health

“The amount of donning and doffing of PPE is absolutely exhausting, and you could be doing that 50 to 100 times a day. All the protocols for handwashing, not being able to even enter the hospital through the front door...there’s a hyper-alertness to everyday things. Everything is magnified. There’s concern that every patient has COVID until proven negative in the hospitals. It’s a lot of strain on people, especially those on intake in the emergency department.

“I work with physicians and med students who have kids, who are either at home on Zoom or at school, and they’re trying to constantly juggle things. I work with people whose partners lost their jobs and they’re the sole breadwinners. I have friends who are physicians, and their whole lives are falling apart outside what they’re doing at the hospital, but they still have to keep it together to come to work and take care of their patients every day. Do I think health-care workers are different from the average person that way? No, not really. But there is the added stress of knowing that going to your job includes the inherent risk that you might lose your life. Although, I suppose it’s in the back of all of our heads somewhere, that this thing could kill us.

“I feel that there’s an incredibly high amount of burnout in health-care workers, and I worry that when the pandemic is officially over, there will be an exodus—people in health care retiring or using up vacation time, because people just haven’t had a break.

“I actively fight for my sanity and my health every day. You have to take time to eat. You have to take time to go to the bathroom. Sometimes it feels like it’s not possible because of what you’re doing. It’s a real departure from being an athlete, when I was so worried about my health, my fitness, all the time.”

How we define essential work, and how government needs to change

“I hope there’s a better appreciation for health-care workers but also for all of our front-line workers: police officers, firefighters, paramedics, teachers, truck drivers, everybody that’s kept this country going since this pandemic has happened. I think it’s taught us that we need to be better prepared for the next pandemic. There will be one, maybe not in my lifetime, but there will be one. How are we going to respond? It’s highlighted failures of government and how short-staffed we are in health care and how people are doing crazy amounts of work with very few resources. It’s also highlighted the best of human beings and humanity. I’ve seen amazing examples

of caring and compassion, people going above and beyond. I get all emotional when I talk about it. It’s what I’ll never forget.”

Receiving the COVID-19 vaccine

“I was vaccinated with the rest of the health-care team I was working with. I know I need to protect my patients. But I also felt horrible knowing that my parents and so many people in long-term care and critical conditions [hadn’t been vaccinated yet]. It’s a little bit of a relief, but nothing’s changed for me. I still act every day like I don’t have the vaccine.”

What gives her hope

“What never stops surprising me is the kindness on display. People are tired, they have family at home to take care of, they have other stresses in life and yet they’re here, giving their best to save other people’s lives. That never ceases to amaze me in health care. It takes special people to go into this profession. It’s also been amazing to see that we could develop a vaccine in less than a year—one that can save millions of lives. What could we do with other diseases, if the same time and resources and work were applied?”

Crash Course

KEEPING MOTIVATED THROUGH COVID-19

Two-time Olympian Melissa Bishop had high aspirations for the 800-metre event at the 2020 Tokyo Summer Olympics. When the event was postponed until 2021, the big goal Bishop, 32, was working toward suddenly dissipated. Now, she’s reinvented her routine with an eye on this summer’s rescheduled Games.

What happened to your training plan once the 2020 Olympics were cancelled?

I was very unmotivated at first. I took a week and a half off just to collect myself, to figure out how to work toward a goal that is no longer there. I did a lot of work with my sports psychologist, and focused on what my goals are—and they are the same as before the pandemic. They’re just written in pencil now.

What strategies did you use to stay motivated?

I would ask myself, what was one really good thing that

happened today? That helped me get through those hard days. I learned to be kinder to myself, knowing I wasn’t the only one going through this.

What’s your training routine like now?

My weekly schedule consists of two runs in a day, weights and other big workouts. But if COVID has taught me anything, it’s how to adapt on the fly. So if I’m not able to get my second run in or am feeling really worn out, we don’t try to fit it in somewhere else to meet a quota. It’s about quality. Nine times out of 10, I’m really sore coming out of these workouts, and that’s okay. I take some Advil to curb those aches and pains when they happen.

What are your plans for after Tokyo?

If I’ve learned anything, it’s not to plan ahead just yet because I don’t know what’s coming. I’m just going to wait and see. —Rebecca Gao



Spring Cleaning for Your Mind

It was a long winter. Here's how to declutter and find some joy.

Step 1 GO FOR AN AWE WALK. IT'S EASIER THAN IT SOUNDS, AND WAY, WAY BETTER FOR YOUR BRAIN

BY SADIYA ANSARI ● On a frigid February morning, I was running an errand and stopped to grab a coffee, finding myself just a few hundred metres from a boardwalk that snakes along Lake Ontario. It was snowing, and it had been for days. The fluff was piled so high that the usually well-worn path was no longer visible. Snow blanketed the ice that had formed close to shore, while geese glided in the water behind it. Looking

out at the horizon, I could hardly believe I was a three-minute walk from a highway, streetcar tracks and a McDonald's. As the soft, clumpy flakes continued to fall from the sky, I stopped every few minutes to just stare in wonder, watching the slight ripples in the water.

Throughout the pandemic, I had made going for long walks a priority. But I usually wandered in my neighbourhood in Toronto—through Chinatown, Little Italy and Little Portugal, areas punctuated by storefronts and restaurants. I always felt good after coming back, but this was different. It reminded me of how beautiful winter can be. The to-do list in my mind receded and before I knew it, my parking app was telling me my hour was up.

I didn't know it at the time, but I had just gone on an awe walk, an activity in which you lead yourself to witness something that

feels expansive. It could be seeing something new or just approaching a familiar site with fresh eyes—I've been to the lake a thousand times, but on this day, I was in the right frame of mind to really see it. There's, of course, loads of research that shows walking alone can put you in a better mood, improve your circulation and help you sleep well. The Japanese concept of forest bathing, the practice of mindfully engaging all five senses while being immersed in nature, is recommended as an effective approach to reduce stress, depression and anxiety. Now, a recent study shows that seeking awe on a walk can also have oversized benefits.

Researchers define awe as the mostly positive emotion you feel when you're in the presence of something so vast you can't immediately understand it. Awe is often found in nature—the experience of

watching the sun rise over the ocean on an empty beach or taking a long hike in a dense forest. But it can also be experienced by looking at a cityscape, listening to music or absorbing a piece of art that transports you to a sublime place. It can make you feel small (in a good way), reminding you there's something bigger out there, prompting you to perceive more connection to other people as a result.

The impact of awe walking was studied by a group of researchers, led by Virginia Sturm, an associate professor of neurology and psychiatry at the University of California San Francisco, who followed 52 healthy seniors over eight weeks. Participants were split into a control and an experimental group, and the latter was given instructions encouraging them to find something awe-inspiring, guided by two features—physical vastness and novelty. Researchers tracked participants' emotional experiences before and after the walk, and asked them to take selfies before, during and after, and to fill out a daily survey about their mood. The results,

published in the journal *Emotion* last fall, were consistent with other studies: Those who went on awe walks felt greater joy and more socially connected afterwards.

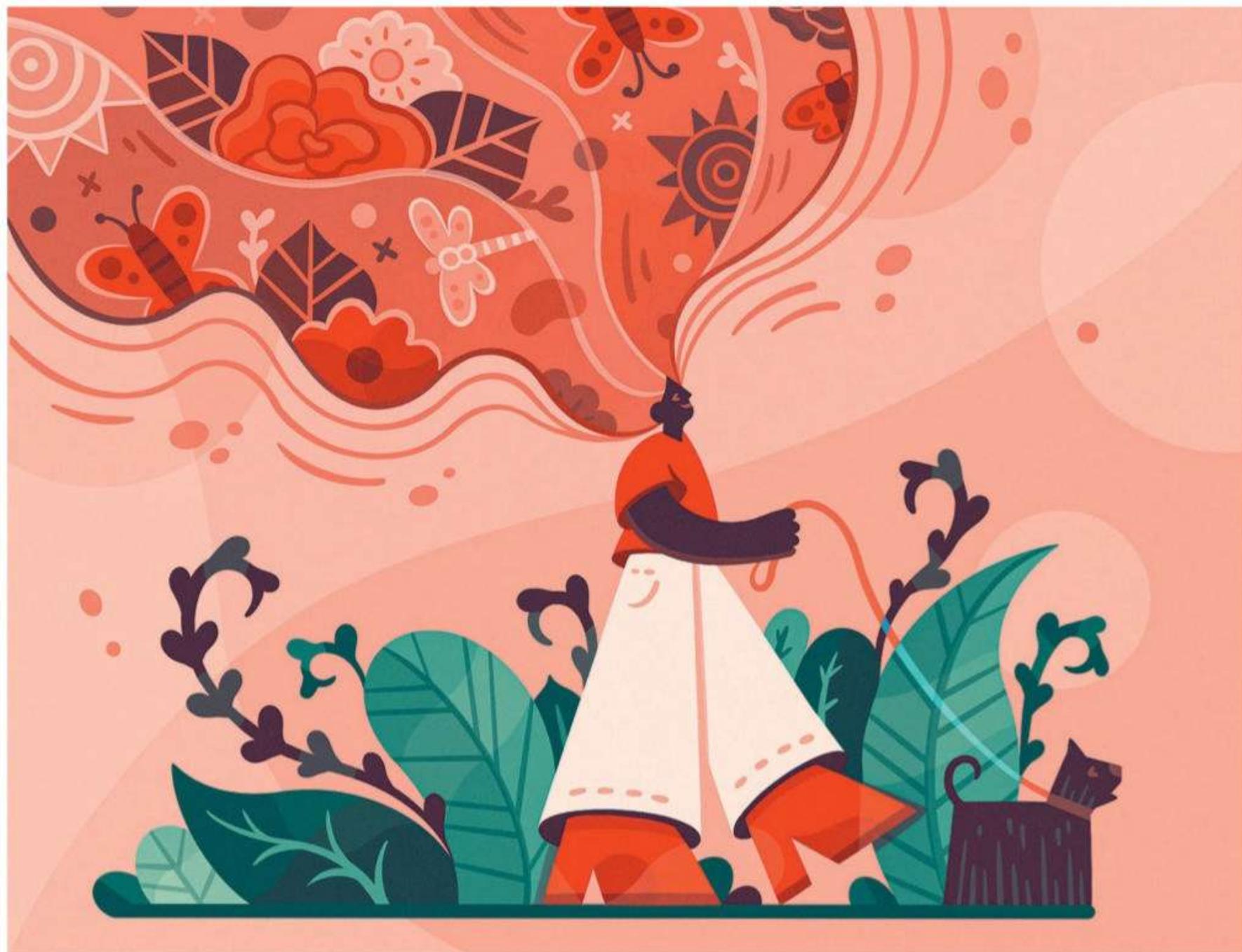
Dacher Keltner, a co-author of the study, is one of the pioneers of awe research. Now a professor of psychology at UC Berkeley and host of the podcast *The Science of Happiness*, Keltner first became interested in awe when he noticed that “the study of positive emotions was pretty impoverished.” He attributes this to the focus on Paul Ekman's seminal work identifying basic emotions, such as sadness, fear, anger, disgust, contempt, surprise and enjoyment. But Keltner wanted to know more about positive emotions like gratitude, wonder and awe. So he wrote a conceptual paper with social psychologist Jonathan Haidt in 2003 defining awe, and began to study it.

“What we started to find is awe can make you more altruistic and reduces stress and the inflammation response in your body; it can give you the sense that you have more time and make you feel more connected to all the people around you,” says Keltner.

STEP 2

RECALIBRATE EXPECTATIONS

Worried about your lack of focus? Jean François Ménard, mental performance coach for Canadian ice dancer Tessa Virtue, says just lean into it. After all, it should come as no surprise, what with all the juggling of working-from-home, childcare, housework, and sharing space with other family members, all on top of pandemic stress. “Everything is different than it was before the pandemic, so if we compare our motivation to what we had then, we're going to lose,” Ménard says. Instead, try creating new goals for yourself—ones that are more realistic—and readjusting your perspective.—*Rachel Chen*



That grew into another challenge, Keltner says: “How do we give people awe in short little doses?” He wanted to counteract the myth that “the only good emotion is an authentic, unplanned emotion.” His research has shown that, actually, the more you practise accessing those emotions, the more you will feel them. “Awe did not wane but bloomed the more awe walks participants took,” the *Emotion* study concluded.

The Greater Good Science Center at UC Berkeley put together a guide on how to awe walk. First, pick a place that has the qualities of physical vastness and novelty, as the study participants did. Second, get in the right frame of mind by preparing to immerse yourself in the experience by, say, turning off your cellphone. The guide recommends doing a bit of breath work: Count to six as you inhale and six as you exhale to ground yourself, and return to this pattern throughout your walk. Then, let your senses take over. If you’re in the forest, listen to the sounds, note what the ground feels like and notice the scents of pine and mud. It also advises you to shift your focus from how large a landscape feels to smaller details—if you’re looking at a lake, for example, concentrate on the rocks by the water, the moss growing on them and the way the light is hitting it.

Getting out of our heads and into the world could be especially important right now. “We’re all busy and stressed, and maybe even a little more self-involved because of the pandemic,” says Jennifer Stellar, an assistant professor of psychology at the University of Toronto. Social isolation may be contributing to a tendency to ruminate more or even be narcissistic, she adds, which is related to ego. Experiencing awe can be seen as a way to “quiet that ego,” says Stellar, prompting people to feel more connected to the outside world.

In the *Emotion* study, there was evidence of a growing “small self” mentality in the photos participants took of themselves—as the weeks went on their faces literally took up smaller proportions of the frames compared to the backgrounds. Stellar says there are ways to seek out the feeling even if you aren’t able to leave the house: Try watching YouTube videos of inspiring speeches or a new destination you hope to visit, or taking virtual museum tours.

There’s also a relationship between those who seek out these experiences and openness, she says. People who are more open are more likely to seek out awe. “When you think you have a really strong sense of how the world works, and then you see something that defies that—something so beautiful you just can’t imagine it exists,” Stellar says, “it’s powerful.”

STEP 3 HIT THE RESET BUTTON

I NEED A QUICK FIX



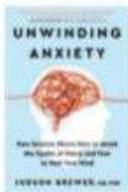
***The Best Things to Scream Into* by Orson Sporing**
50 inspired ideas, including the hole in a freshly toasted bagel. \$20, chapters.indigo.ca

I WANT TO BE TRANSPORTED



***Field Recordings* podcast from Eleanor McDowall**
Sound artists step outside and record what they hear, like chickadees trilling in Toronto and wolves howling in Mafra, Portugal.

I'M READY TO DO THE WORK



***Unwinding Anxiety* by Dr. Judson Brewer**
Effective tips from the renowned director of research and innovation at Brown University’s Mindfulness Centre. \$36, chapters.indigo.ca

Step 4

Feeling a tad resentful? Time to let it all go

Alejandra Proaño, a registered clinical counsellor and anger-management specialist based in Vancouver, shares how

“Resentment is a fascinating emotion because it’s generally considered a subcategory of anger, but it includes other emotions as well. When we experience resentment, we might also feel surprise or disgust or contempt (for others or for ourselves). We might feel we’ve been wronged and have a persistent feeling of mistreatment. It’s a very complex dynamic.

The tricky thing about resentment is that it can be somewhat invisible. When someone feels angry, it’s pretty obvious—rage is visible, it’s out there, and it usually has a fixed timeline. But resentment is quieter; it simmers. We can hold on to it and live with it for a long time, years, even though it’s a very unpleasant feeling to experience. And that’s why it’s so toxic.

On top of that, women are generally conditioned to ignore, distract from, minimize or not even acknowledge their feelings of anger and resentment. But there’s an incredible amount of research that shows that suppressing these feelings not only causes our relationships to deteriorate, but also our own physical health.

So the first thing you need to know is that there’s nothing wrong with feeling anger or resentment—these emotions are trying to tell you something. And you should listen to what they are trying to tell you. They can force you to renegotiate things in your life that aren’t working. They can lead to positive change.

Look at the things that are triggering your resentment, the things you’ve maybe been trying *not* to look at, and instead gently say to yourself, ‘oh my gosh, it’s so hard to deal with this, but it looks like I need to do it.’ The beautiful thing about dealing with difficult emotions is that if you talk about them, you’ll understand what your needs are and recognize what’s weighing you down. Cleaning your mental closet requires vulnerability, humility and accountability. You know it’s going to be messy, but you can wade in with enormous compassion for yourself.

To find that compassion, I often encourage my clients to write themselves an apology letter. It’s a simple exercise: find a quiet, private space and set a timer for five minutes. Then messily write the things you wish someone would say to you. ‘I’m so sorry you’re feeling so bad. What’s going on?’ or ‘I’m sorry you’ve been stuck working between the kitchen table and the couch while [insert partner’s name] gets the dedicated office space.’ And so on. Then put the writing away to revisit in a week, or just toss it out. Either way it’ll help get to the root causes, clarify your boundaries and what you need to address to constructively move past these complex resentful emotions.”—As told to Rebecca Philps



Llubav's
Green
Spaghetti

PAGE 29

In her breezy new cookbook, *Simply Julia*, food activist and podcast host Julia Turshen proves that there isn't one way to define healthy recipes—or comfort food. See what she means with these spring-y, veg-forward dishes

Llubav's Green Spaghetti

SERVES 4 One of the nicest things that happened when I first met [my wife] Grace was meeting her friends, including Llubav, a gifted artist and a mother of two. This green spaghetti, inspired by her cousin Shuggie, is one of Llubav's go-tos. It's a winner and is great for weeknight cooking since you don't have to chop a thing! You just blend some spinach, torn kale, fresh basil, and garlic with feta, cream cheese, and olive oil to make a fresh but also rich sauce. I use whole wheat spaghetti here not only because it's got a bit more nutritional bang for its buck, but also because its nuttiness really goes so well with the sauce. The sauce would also be good stirred into rice or crushed boiled potatoes. You could add a package of frozen peas or broccoli to the pasta pot at the end of cooking for another dose of vegetables (without any chopping). You could also top each portion with a fried egg for a boost of protein. Thank you, Llubav, for sharing it.

kosher salt

- 1 pound [453 g] whole wheat spaghetti (or whatever type of pasta you'd like)

- 5 ounces [141 g] fresh baby spinach
- 6 large leaves fresh kale (any type), tough stems discarded, torn into large pieces
- 1 large handful fresh basil leaves (about 12 large leaves)
- 2 garlic cloves, peeled
- ½ cup [50 g] crumbled feta cheese, plus extra for serving
- 3 tablespoons cream cheese
- 3 tablespoons extra-virgin olive oil

Step 1

Set a large pot of water to boil and salt it generously. Add the spaghetti to the pot and cook according to the package directions.

Step 2

Meanwhile, place the spinach, kale, basil, garlic, feta cheese, cream cheese, and olive oil in a blender and add 1 cup [240 ml] of the boiling salted water from the pasta pot. Puree until smooth and season to taste with salt (it might need quite a bit depending on how salty your water is—don't be shy!).

Step 3

Drain the spaghetti in a colander and then return it to the now-empty pot. Add the green sauce and stir well to combine.

Step 4

Serve immediately with extra crumbled feta cheese on top.

Red Lentil Soup Dip

MAKES 2 CUPS Even though I wrote a whole cookbook about reinventing leftovers, called *Now & Again*, I often eat tons of stuff cold, straight out of the container. We all contain multitudes. Enter this dip, which is inspired by leftover red lentil soup that I mistook for hummus one day and stuck a carrot into and ate standing in front of my refrigerator. It was so good that I decided to do it on purpose going forward and cook red lentils as if I were going to turn them into a gently spiced soup, in the spirit of traditional masoor dal, but on the thicker side with less liquid. Serve with raw vegetables, any type of cracker (it's especially good with papadums), or put a dollop onto a bowl of rice and cooked vegetables and call it lunch. And you can always add a few cups of stock, serve it warm, and call it... soup.

- 3 tablespoons coconut oil (or extra-virgin olive oil)
- 2 teaspoons garam masala (or ½ teaspoon each ground

- cumin, coriander, turmeric, and black pepper)
- ½ cup [100 g] split red lentils
- 1 13½-ounce [400 ml] can coconut milk
- 1 teaspoon kosher salt
- 2 tablespoons plain yogurt (or coconut milk yogurt if you're vegan), for serving
- 2 tablespoons toasted unsweetened coconut flakes, for serving

Step 1

Place the coconut oil and garam masala in a medium saucepan over medium heat. When the spices begin to smell fragrant, just about 30 seconds, stir in the lentils, coconut milk, and salt. Bring the mixture to a boil, turn the heat to low, cover the pot, and simmer until the lentils are completely soft, 20 to 25 minutes. Season the mixture to taste with salt.

Step 2

Turn off the heat and let the mixture cool to room temperature. It will thicken slightly as it cools. Transfer the dip to a serving bowl. Top with the yogurt and toasted coconut and serve immediately.

White Bean and Pimentón Dip

MAKES 2 CUPS Made with ingredients I always have on hand, this dip is the thing I make when we have people coming around and I've forgotten to prepare something to have before the meal, or when I need a little snack in between lunch and dinner. It's also totally vegan and gluten-free if that's important to you. Serve this with crackers, sliced raw or barely steamed vegetables, or toasted pita bread (or any type of toast). Or spread it on a roll and layer with avocado, tomato, and cheddar for an excellent vegetarian sandwich. Leftovers can be stored in a covered container in the fridge for up to three days. Leftovers can also be

Red Lentil
Soup Dip

PAGE 29





White Bean
& Pimentón
Dip

PAGE 29



Stewed Peppers
with Chickpeas
and Zucchini

turned into white bean soup by heating them up with vegetable or chicken stock.

- 2 garlic cloves
- 2 15-ounce [425 g] cans white beans, rinsed and drained
- 2 teaspoons pimentón (smoked spanish paprika), plus a little extra for sprinkling on top
- 1 teaspoon kosher salt, plus more as needed
- ½ cup [120 ml] extra-virgin olive oil, plus extra for drizzling on top
- 2 tablespoons fresh lemon juice (or sherry vinegar)

Step 1

Set your food processor up and turn it on and, while it's spinning, drop the garlic cloves through the opening at the top and run the machine until they're minced, about 10 seconds. Letting them hit the blade while it's already spinning keeps them from getting stuck and guarantees that you won't get a big piece of raw garlic in your final dip. You can also mince the garlic with a knife first.

Step 2

Add the remaining ingredients to the food processor and puree until smooth. Scrape down the sides if needed.

Step 3

If you don't have a food processor, you can use a blender, but start with minced garlic and with half of the beans. Once they are super smooth with the oil and everything, add the remaining beans (I find if I do it all at once, the blender gets stuck).

Step 4

Season the dip to taste with salt and then transfer it to a shallow bowl. Drizzle a little olive oil (about 1 tablespoon or so) on top of the dip, sprinkle with a little extra pimentón, and serve immediately.

Seven Meaningful Conversation Prompts

Turshen's cookbook is peppered with ways to make your kitchen an easy, comfortable place to be. Sometimes, she says, the best thing about a meal isn't the food. "A good conversation, one that feels meaningful and connected, stems from the questions we ask each other and the ability to be present when we offer and listen to answers. Here are some of my favorite questions to spark conversation."

1

What was your favorite thing to eat growing up? Did you request something special for your birthday?

2

When was the last time someone surprised you with a random act of kindness? And when was the last time you surprised someone with one?

3

What's the most meaningful gift you've ever received? And the most meaningful one you've given?

4

What do you see when you close your eyes and picture your "happy place"?

5

What's the most recent finish line you crossed?

6

If you were in charge of a large sum of money for your community, how would you distribute it?

7

Who is someone you'd like to write a thank-you note to? What would you say?

Stewed Peppers with Chickpeas and Zucchini

SERVES 4 A late summer go-to during our volunteering shifts at Angel Food East, this light stew of chickpeas, peppers, and zucchini is the best way I know to use up a ton of summertime produce without a ton of effort. Served with a creamy, lemony sauce and couscous, pasta, rice, or quinoa (or any grain), it's a healthy-and-hearty recipe that is simple to make and infinitely adaptable, too. Swap out the chickpeas for any type of bean. Have extra peppers? Add them! Have a bunch of tomatoes? Chop them up and throw them in. Dice some eggplant, roast it, and fold it in at the end. Add vegetable stock to this and call it soup. Skip the grain or pasta and use the mixture to fill quesadillas. This is flexible cooking, which is my favorite kind of cooking.

FOR THE SAUCE

- 1 large handful fresh Italian parsley, finely chopped (a little stem is fine)
- 3 tablespoons fresh lemon juice
- ½ cup [120 ml] vegan mayonnaise (or regular mayonnaise if you're not vegan)
- ½ teaspoon kosher salt

FOR THE STEW

- 3 tablespoons extra-virgin olive oil
- 1 medium red onion, thinly sliced into half moons
- 4 garlic cloves, minced
- 2 bell peppers (red, yellow, and/or orange), stemmed, seeded, and thinly sliced
- 2 tablespoons tomato paste
- 2 teaspoons dried oregano
- kosher salt
- 2 medium zucchini [about ¾ pound (340 g)], ends trimmed, cut into bite-sized pieces
- 2 15-ounce [425 g] cans chickpeas, rinsed and drained
- ¼ cup [60 ml] water

- 1 tablespoon red wine vinegar

TO SERVE

Cooked couscous, pasta, rice, quinoa, or any other grain

Step 1

Place the parsley, lemon juice, vegan mayonnaise, and salt in a small bowl and stir well to combine. Reserve the mixture.

Step 2

Place the olive oil in a large, heavy pot (like a Dutch oven) over medium heat. Once it's warm, add the onion, garlic, bell peppers, tomato paste, oregano, and a large pinch of salt. Cook, stirring now and then, until the vegetables begin to soften, about 5 minutes.

Step 3

Stir in the zucchini, chickpeas, water, and another large pinch of salt. Turn the heat to high and when that little bit of water begins to boil, turn the heat to medium-low, cover the pot, and cook, uncovering it every so often to stir, until the zucchini is very soft and the mixture is stewy, about 25 minutes. Turn off the heat, stir in the vinegar, and season the mixture to taste with salt.

Step 4

Serve the stew warm over the couscous (or whatever you're serving it with). Top each serving with a large spoonful of the sauce.



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GET YOUR GAME ON!



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Goods

37 Ways to Go Green This Spring

by RENÉE REARDIN
photographs by SUECH and BECK

1. Pack your favourite hot or cold foods in this OUI stainless-steel duo. \$40, [indigo.ca](#)

2. Fill this little pod with ground coffee beans from your favourite coffee shop, and use it like a K-Cup for an eco-friendly and affordable brew at home. *Perfect Pod ECO-Fill 4-Pack*, \$12, [bedbathandbeyond.ca](#)

3. Mix a drink, grab some garnish and serve up spring mocktails in these handmade recycled-glass tumblers. *LSA International Mia Tumbler (set of 4)*, \$45, [goodeeworld.com](#)

4. This bamboo sisal wash strap will help you give your back a scrub in the shower—and get to those hard-to-reach places. \$6, [Marshalls](#)

5. Heading to the bakery? Keep that carb cargo fresh in this handmade cotton bag. *Dans le Sac Reusable Bread Bag*, \$18, [etsy.ca](#)

6. Sweep up small messes in your kitchen, workspace and kids' space with this Dutch-style hand broom that's handsome enough to put on display. \$14 USD, [kinsfolkshop.com](#)

7. Keep leftovers fresh and ready to be reheated with these glass containers, which come with bamboo lids for plastic-free storage. *Ikea Food Container with Lid*, starting at \$5, [ikea.com](#)



13. Add glitz to your garden with these copper plant tags. Use a pen to engrave them with the names of flowers, fruits or veggies, or each plant's water requirements. *Copper Plant Tags*, \$22, leevalley.com

14. Grow herbs and small veggies in your own kitchen year-round with this small indoor gardening device. Worried about your not-so-green thumb? It comes with an automatic lighting system that makes it easier to keep plants alive. *The Jardin*, \$100, thevegehome.com.

The Jardin has nine planting beds to create your own personal farmers' market.

14

GOODS

15. Use these toothpaste tablets instead of the stuff in the tube when you're looking for a quick breath freshener. Toss one in your mouth, crush it with your teeth, grab a wet toothbrush, and clean your pearly whites, waste-free. *Bamboo Jar + Toothpaste with Nano-Hydroxyapatite*, \$22, tanit.co

16. These certified organic bamboo toothbrushes are anti-fungal, anti-microbial, antibacterial and compostable. From \$7, bohoandhobo.ca and kmhtouches.com

17. This shampoo, packed with environmentally-friendly ingredients, comes in a recyclable aluminum tube. *Waterless Shampoo Concentrate*, \$28, helloeverist.com

18. This hand wash is a sustainable pick — from its package to its formula — that also features all-natural ingredients, has anti-bacterial properties and keeps hands moisturized. *Elva's Blend Thieves & Thyme Hand Soap & Body Wash*, starting at \$18, elvasallnaturals.com

20. Made out of silk and packaged in a reusable glass jar, floss just got the eco-friendly treatment. Extra points for its sleek silver carrying case. *Flosspot Travel Case*, \$15, kmhtouches.com

21. These divine-smelling natural deodorants come in various formulas, including one for sensitive skin and one made with activated charcoal. Once you've used it up, bring the jar to one of their many stockists across Canada, and have it refilled. *Routine deodorant*, \$28, routinecream.com

22. Lipsticks and eyeshadows with vibrant hues and creamy textures that are also plastic-free? Yes please! *Axiology Cotton Candy Skies*, \$46, thedetoxmarket.ca

23. This blush linen towel from Flax Sleep is super soft, antimicrobial, and dries quickly. \$78, flaxsleep.com

24. These pre-portioned, concentrated laundry strips come scented and unscented. Every 30 strips save a 1-litre plastic jug from being added to a landfill. *Good Juju Laundry Detergent Strips (30-pack)*, \$15, hellogoodjuju.com

25. Say bye to plastic applicators for good with this silicone menstrual cup, which holds up to four tampons-worth of liquid. *Nixit Menstrual Cup*, \$54, letsnixit.ca

26. The Swedes have been cleaning with sponge cloths for more than 60 years, and for good reason—they are biodegradable, last up to a year and can replace as many as 17 rolls of paper towel. *Ten + Co, Vintage Fruit Sponge Cloth*, \$6 each, rosecitygoods.com

27. Featuring a Japanese Cypress handle and made with palm fibres, this handcrafted broom will last up to 20 years. Plus, its petite shape makes it apartment-friendly. *Takada Handy Broom with Japanese Cypress Handle*, \$70, goodeeworld.com

28. Dryer balls cut down on the time needed to machine-dry clothes, which saves energy and money. These biodegradable wool ones make your clothes softer, too. *EWE Went ECO Dryer Balls (6-pack)*, \$22, elvasallnaturals.com



19
Trade your cotton buds for this bamboo alternative. \$6, Marshalls



23

25



24



26



27



29

Handcrafted dustpan, or art piece? Takada Natural Wood Dustpan, \$50, goodeeworld.com



28



30

Swap plastic food wrap for beeswax covers that can be wiped clean and used over and over again. Patterned Beeswax Wraps (set of 3), \$17, [Winners](http://Winners.com)

PHOTOGRAPHS BY SUECH AND BECK; STYLING BY FRANNY ALDER

31. The perfect size for crudité dip, baby food or a yogurt parfait, these little spill-proof containers will become your go-tos for storing liquids. *Ekobo, 8 Oz Store & Go, \$12 each, goodeeworld.com*

32. Keep a serving of your homemade soup, pasta, or stir fry in this pretty little container, and be set for lunch the following day. It features double-walled BPA-free glass, which helps keep food warm and free from chemicals. *Porter Seal Tight Bowl, \$25, wandpdesign.com*

33. These durable containers are the stars of Meal Prep Sunday. We love them because they come with a tight seal to keep food fresh — but also, won't they look so pretty piled up in your fridge? *25 Oz Store & Go, \$17, goodeeworld.com*

34. This shallow bowl is just right for a hearty salad made with colourful in-season goodies. It'll keep your veg fresh, crisp and ready to enjoy. *Porter bowl, \$40, wandpdesign.com*

35. Ideal for salty snacks, apple slices, and frozen veggies, these bags are bound to get a lot of play. They're made with food-grade silicone and can conveniently be thrown into the dishwasher, freezer or microwave. *Porter Bags, Flat Bundle, 3 for \$42, wandpdesign.com*



31

32

36. Swap single-use plastic bottles in favour of this sweet stainless-steel pick, which features a built-in replaceable filter. Another reason it's worth the switch? It keeps water cold all day long. *Brita Stainless Steel Water Bottle with Filter*, \$40, Walmart.ca



PHOTOGRAPHS BY SUECH AND BECK STYLING BY FRANNY ALDER

37

Bring your fruits and veggies home from the market in this one-of-a-kind quilted and waxed tote bag made with African textiles, by designer Christelle Biteghe. Reversible Wax Print Quilted Tote Bag, \$65, etsy.com



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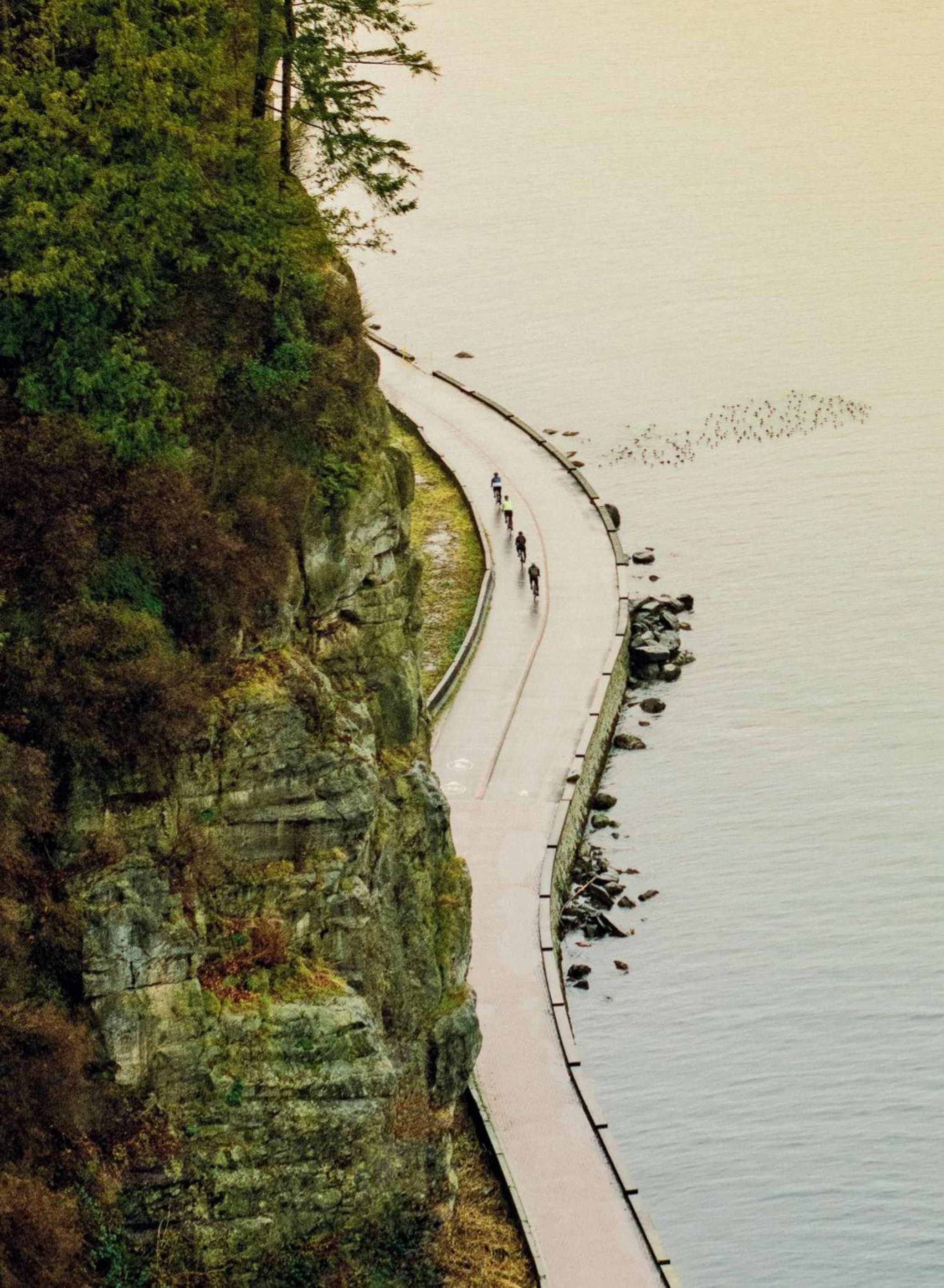


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More women than ever are cycling as a way to increase cardio, improve mental health, connect with nature, be social and, at this particular moment in time, feel a little bit freer.

BY DOMINIQUE LAMBERTON ● PHOTOGRAPHS BY ALANA PATERSON ● ILLUSTRATIONS BY ALLY REEVES



I

In March 2020, Joanna Barcessat's life changed in an instant. On Friday the 13th, she closed her two Montreal juice bars, unsure of when she and her staff would return. At home under lockdown, Barcessat, 51, found herself with the kind of time she hadn't had for years, and a desire to spend as much of it as possible outdoors. So in July, after she decided not to reopen her second location, Barcessat did something she'd been wanting to do for almost a decade: She dusted off her road bike, took it in for a tune-up and hopped on for a ride. That beautiful summer day, Barcessat cycled for 90 minutes, pedalling along Montreal's Lachine Canal. She took it at an easy pace, but she felt excited and accomplished—she had gotten back on her bike.

Barcessat, who studied physical education at McGill University, used to be a regular cyclist—she even rode with a group of triathletes. But when she started her business, Rejuice Nutrition, and opened her first cold-pressed juice store in 2011, she gave it up. “If I could, I would go to a spinning or circuit-training class for an hour,” she says, “but I didn't have the time to commit to riding anymore.” It took the pandemic to finally get her back in the saddle—and, once she started, she wasn't stopping for anything. “I had this joke: My store could be on fire, and I'm not giving up my bike ride,” she says. “I had given so much to my business for so long that I forgot to take care of myself.” From July to October, Barcessat rode three mornings a week, rediscovering her favourite routes and seeking out new ones. “Riding was my escape from the stress that came with running a business and being a mom during a pandemic,” she says. “It helped clear my mind and, at the same time, gave me a great workout.”

In the past 12 months, many have had the same idea: Cycling is booming, as people around the world look to stay active, be outdoors and find new ways to get around in the wake of the COVID-19 pandemic. In



April 2020, the World Health Organization recommended cycling or walking as a means of both socially distant, open-air transportation and daily physical activity. Just a few weeks later, bike shops across Canada reported surging sales as many Canadians took out their new two-wheelers, taking advantage of quieter streets and city-wide road closures. And many of these new or returning riders are women: Strava, the world's largest online fitness platform, saw the number of cycle rides uploaded double in 2020, while women ages 30 to 59 uploaded almost 50 percent more activities

between April and September 2020 than during the same period the year before.

“One of the reasons we saw this surge is that we were limited in the activities we could do—and we still are,” says Julia Aimers, an Ottawa-based exercise physiologist and triathlon coach. “The walk around the block gets a little bit boring after a while.” In addition to offering a much-needed sense of freedom, cycling provides a cardiovascular workout, it's low impact (read: it lubricates the joints while also being gentle on them) and it's more accessible than other forms of cardio, like running. “It's

BEST APPS: GOOGLE MAPS. NOTHING BEATS IT FOR URBAN CYCLISTS WHO WANT TO EXPLORE BIKE LANES AND MONITOR TRAFFIC. [MAPS.GOOGLE.COM](https://maps.google.com)



Angela Chang (third from left) joined Vancouver's Liv cycling group four years ago. Being on the bike gives her a mental break from work—but what she loves most is the social aspect of riding with others. The group let us tag along on a recent morning ride.

risk of chronic diseases such as cardiovascular disease, cancer and type 2 diabetes. A significant 2017 U.K. study that followed more than 260,000 commuters found that those who cycled to work reduced their overall risk of an early death by 41 percent; another study published in the *American Journal of Preventive Medicine* links weekly rides (anywhere from one to 60 minutes in length) to a lower risk of premature mortality. And the dividends of regular pedaling are also mental: Research published in the *Lancet* in 2018 looked at the association between exercise and mental health in more than 1.2 million Americans, and those who cycled regularly were found to experience 21.6 percent fewer bad mental health days.

Angela Chang rides regularly with Liv, a cycling community centred on the women-focused bike shop of the same name in Vancouver's Kitsilano neighbourhood. For Chang, 44, finding a group to cycle with took her from using biking as a means of commuting to entering a full-fledged cycling scene—one that's warm, welcoming and approachable for all skill levels. Chang is a great example of the physical and mental impacts cycling can deliver: Since she started riding with Liv four years ago, she's gained muscle mass, increased her endurance and improved her cardiovascular health (her doctor says it's like that of a teenager's). The rides also offer a respite from her stressful role as a partner at an accounting firm. "Being on the bike, outside and in nature, provides a mental break from my desk that's important for me," she says. But perhaps the biggest advantage for Chang is the social element of riding with a group—and the motivation her fellow riders supply. "You meet people who push you beyond what you imagine is possible. If I think I can only ride 40 km, but the group is going 50, then maybe I'll try that," she says. Throughout the pandemic, in lieu of riding in person in large groups, Chang has been doing so virtually, with women from across North America: "We all chat on an app while we ride on our trainers at home, talking about cookie recipes, our cats or dogs or kids; that social interaction is really fun."

Barcessat recognizes that her previous experience of cycling in a group pushed her physically—and her goal is to join one again, maybe even this season. But last year, one of the things she loved most about getting back on her bike solo was reconnecting to the outdoors. Nature has provided a much-needed balm for many Canadians throughout the pandemic: A recent Ipsos poll conducted for the Nature Conservancy of Canada revealed that 94

a big effort to run. If you're a little overweight, it's hard on your cardiovascular system. Biking is accessible—you jump on, the seat holds some of your weight, and it's easy to go fast and easy to go slow," says Aimers. She equates an easy ride to going for a walk, with the workout increasing depending on factors like gears, incline and speed. "If you want to compare it to training for a 10K run, you'd be doing hill training, riding against the wind and doing some speed repeats," says Aimers.

No matter how you're cycling, the physical benefits are real: It helps lower your



percent of Canadians have found spending time in nature has helped relieve stress and anxiety during the pandemic's second wave, while three out of four of those surveyed said that moments in nature are more important to them now than ever before. "The visual aspect of getting on your bike and actually looking around and being present is what's valuable—the workout and the calories burnt are just added benefits," Barcessat says.

Throughout the pandemic, many cities have made it safe and easy to access the outdoors by closing roads to vehicle traffic. Last April, the Vancouver Board of Parks and Recreation temporarily shut down Stanley Park to cars to allow more space for cycling and walking, while in Toronto, the city's ActiveTO initiative saw High Park, as well as major roadways like Lake Shore Boulevard, open exclusively to cyclists and pedestrians on weekends.

Meghan Winters, an epidemiologist and associate professor at Simon Fraser University who leads the Cities, Health & Active Transportation Research lab, is encouraged by how quickly urban areas were able to implement these initiatives and how, in doing so, more people took up or returned to cycling. "It was exciting to see that cities can create and accommodate the space that's needed for walking and cycling," says Winters. "It allowed them to test designs and locations, but I'm looking for things to be more thoughtful and permanent as we move into the second year [of the pandemic]."

It's initiatives like these that encourage people—especially women, who, research shows, were less likely to cycle than men, particularly on traffic-heavy streets—to ride on roadways and bike paths for the first time, eventually becoming regular cyclists and reaping all of the benefits that come with it. "Riding in Stanley Park during the full closure was a heavenly experience," says Winters. "I'd imagine there were people who had not been on a bicycle in 15 years. All of a sudden, there was this park you could cycle through—and I think once people tried that, they were willing to go to other places. It starts with safe, protected places, and then people will build daily habits."

Barcessat doesn't plan on getting so busy again that she gives up riding. "When things go back to normal, whatever normal is going to be, I don't think I'll be the only one who re-evaluates what we want to put back into our lives." For her, cycling is here to stay, and she plans to get an early start this season. "As I was riding last summer, I had all these dreams and plans. I forgot how good it feels to be on my bike."



DO I REALLY NEED PADDED SHORTS?

They aren't just for the hard-core cyclists out there—anyone can benefit from riding with a bit of extra cushion. The insert, a.k.a. the chamois, acts as a shock absorber. This cushions your backside and prevents uncomfortable chafing, which is especially important during the warmer months, when we sweat more.

According to Ira Kargel, co-owner of Gears Bike Shop in Toronto, padded shorts "move with your body to help with chafing and shifting, which you could still experience with a gel seat cover."

There are a few things to know before you take your shorts out for a spin. First of all, the chamois is designed to be worn against the skin—so no underwear. Second, you get what you pay for. "If you spend a little bit more, you get more breathable fabrics, better stretch and a higher-quality chamois with gel or cut-outs for breathability," Kargel says. And third, invest in some chamois butter. If you're going on long rides, this petroleum-free product won't damage the elastic in your expensive bike shorts, and will help prevent chafing and reduce friction between your thighs and the seat.

—Rebecca Gao

TOP GEAR Road Cyclist



Peppermint Cycling Co. Mood Denim Signature Thermal Jersey, \$180, peppermintcycling.com



Pearl Izumi Women's Escape Quest Short, \$75, pearlizumi.com



KindHuman Socks, \$25, kindhuman.cc

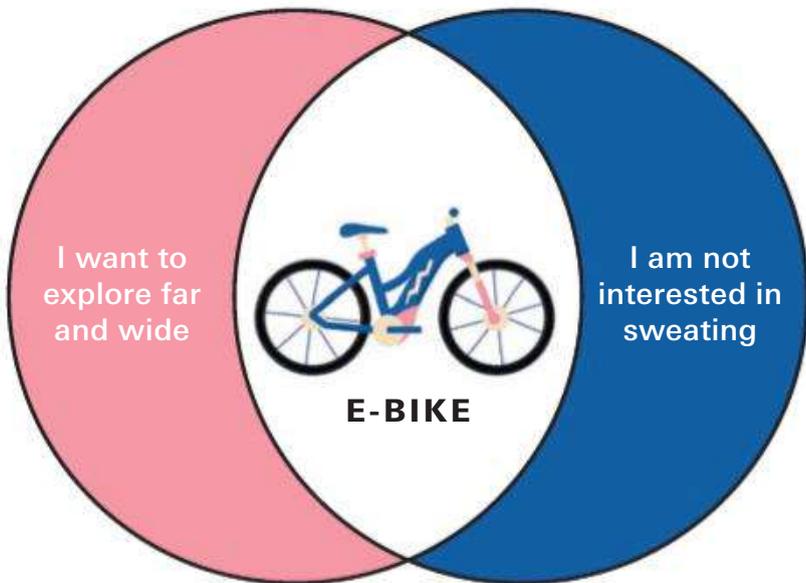


POC Omne Air Spin Helmet, \$175, scooteretti.com



Garmin Varia UT800 Smart Headlight, \$140, garmin.com

CHOOSE THE RIGHT BIKE FOR YOU

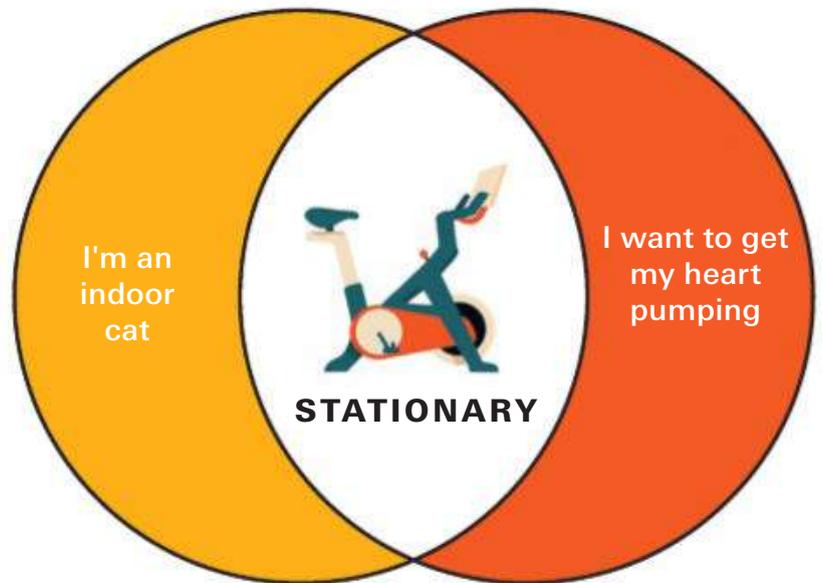


I want to explore far and wide



E-BIKE

I am not interested in sweating

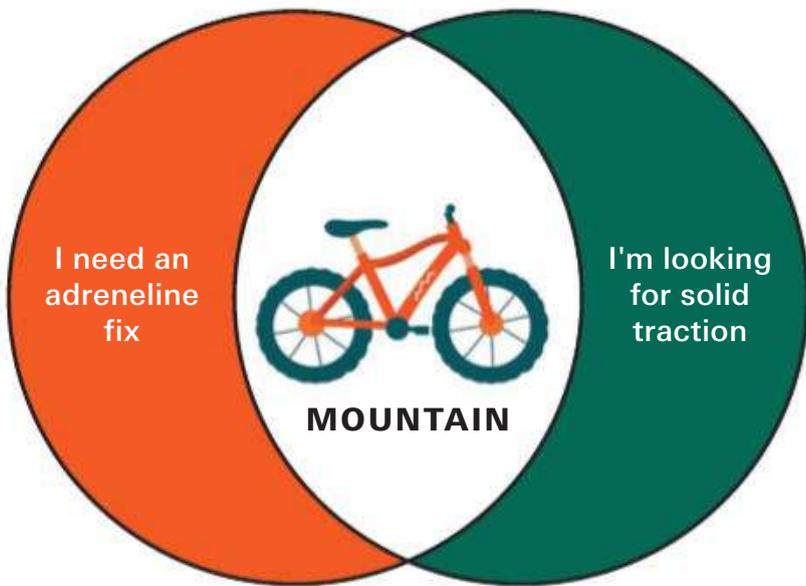


I'm an indoor cat



STATIONARY

I want to get my heart pumping

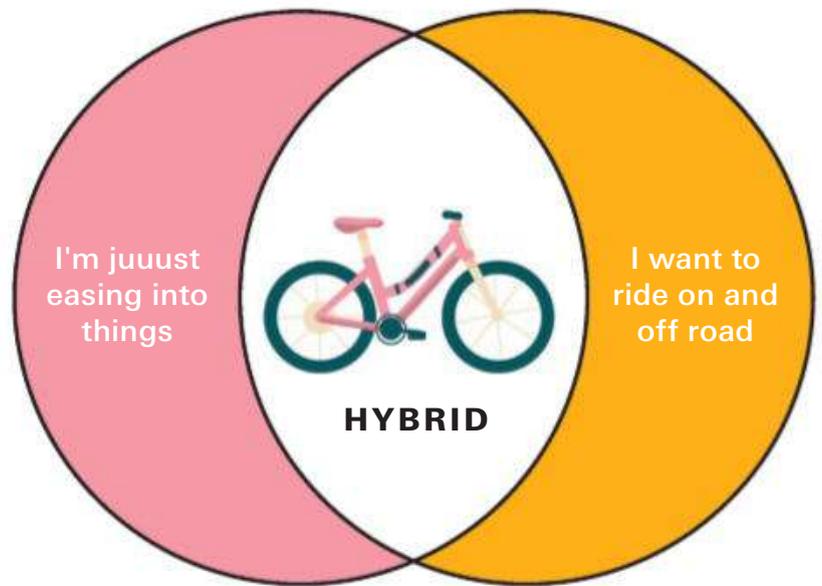


I need an adrenaline fix



MOUNTAIN

I'm looking for solid traction

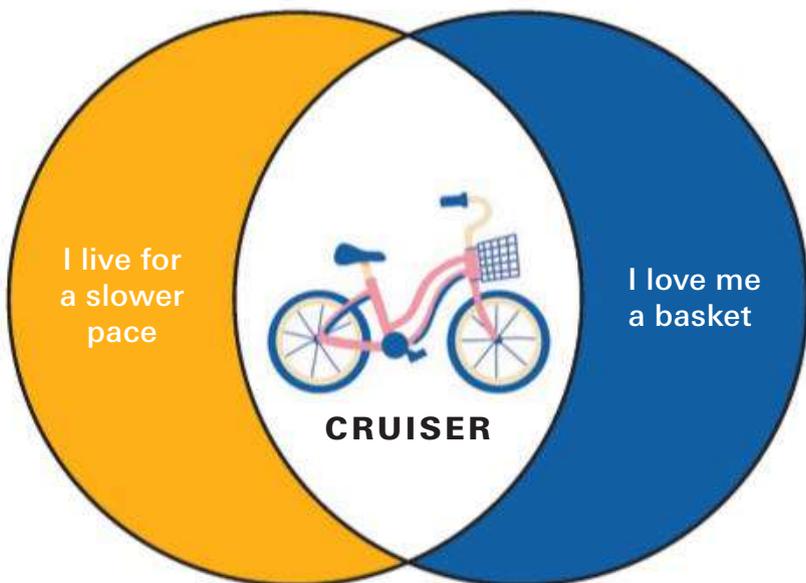


I'm juuust easing into things



HYBRID

I want to ride on and off road

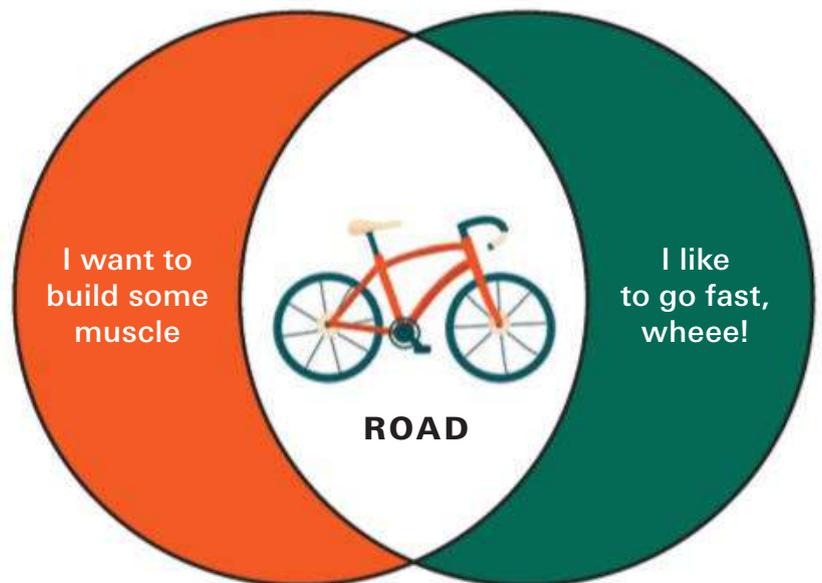


I live for a slower pace



CRUISER

I love me a basket



I want to build some muscle



ROAD

I like to go fast, wheee!



A recent Ipsos poll conducted for the Nature Conservancy of Canada revealed that 94 percent of Canadians have found spending time in nature has helped relieve stress and anxiety during the pandemic. Three out of four of those surveyed said that moments in nature are more important to them now than ever before.

BEST APPS: STRAVA. COMPLETE WITH DISTANCES, ELEVATION INFO AND A "HEATMAP" THAT SHOWS YOU THE MOST POPULAR ROUTES. STRAVA.COM

TOP GEAR Casual Cruiser



Thousand Titanium Helmet, \$129, velolifestyle.com



Electra Disco Small Ding-Dong Bike Bell, \$22, electra.trebikes.com



Hiplok DX Lok, \$111, mec.ca



49°N St. Lawrence Basket, \$50, bikedepot.com



Mirrycle Mirror, \$30, sweetpetes.com

FIND A HELMET THAT DOES ITS JOB



I started cycling last summer as a way to get outside, get active and combat my pandemic-induced stir-craziness. I'm cautious by nature, and while I thought I was taking every safety precaution, a more experienced cyclist friend pointed out that my helmet (which I bought because it was cute and affordable) was designed for skateboarding. Turns out that's not super helpful—or safe—for biking. If you are as confused as I am about how to pick the right helmet, let these five expert tips be your guide.

Stick to your sport

While there is some crossover among helmets designed for different activities, "it's usually best to stick to the sport in which the helmet was designed to be used," says Claire McFarlane, the programs and operations manager at Cycle Toronto. "Helmets are designed differently for different sports to take into account factors like travelling speed and the way people fall when they're participating in those sports."

Get the right fit

McFarlane suggests using the 2-V-1 method: With the helmet on, you should be able to fit roughly two fingers between your eyebrows and the helmet, the straps should form a "V" around your ears, and you should only be able to fit one finger between your chin and the helmet strap. "You want the helmet to be snug but not

so tight that you feel like it would give you a headache if you wore it for an hour or more," says McFarlane.

Make sure it's certified

Choosing a helmet with an approved standards label means you're getting a product that's been rigorously tested by the manufacturer. Look for CSA (Canadian Standards Association), CPSC (Consumer Product Safety Commission), Snell or ASTM (American Testing and Materials).

And look for MIPS

The multi-directional impact protection system, or MIPS, is a safety feature on many new helmets. It refers to a yellow plastic liner in the helmet that's engineered to help prevent certain types of concussions by rotating slightly, independent of the outer helmet.

Go on and splurge a little

The more you spend on the helmet, the more comfortable it will be. Higher-priced helmets tend to have better ventilation, which makes them lighter and more breathable. "A lighter helmet has significantly less impact on your neck," says Ira Kargel, co-owner of Gears Bike Shop. "You won't think it's a big deal, but small things like adding a bit of weight to your head and shoulders can have a long-term impact."

—Rebecca Gao



Since she started riding, Angela Chang has gained muscle mass, increased her endurance and improved her cardiovascular health (her doctor says it's like that of a teenager's).



**COAST IN TO
THESE AWESOME
WOMEN-RUN
BIKE SHOPS**



**Sidesaddle Bikes
Vancouver**

Sidesaddle is Canada's first explicitly women-focused bike shop. Co-owner Andrea Smith opened it in 2015 after noticing the lack of women-focused retailers despite a boom in gear from manufacturers. Though they focus on women riders, most of their products are suitable for everyone, and they serve both newbie and experienced cyclists. sidesaddlebikes.com

**Peppermint Biking Co.
Montreal**

Located in the heart of Montreal, Peppermint Biking Co. designs and sells women's activewear with an emphasis on fashion-forward biking apparel in jewelled tones and chic patterns.

Situated right across from La Fontaine Park, one of the city's biggest outdoor spaces with numerous bike paths, Peppermint is a gear haven: cyclists shop here for bras, shorts and accessories like socks and caps. peppermintcycling.com

**Gears Bike Shop
Greater Toronto Area**

Gears began as a small bike repair business and has since grown to be one of the GTA's most reputable cycling shops, with two stores in Toronto and two more in Mississauga and Oakville, Ont. The shop stocks many different styles of bikes, from urban wheels that are perfect for cruising to off-road models that will have you adventuring through the woods. gearsbikeshop.com

**Essential Cycles
North Vancouver**

Essential Cycles's small but mighty team is led by passionate mountain bikers Jaelyn Delacroix and Sierra Sullivan. The shop deals in bike rentals, plus clinics, private lessons and guided rides through North Van trails. essentialcycles.com

**Ecclestone Cycle
Bracebridge, Ont.**

Alison Dawes runs Ecclestone Cycle, the most recognizable bike shop in Muskoka, thanks to its signature purple exterior, with her partner, Ian. Both can be found on the showroom floor and in the workshop. Their service and repairs program offers affordable tune-ups and fixes. ecclestonecycle.com—R.G.

BEST APPS: MAPS.ME. TRACK YOUR LOCATION IN REAL TIME EVEN WITHOUT CELL SERVICE (GOOD FOR REMOTE ROUTES).
MAPS.ME

TOP GEAR Mountain Biker



Smith Optics Convoy MIPS Bike Helmet, \$100, altitude-sports.com



7mesh Copilot Jacket, \$300, 7mesh.com



Garneau Ditch Cycling Gloves, \$30, altitude-sports.com



Osprey Kitsuma 1.5 Backpack, \$85, sportchek.ca



Filzer Micro I-Tool MT-3, \$16, mec.ca

RECOVER, TO RIDE AGAIN



Step 1: Stretch

There are tons of resources for post-cycling stretches online that will help you avoid sore muscles (and even full yoga flow classes on YouTube, if you're so inclined), but here are a few that help in the most critical spots:

Quad stretch: Your quadriceps are the biggest biking muscles. Start standing then bend your knee to bring your heel towards your bum. With the hand on the same side, grab your foot near the ankle and pull up closer towards your bum while keeping the knee under the hip to avoid any torque or pull at the knee joint. If you're feeling off-kilter, stabilize yourself with the opposite hand against a wall, railing or chair.

Downward facing dog: This classic yoga pose helps elongate the posterior chain of muscles (from the plantar fascia and feet muscles, along the backs of your legs, the spine, right to the top of your head). Start in a plank position with your hands under your shoulders. Tuck your toes (in a tippy-toe position) and lift your knees off the floor, lengthening your legs as you raise your tailbone as high as possible. Keep your spine long by keeping the bum high, palms planted, wrist creases facing away from you, and shoulders away from the ears. If your hamstrings are feeling particularly tight, step your feet wider, keep the heels lifted and bend your knees.

Cow pose: This pose helps to open

up the front of the body (particularly the chest) and can help counteract hours of being hunched over your handlebars. Start on your hands and knees, with wrists under shoulders, knees under hips and toes tucked or untucked. Press your palms (backs of knuckles too) firmly into the ground. On the inhale, roll your shoulders up to your ears then together and back as you open your chest and look forward. Allow the belly to sink down a little as you open your chest. Return to neutral spine.

Step 2: Rehydrate

The post-ride beer is a big part of the cycling culture—mostly because it's so satisfying. While water is still the best way to quench your thirst after a hard workout, there's nothing more indulgent and gratifying than that first sip of an ice-cold pint. Stick to one, keep drinking water, and spend a little bit more time outside, soaking in the sunshine and bonding with your fellow cyclists.

Step 3: Soak

Whenever you finish a heavy workout, your body is missing all that good stuff that you just sweat out, namely moisture and magnesium. "Epsom salts are essentially magnesium, which is absolutely critical for your muscles to relax and recover post-ride," says Ira Kargel, the co-owner of Gears Bike Shop. —R.G.



THE DOCTOR WILL HEAR YOU

THE MEDICAL SYSTEM TREATS A LOT OF
WOMEN'S ILLNESSES AS UNEXPLAINED MYSTERIES.
IN THIS EXCERPT FROM HER NEW
BOOK, *PAIN AND PREJUDICE*, GABRIELLE JACKSON
SHOWS THAT THE REAL PROBLEM MAY
BE AN INABILITY TO LISTEN.

ILLUSTRATION BY CORNELIA LI

NOW



DOCTORS SHOULD LISTEN TO THEIR patients. This may sound obvious, but research by Dr. Kate Young, from Monash University, has found that many doctors discount or dismiss women's reports of their diseases, or treat them with suspicion. Some doctors told Young that they believed they had to confirm women's stories themselves, or believed they'd be able to tell whether the patient's reports were true or not. "Women's knowledge was typically incorporated only once it had been filtered through the medical gaze, with clinicians extracting what they deemed relevant," Young wrote. How doctors think they can work this out in a single 20-minute (or shorter) consultation was never explained. As bizarre as this sounds, it's widespread practice. Doctors are, in their own and society's eyes, the ultimate judges of who is sick and who is "crazy."

This issue rose to prominence during the women's health movements of the 1970s, spurred along by women such as Harvard Medical School's first female dean, Dr. Mary C. Howell. In a 1974 report for the *New England Journal of Medicine*, she wrote:

"Following traditional linguistic convention, patients in most medical-school lectures are referred to exclusively by the male pronoun, 'he.' There is, however, a notable exception: In discussing a hypothetical patient whose disease is of psychogenic origin, the lecturer often automatically uses 'she.' For it is widely taught, both explicitly and implicitly, that

women patients (when they receive notice at all) have uninteresting illnesses, are unreliable historians and are beset by such emotionality that their symptoms are unlikely to reflect 'real' disease."

It would be comforting to think that a lot has changed since the awareness-raising heyday of the 1970s—but today's prevalence of medically unexplained symptoms (MUS) is evidence that it has not. Women are more likely to be diagnosed with MUS than men, which is unsurprising given medicine's lack of knowledge about female biology. If an illness is hard to diagnose, it often gets dumped into the MUS basket, which makes other doctors less likely to keep searching for a diagnosis and far less likely to trust the patient, even if they seek help for an entirely different issue.

In *Doing Harm*, Maya Dusenbery calls this the double bind of medicine's knowledge and trust gap: "Women's symptoms are not taken seriously because medicine doesn't know as much about their bodies and health problems. And medicine doesn't know as much about their bodies and health problems because it doesn't take their symptoms seriously." Having a diagnosis of MUS or anxiety makes it much harder for a patient to be taken seriously by any health professional, as almost any symptom they present with can be shrugged off as anxiety or stress. In her 1978 book *Illness as Metaphor*, Susan Sontag wrote: "Theories that diseases are caused by mental states and can be cured by will power are always

an index of how much is not understood about the physical terrain of a disease."

In cases where a physical disease is present but can't be controlled, Young wrote that medicine tends to position it as "uniquely mysterious and by finding fault within the women who experience it." But actually listening to sufferers may be the act of demystification that allows for better treatment and sharper research focus.

Dr. Susan Evans, a pelvic pain expert based in Australia, is a great advocate of listening. In her 18 years of treating women with pelvic pain, she has asked them to record their symptoms in questionnaires. From this data she has established that women with severe period pain (with or without endometriosis) usually have a combination of 14 symptoms in addition to their severe dysmenorrhea, which include: stabbing pains in the pelvis, bowel problems, food intolerances, bladder problems, headaches, sexual pain, vulval pain, fatigue, poor sleep, nausea, sweating, dizziness/fainting, anxiety and low mood.

Evans published a study in the *Journal of Pain Research* showing that women with severe period pain, on average, have eight and a half other symptoms from that pool of 14. This study didn't take place in a lab. By listening to, believing, recording and analyzing women's reports of their illnesses, Evans now understands a lot more about endo and other forms of pelvic pain—which is informing her research today.

One patient told a British parliamentary inquiry into endometriosis and fibroids, "I just wish doctors knew to LISTEN; we know our bodies better than anyone else." The inquiry's report noted: "Of the over 1,000-plus comments that we received for endometriosis, almost every person spoke about being dismissed by health-care professionals and having to fight for a diagnosis, information and treatment."

Heather Guidone, the surgical program director at the world-leading Center for Endometriosis Care in Atlanta, also stresses the importance of listening to patients: "So many patients who come to us are so grateful that we actually listen to them and take the time to answer all of their questions and hold them as equal partners in their care—when in reality this should be the standard of care everywhere. It's sad that so little seems to have changed over time in this regard."

Evans says, "I have loads of people who come along and say, 'My GP says I'm a mystery and that they don't know what's happening.' And I think, Your story's exactly the same as the last person I saw. It's no mystery."

It struck me when Evans used these words that I'd heard an almost identical sentiment out of the mouth of Dr. Nikki Stamp, one of fewer than 12 female cardiothoracic surgeons in Australia. Stamp

has written a book on heart disease and is an energetic campaigner for greater understanding of this disease in women. She sighs over the phone when I speak to her, telling me about how often women's heart disease symptoms are misdiagnosed as anxiety. "It happens all the time," she says, before sharing the story of a woman in her 40s who'd just had a heart attack. The patient had presented to her GP and to emergency departments several times with symptoms including shortness of breath and discomfort in her chest, but was diagnosed with anxiety and sent home. "She finally got admitted to hospital and someone finally thought to check out her heart, fully expecting to find nothing actually but ended up finding something quite serious. She had a blockage in one of her major arteries in her heart. It's a blockage we tend to refer to as a 'widow maker'; it's that serious that traditionally it's been associated with people just dropping dead," Stamp says. "It's always the same story when you hear about a patient like this." She says the male doctors always sit around saying things like, "Wow, this is really unusual, how amazing, never would have seen that coming."

In her exasperation, she is sometimes accused of jumping on a feminist soapbox when she points out, "But we do see these stories all the time. It's not unusual, it's not uncommon, it's not amazing. Why are we accepting this as such an anomaly? Why aren't we thinking about this as the norm?"

Because the norm in medicine has historically been a 70-kilogram white man, that's why. And even though the research on the differences in heart disease and presentations of heart attacks in men and women is out there and accepted, says Stamp, it just won't sink in with some doctors that this female patient's presentation was entirely normal. Not all men have typical symptoms either, so more recognition

of so-called atypical presentations would ultimately benefit everyone.

After patients are listened to and trusted, treatments often become more effective. In Young's study on endometriosis, one GP reported how her practice had improved when she started asking patients to keep diaries of their symptoms. Meanwhile, Dr. Clare Fairweather, an Australian doctor specializing in chronic pelvic pain, describes listening to patients as "the most valuable thing" a doctor has in treating them: "You've got to listen, you've got to have your ears open and you've got to hear it; don't dismiss it. What is the problem for this person at this time?" She says it's vital to understand the patient's priorities and accept that these may not be yours as a doctor.

Women's illnesses become decidedly less mysterious when we really listen to, and believe, what they're saying.

Dr. Mona Orady, director of robotic surgery at St. Francis Memorial Hospital in San Francisco, practises minimally invasive gynecological surgery at Dignity Health Medical Foundation. Her expertise is in complex surgery, menstrual disorders, fibroids and endometriosis. She also cares for more specialized gynecology patients with pelvic pain, dyspareunia, vulvar disorders and pediatric gynecological conditions. She says she treats "the problem, not the pathology." "We have to FIFE patients," she says. "What FIFE stands for is we have to ask patients about their feelings, their ideas, their fears and their expectations." She says she asks every patient what their goals are, and what they want to achieve by seeing her, before she can decide what level of treatment should get them back to their normal life. "I can't just treat the disease. I have to treat how it impacts their life."

In his 2007 book, *How Doctors Think*, Jerome Groopman interviews Debra Roter, a professor of health policy and management

THE MONEY PROBLEM

When I began investigating the poor treatment of endometriosis in Australia, I quickly realized the problems were really structural. The issue wasn't that doctors are sexist, but that they work in a system that is designed to deprioritize women's health.

That means that female biology hasn't been studied as much as male biology, and also that women's health procedures—anything from inserting an IUD to breast surgery to complex gynecological surgery—are paid less than procedures involving men, regardless of the complexity of the procedure. It means female doctors who tend to treat female patients are paid less than their male peers.

The issues were the same across multiple different health systems and structures, including those in the Canadian and American systems. Female doctors who treat female patients with chronic pain illnesses are paid less. The insertion of IUDs is vastly undervalued in every system compared to, say, suturing a small wound, which is a skill male doctors tend to specialize in. Surgeries involving women are paid less in every system. Gynecologists are among the most poorly paid specialists in every system.

The "caring" part of medicine—listening to people, nursing their mental health, trying lots of different strategies to treat symptoms not well understood by medicine—is still female work in medicine. And it is grossly undervalued and underpaid. Even though multiple studies show female doctors get better results and save health-care systems money by spending more time with their patients and practising preventive health care, they are still paid less.—*Gabrielle Jackson*

**WITH ENDOMETRIOSIS PATIENTS,
ALMOST EVERYONE SPOKE ABOUT
BEING DISMISSED BY HEALTH-CARE
PROFESSIONALS AND HAVING TO
FIGHT FOR A DIAGNOSIS.**

at Johns Hopkins University, about how doctors diagnose patients. “The doctor has to make the patient feel that he is really interested in hearing what they have to say. And when a patient tells his story, the patient gives cues and clues to what the doctor may not be thinking.” Another doctor, Sir William Osler—who, when he died in 1919, had been widely judged to have been among the greatest physicians of all time—became famous for teaching, “Just listen to your patient; he is telling you the diagnosis.” The problem is, listening to “him” hasn’t extended to listening to “her.”

The idea of listening sounds so basic, yet when it comes to women, it seems it’s not so basic at all. This isn’t unique to medicine: Society at large has a problem with listening to, and believing, women—this is what the #MeToo movement is essentially about.

And as Dusenbery acknowledges, there’s always a gap between when symptoms emerge and when they can be medically explained: “It is unreasonable to expect that doctors, who are fallible human beings doing a difficult job, can close this gap instantaneously—and, given that medical knowledge is, and probably always will be, incomplete, they may at times not be able to close it at all. But it shouldn’t be unreasonable to expect that, during this period of uncertainty, the benefit of the doubt be given to the patient, the default assumption be that their symptoms are real, their description of what they are feeling in their own bodies be believed, and, if it is ‘medically unexplained,’ the burden be on medicine to explain it. Such basic trust has been denied to women for far too long.”

I’ve been on the receiving end of this distrust since my teenage years. But while writing this book, I had another alarming experience. I had crippling abdominal pain and constipation that lasted three days—it was a pain I’d never felt before, and I could barely move. I was nauseated and feverish.

After the third night with little sleep, I went to the emergency room at the local hospital. I’d only been to an emergency department two other times: once in India after being run over by a train, and another time in Australia after having concurrent vomiting and diarrhea for 12 hours because of food poisoning. I’d never been for pain.

Because my partner had worked in emergency departments for years, I was familiar with the in-jokes about patients rocking up at midnight with a sore back they’d had for six months. I knew that “go see your GP in the morning” is the war cry of emergency physicians who are constantly under pressure and annoyed by people who fail to understand the meaning of “emergency.” But my partner, who was out of town, knew this pain was unusual and suggested I needed a physical examination. I was temporarily living an hour’s drive from

my excellent GP, so I drove the 10 minutes around to the hospital just before 6 a.m.

The nurses who greeted me were pleasant, and there were no other patients in the waiting room. An intern came to see me, listened to my symptoms, ordered an X-ray and asked me to lie on the examination table. Then I told her about my endo and how I’d had it removed from my bowel a few years earlier. I thought that giving all the information I had, anything that might be relevant, would be helpful.

The intern left the room to speak to the consultant. She came back a few minutes later and said I should see my gynecologist because “this sounds like endometriosis.”

I explained calmly that I couldn’t just pop in to see my gynecologist when I wasn’t feeling well. And I’d had endometriosis my entire adult life—in 20 years of pain, I’d never gone to an emergency department. “I know what my endometriosis pain feels like,” I said. “I know how to manage that pain.”

“This pain is different. I’m worried about it. You haven’t even done a physical exam. I just want to know there’s nothing serious happening with my bowel!”

She perfunctorily prodded my stomach for a few seconds, then said she’d get the consultant to talk to me directly. But she came back without him and handed me a referral to a private diagnostic imaging clinic for an abdominal ultrasound to rule out appendicitis, cholelithiasis and renal tract obstruction—all serious conditions that if genuinely suspected would have to be treated immediately, and so should have been ruled out in the emergency department.

“I’m not an idiot,” I said to her. “I know what’s happening here. You hear endometriosis and you think I’m either hysterical or a hypochondriac.” The intern blushed. I walked out, and cried all the way to my GP’s surgery, stopping regularly to hunch over in pain or wait for the nausea and dizzy spells to pass.

It turned out I had a gastro virus, and under my GP’s care I felt better within a couple of days. But I’d been treated like a fool, dismissed, ignored and humiliated. I actually felt ashamed that it was only a virus, not an emergency after all; maybe the consultant had been right not to see me, and I’d just been worked up because I hadn’t slept properly in three days and had taken a lot of painkillers—had I taken too many?

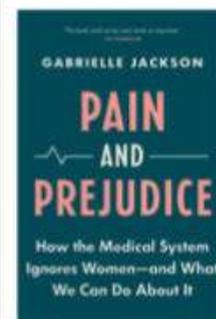
I was diagnosing myself with hysteria, ashamed and embarrassed at my behaviour. But when I told my partner what had happened, he was incensed. The ultrasound referral was confirmation of my suspicion the consultant had written me off as a hypochondriac without even speaking to me face to face. In giving all the information I had about my health, I thought I was

being helpful, but to the emergency consultant, it translated as me being a highly strung woman anxious about my health. I’ve been asked by doctors before, “Are you often anxious about your health?” and I know at this point they’re writing me off as a “somatizer” or hypochondriac, someone with nothing better to do than pester doctors over trivial concerns. But my partner said the consultant’s response was unethical, sloppy work, and that it could lead to people dying. And the statistics back him up.

In 2016, *The BMJ* reported that medical errors in general are the third leading cause of death in the United States, after heart disease and cancer. These figures are conservative because currently there isn’t an efficient way to collect data about misdiagnoses and medical errors, but they’re widely acknowledged as a problem. A WHO report found that misdiagnoses were most often the result of a problem in the clinical encounter between doctor and patient, with failing to take a proper history—medical terminology for asking the patient questions and making decisions based on the answers—one of the major factors involved.

In his book, Groopman tells the story of a young woman with irritable bowel syndrome who nearly died of a ruptured ectopic pregnancy after being dismissed by three doctors when she reported abdominal pain that was different from her usual IBS pain. A nurse I spoke to recently told a remarkably similar story of being ignored and having her pain dismissed by doctors until she was diagnosed with an ectopic pregnancy.

These stories aren’t rare, and in September 2018, covering a coronial inquest for *The Guardian*, I was faced with the truth of this. As well as another painful truth on top of it: However bad I felt for not being believed, for Indigenous and Black women in Australia, Canada and the U.S., it is much, much worse, and the consequences are deadly.



Adapted with permission of the publisher from the book *Pain and Prejudice: How the Medical System Ignores Women—and What We Can Do About It*, written by Gabrielle Jackson and published by Greystone Books in March, 2021. Available wherever books are sold.

THREE CANADIAN HOSPITALS JOIN FORCES TO PRIORITIZE WOMEN'S HEALTH

With the Covid-19 pandemic threatening to stall advancement toward gender equity in health, Canada's three largest women's health foundations have joined forces to promote better information and more investment in women's health research.

"We're looking to ensure that women's health is at the forefront of the conversation around Covid-19 recovery and beyond," says Genesa Greening, CEO and President of the BC Women's Health Foundation.

In January, the BC Women's Health Foundation, the Alberta Women's Health Foundation and Women's College Hospital Foundation in Toronto launched the Women's Health Collective Canada (WHCC), a national alliance dedicated to increasing public awareness about women's health and raising the standards of care for women across the country.

The project has been several years in the making, but is now being driven by a new urgency as the pandemic takes a heavy toll on women both at home and on the front lines.

"Women bear the majority of the burden of social determinants of health and we are not doing a good enough job to really understand how that plays out in women's health outcomes," says Greening.

In 2018, the three CEOs—Greening in B.C., Sharlene Rutherford in Alberta and Jennifer Bernard in Toronto—got on the phone and committed to forming a national alliance that would prioritize women's health and fund medical research to specifically address the unique needs of women.

However, two years later, when COVID-19 landed within Canada's borders, the CEOs knew that existing inequalities were likely to deepen as the coronavirus took hold. "Research studies on previous epidemics and pandemics have shown that women are disproportionately affected and we know that when women are unhealthy, our economy and communities both suffer," says Greening.

Women have endured a long legacy of inequities in health research, she points out. Many of the drugs and therapies used in medicine today come from research conducted primarily on men. Until 1993, when the US government passed a law requiring that women and minorities be included in all clinical research, women were often left out of clinical trials—viewed as being too complex, given their hormonal changes and concerns about pregnancy.

This large-scale omission of women from research may explain why women suffer more adverse reactions to prescription medications than men, says Greening. As she points out, three-quarters of adverse effects from prescription medications occur in women.

"We live with a legacy that there are therapies on the market and clinical approaches to care that were never really tested on women," says Greening.

As part of its launch, the WHCC surveyed 1,000 Canadian adults about their knowledge of women's health. They found that women and men underestimate many health problems endured by women.

Only one in 10 respondents knew that men have adverse reactions from prescriptions medications less often than women. Even fewer knew that as many as one-third of women suffer from sexual dysfunction.

About 40 percent of respondents believe women experience lower rates of heart disease than men, despite ongoing and well-publicized campaigns to raise awareness about this condition in women. One in five respondents thought more women experienced heart disease; most who believed this were women.

In fact, heart disease is the number one cause of death for women older than 55. Menopause is major risk factor.

These findings just scratch the surface of what the survey revealed. "We want to change the conversation and reduce the gap of knowledge," Greening says.

To get there, women will need access to better information about their health, which requires more research specific to women's unique needs.

Greening says the WHCC hopes to raise funds for more research on women's health, including data on factors such as race and socioeconomic status.

"It's not just gender—it's the intersectionalities within our gender and how women disproportionately are responsible for caretaking and for managing the health of their families," says Greening.

She points out that most people living in poverty in Canada are women and girls. "All of these things play into understanding how women navigate the healthcare system," she says.

She worries that the pandemic will decrease overall investment in women's health research. The non-profit sector has experienced an overall decline in philanthropy and contributions over the course of the pandemic, she says.

At the same time, many of the researchers who specialize in women's health are women, and so are contending themselves with increased caregiving burdens at home. Research has shown that women are producing fewer academic papers than their male counterparts during the pandemic.

Even before Covid-19, women's health represented an under-funded area of research in Canada. Over the last decade, only one percent of salary awards went to women's health researchers in Canada, and in B.C., women's health grants made up only eight percent of Canadian Institutes for Health Research grants, according to a 2019 report from the BC Women's Health Foundation.

"Who gets funded and what gets funded, who gets included and who makes the decisions are still predominantly men. And that is showing up in women's health outcomes," Greening says. —Christina Frangou

Where did all the money —



go?



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WOMEN
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DROPPING
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THE KEY
TO SECURITY,
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AND BETTER
HEALTH,
WHERE DO
WE GO
FROM HERE?

by
Danielle Groen

Photographs by
Sarah Wright /
Yes and Studio



That's what happened in 2008; it's what happened back in the 1980s. When COVID arrived, though, it shut down all the industries that involve social contact: restaurants, retail, tourism, education, personal services, child care. Women disproportionately fill these workplaces, and they "were all effectively laid off in a single week," says Katherine Scott, senior researcher with the Canadian Centre for Policy Alternatives. Over March and April 2020, more than 1.5 million women became unemployed. Among workers ages 25 to 54—which is to say, most workers—twice as many women as men lost their jobs. In fact, after just a few weeks of the pandemic, there were fewer women working in Canada than at any time over the past 30 years.

But women didn't lose only their jobs. With schools and child-care centres shuttered by COVID—plus babysitters, friends, neighbours and grandparents all off limits for fear of transmission—women lost their support systems as well. And, global pandemic or no, it's abundantly clear who runs the unpaid economy. "Women still take on the majority of care work, whether that's for children, elders or people with disabilities," says Carmina Ravanera, a research associate at the University of Toronto Rotman School of Management's Institute for Gender and the Economy. How much work are we talking about? One study found Canadian women had upped their caregiving from 68 hours a week pre-pandemic to 95 hours during COVID—the equivalent of nearly two-and-a-half full-time jobs. Men averaged half that. So it's no surprise who ends up leaving their employment to look after their families: In the first year of the pandemic, 12 times as many mothers as fathers quit their jobs to take care of toddlers or school-age children. Single mothers were even more likely to stop working.

All told, in Canada, women have been 10 times as likely as men to fall out of the labour force, which means they're no longer looking for employment. It's hardly a choice. After months—now more than a year—of home-schooling and caretaking and meal planning and Zoom meetings and working and cooking and cleaning and lockdown, something had to give. "I am gobsmacked by the number of women

I know who are just at their end and can't do it anymore," Scott says. "That kind of churn is really damaging. But the expectation continues that women will drop out, absorb all this unpaid work and alone bear the long-term economic consequences of walking away."

AT THE

start of the pandemic, as the world locked down and celebrities were crooning "Imagine" into their iPhones, we heard a lot about how COVID-19 was "the great equalizer." The virus didn't care about socioeconomic status, the reasoning went, and besides, every one of us has been undone by all this upheaval and isolation. Even Ellen joked that being stuck inside—stuck inside her five-bedroom, 12-bathroom,



In the early months of 2020, as COVID-19 barrelled across the world, experts began to understand that this particular crisis was going to look a little lopsided. It was clear from the start that women would be the ones on the front lines of the pandemic. Here in Canada, women make up the vast majority of nurses (90 percent), respiratory therapists (75 percent) and personal support workers in long-term care and nursing homes (90 percent). They're also far, far more likely to be behind the cash at a grocery store or cleaning hospitals, offices and schools. But as COVID's economic impact came into focus, something else did, too: Women would be levelled by the financial fallout. And economists suspect the impact of this blow will be felt for years to come.

Typically, recessions hammer industries like manufacturing, construction and natural resources—sectors dominated by men.

"FINANCIAL STRAIN—NOT BEING ABLE TO PUT FOOD ON THE TABLE, OR NOT BEING ABLE TO PAY YOUR MONTHLY BILLS—CONTRIBUTES TO ONGOING STRESS AND HAS A NEGATIVE EFFECT ON PEOPLE'S MENTAL HEALTH."

pool-and-tennis-court-equipped California mansion—is just like being in jail.

Of course, COVID didn't do away with inequality. It accelerated the inequality that already existed. Plenty of workers didn't skip a paycheque or mortgage payment when the pandemic hit. "Not only that, they sat at home and watched as they racked up savings and their assets appreciated, because it's been one of those crazy years in the housing market," Scott says. Men are overrepresented in the scientific, professional and technical industries, which fairly seamlessly shifted to remote work. And as e-commerce boomed, these same sectors actually added 55,000 new jobs between February and October 2020—three-quarters of which went to men. "For some people, this hasn't really been a recession at all," Scott says. "It's quite a K-shaped recovery." That's the term economists use for a wildly uneven economic trajectory: Those at the top grow wealthier, while those on the bottom sink further into debt. But here, too, inequality persists; not all

Over March and April 2020, more than 1.5 million women became unemployed. After just a few weeks of the pandemic, there were fewer women working in Canada than at any time over the past 30 years.

women are struggling the same way. "The pandemic has really affected those who are already marginalized in society," Ravanera says. "So, broadly, women are leaving the labour force in large numbers, but we've seen that racialized and low-income women have been even more affected."

Since February 2020, employment losses have been largest for people who earn the least—a group that's overwhelmingly made up of racialized women. Nearly 60 percent of women making \$14 or less (that's the lowest 10 percent of earners) were laid off or had the majority of their hours cut between February and April of last year. Even among all female earners, racialized women were hit harder: Nine months into the pandemic, the unemployment rate for minority women stood at 10.5 percent, compared to 6.2 percent for white women. For Black women, it was higher: 13.4 percent. For Indigenous women, higher still, averaging 16.8 percent from June to August 2020. "Racialized and low-income women are disproportionately concentrated in roles that are not well-protected, that don't have paid sick leave," Ravanera says. "So they're more likely to contract the virus, they're more likely to have to choose between their health and their work, and they're facing higher rates of unemployment."

And the implications of that loss will stretch long past the end of this pandemic. "The rent wasn't cancelled—it was deferred," Scott says. "We're looking at large debts coming out of COVID, and it'll take people years, if not decades, to climb out of that hole. That impacts not only their security but the security of their family and kids, and whether these young people are going to be able to go to post-secondary school." In Canada, women are more likely to carry student debt than men are; they're more likely to owe more money than men do; and they're much more likely to file for insolvency based on that debt. "It just reinforces disadvantage," Scott says. "It really drives the wedge."

No wonder, then, that this pandemic is wreaking havoc on women's health as well as their wallets. "Financial strain—not being able to put food on the table, not being able to pay your monthly bills—contributes to ongoing stress and has a negative effect on people's mental health," says Dr. Samantha Wells, senior director at the Institute for Mental Health Policy Research at Toronto's Centre for Addiction and Mental Health (CAMH). A report released at the start of 2021 from Leger and the Association for Canadian Studies found that over 40 percent of unemployed women surveyed described the state of their mental health during COVID as "bad or very bad."





Any recovery plan needs to have equity at its centre, and the people hit hardest need to have the most say in the response.

(Just over a quarter of unemployed men said the same.) And during the pandemic, CAMH found women in general more likely than men to suffer increased anxiety and depressive symptoms.

It's one more way COVID has compounded inequality that already exists. "We know that women experience higher levels of anxiety and depression than men do," Wells says. We knew that before the pandemic—in fact, those levels are twice as high. "So of course women were hit terribly hard. You see that in the numbers." But you also hear it—really, really hear it—when you talk to your friends and family and colleagues and neighbours and, very likely, when you stop for a nanosecond to check in with yourself. Adds Wells, "You hear it when women tell the story of how overwhelmed they are."

AS THE

pandemic approached its first anniversary, an RBC report offered grim news: Nearly half a million Canadian women who'd lost their jobs still hadn't returned to work as of January 2021, and 349,000 hadn't returned as of February. There's always a concern that people who step away from the labour force will have a more difficult time getting back in; we've seen that with the so-called mommy penalty, where women experience a significant drop in their earnings for five full years after the birth of a child. But COVID's sheer unpredictability complicates matters further. "There's so much that is unknowable, including how quickly the economy will get back into full gear and our appetite to return to the way things were," says Dawn Desjardins, deputy chief economist at RBC and one of the authors of the report. Will people want to eat in restaurants? Browse the shelves of tiny shops? Drop their kids off at daycare or put their

parents in long-term care homes? "I don't know whether that bounces straight back," she says.

Nor does Desjardins know what the demand for labour will look like once this pandemic actually ends. Even before COVID, women's jobs faced a higher risk from automation, as AI made inroads into the services sector. Back in March 2019, another RBC report determined that women held 54 percent of the positions that were highly likely to be automated. That shakes out to 3.4 million jobs. And now? "The pandemic has accelerated the digitization of business and e-commerce," Desjardins says. "Will we need fewer people for that face-to-face contact? People have certainly become more accustomed to ordering their groceries or their clothes online."

So what needs to happen here? In his September Throne Speech, Justin Trudeau acknowledged that women, particularly low-income women, had been hit hardest by the pandemic, and in March of this year—just in time for International Women's Day—Finance Minister Chrystia Freeland announced the creation of a female-led economic task force. A long-promised national child-care program seems closer to becoming a reality, which pretty much every economic expert will tell you is table stakes. "The old approach to recovery, which is throwing money at guys in hard hats, is really not going to cut it this time," Katherine Scott says. "Child care is absolutely critical."

Beyond that, mandatory paid sick leave for all workers—including part-time, low-wage and hourly workers—is a no-brainer. (How are we still debating this in the middle of a pandemic?) So is setting a higher minimum wage. And so is understanding that these issues won't magically disappear once we all manage to get our COVID vaccines. For all the talk of these unprecedented times, there's lots of evidence to suggest women's labour, both paid and unpaid, has been deeply undervalued. And there's plenty of data to show racialized workers aren't given the protection they're due.

That's why any recovery plan needs to have equity at its centre, and why the people hit hardest by COVID's fallout need to have the most say in the response. "The cracks in our society's foundation have made us even more vulnerable to crises like this, and if we don't focus on who is most impacted, then those circumstances are going to continue," Carmina Ravanera says. "Structural changes need to be put in place so that the recovery we have is long-lasting—and so marginalized groups don't face the brunt of a downturn like this one again."

THREE EXPERTS ON HOW TO BUILD UP SOME GREEN ONCE YOU'RE OUT OF THE RED

Nechelle Bartley
On Having "The Talk"

\$

Most of us think of a solid financial plan as having a budget, savings, a non-retirement portfolio of investments and a way to pay off your mortgage and consumer debt. But to maximize a plan's potential, you also need to have courageous conversations.

A good first step is to assess how your finances were directly impacted by the pandemic. Then, think about what led to those changes. If you have a partner and had to reduce your work hours for child-care or home-school needs, remember, those choices carry value. Earning less money than your partner should not diminish your agency over a shared future.

Once you have completed your assessment, the first conversation you need to have is with yourself. The goal is to create a clear short- and long-term view of your finances, based on what you need to release, and remix.

Start by looking at your financial goals, income,

current net worth and previous decisions you've made with your money, and ask yourself if you are satisfied with the outcome. If not, what do you need to do to release yourself from continuing with unwise practices? When it comes to remixing (which means changing and improving), focus your efforts on the long-term vision of what you are trying to achieve, and determine the new things you need to do to make it happen. This process will make it easier to stay on track when talking to your partner, accountants, advisors, and yes, even your employer. Many employers are increasingly flexible and supportive about work-home life balance. But remember, flexibility doesn't (and shouldn't) have to come with a trade-off, salary-wise.

Finally, as we approach the end of this pandemic, realize how resilient you have become, managing so much rapid change in a short period of time. Look ahead with optimism: Your plans for your finances are not cancelled. They just need to be reimaged and adjusted.

Shannon Lee Simmons On Putting the "Fun" in Emergency Funds

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In the early weeks of the pandemic, there were some people who were surprisingly calm about their finances. Calm, even though their business just closed unexpectedly, or their investments had suddenly dropped, or they had just been laid off. It's not that they weren't scared—they were. But they felt prepared, because they had an emergency fund—a modest stash of money in a boring liquid savings account that saved them from panic.

I've always said emergency accounts are like a warm blanket of calm. I freaking

love them. But they've always been a tough sell. They lack the sexiness of investing or the stick-to-it-grit of debt repayment plans. The pandemic, however, made it clear that having one is a cornerstone of a good financial plan.

The standard thinking is that you need enough money to cover three to six months of bills and a bit of spending money for necessities. The thing is, this can be an unrealistic goal for many, and it's why people often give up on emergency accounts—the numbers are daunting.

It can help to think of it more like a series of steps or levels of saving you're trying to achieve. The first and most important level is to set aside enough for six to eight weeks of living expenses. The second step is to always put a small amount away each month in addition to that.

Let's say you require \$3,000 to financially survive six weeks of life without income. Once you've reached that goal, you could start saving toward other things, but you must ensure you always have money going into this account. This way, the money here can also cover those expensive uh-oh moments. Uh-oh, the pipes froze. Uh-oh, my laptop broke.

Using debt to bail yourself out of an emergency is like kicking yourself while you're already financially down. It adds to the panic. Emergency accounts are the key to keeping calm and saving on.

Julia Chung On Thinking Outside the Box

\$

When complex financial decisions become even harder to navigate, a great decision-making structure—one that takes into account where you are, what you know and the fact that there are some things you can't predict—is key to moving forward. I'm a huge fan of the

THE EXPERTS



Nechelle Bartley is a financial strategist and founder of Money Basics Strategy Services. She helps women transform their relationship with money to create wealth-building habits.



Shannon Lee Simmons is the founder of the New School of Finance and the author of several books, including *Worry-Free Money*.



Julia Chung is CEO of Spring Plans, an advice-only financial planning firm; vice-president of the Financial Planning Association of Canada; a board director at the Family Enterprise Xchange; and a mentor with SFU's Young Women in Business.

design thinking process, an approach used for practical and creative problem solving. There are five steps—tackle them in order, one at a time.

Empathize Not with money—with yourself. Take the time to truly understand who you are and what you value. You are a constant work in progress, as we all are. You are learning, adapting and developing. Adjust and tweak your decisions so they meet you exactly where you are right now.

Define What are the overall outcomes you want? This step can be incredibly tough, but go back to the information gathered at the empathizing stage, and start defining the key elements of what you want to achieve with your finances. Is retiring at a certain age a priority? Helping with your kids' education? Are your own values connected with these goals?

Ideate Now is the time to ask: how can my money work to support my values and goals? Maybe you want to invest for the long term or save for the short term. Maybe you want to pay down some debt, to create some cash flow to feel more secure. You may want to work with your spouse, friends or a finance professional to get a good grasp on what ideas might work for you.

Prototype Time to test the options. Try using a debt or retirement calculator, or a budgeting or cash flow spreadsheet or app, or work with a financial planner to create thorough projections.

Test Now you choose the ideas that can take you where you want to be. Remember that you're not married to them just yet—it's still the test phase. Book some time to see how it worked so you can tweak or change things early enough that anything going sideways can be fixed. **BH**

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*Will we fall
back quickly
into the give
and take that
meaningful
human exchange
demands? Or
have we lost
things to that
six-foot gulf
that has
separated us
for more
than a year?*

by SARMISHTA
SUBRAMANIAN

GOING THE DISTANCE



EARLY
IN THE
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THE
PANDEMIC,

a spate of stories appeared in the media proclaiming introverts the winners of the lockdown era. With a preference for small groups and time alone, the less outgoing among us seemed poised to thrive in this period. Introverts themselves embraced the idea. “With all this social distancing and takeout food, my life is about to dramatically stay the same,” tweeted comedian and satirist Randy Rainbow in mid-March last year. “Introverts: Flattening the curve since forever,” quipped Jenn Granneman, an American who’s spun her love of solitude into a writing and blogging career.

As a sometimes introvert, albeit a sociable one, I’ll admit that in the early days it did seem as though the world had settled down to a velocity more in step with mine. The circumstances were grim. But public-health dictates meant no more dithering about dragging myself to a party, no pressure to make or keep dinner dates, no guilt about a weekend with zero plans. It was a silver lining in a dire time.

A year later, though, I find myself wondering if my introverted leanings did much to protect me. I’m not beset by anxiety or loneliness or melancholy; the feeling is both smaller and bigger than that. Certainly, like many people, I’ve had moments of longing for a dinner out, coffee with a friend, a conversation with—god, anybody but these two lovely people in my home who never, ever seem to leave. But mostly I’m comfortable in my largely inward existence. Perhaps a little too comfortable. After a year of “stay home” and “stop the spread,” that six feet of physical distance sometimes feels as though it has calcified into a shell.

I don’t think I’m the only one. We are all introverts these days, and not by choice. So what happens as vaccines roll out and the virus recedes, and we look timidly toward reconnecting with our world? “After the Coronavirus, Prepare for the Roaring Twenties,” read the title of an essay by Yascha Mounk in *The Atlantic* last May, in the innocent days of the first wave.

Mounk was weighing predictions, already proliferating, that our social natures will triumph post-pandemic—that once this is all over, we will go forth into a frenzy of socializing. More recently, Yale sociologist Nicholas Christakis, author of *Apollo’s Arrow: The Profound and Enduring Impact of Coronavirus on the Way We Live*, has looked to past pandemics to predict that people will “relentlessly seek out social interaction.” There will be parties, carousing, an orgy of Sunday brunching and games nights (also, by some accounts, an orgy of actual orgies, but that is a topic for a different article by a different writer).

Will the prognosticators be right? It’s possible. Around the time Mounk’s article appeared, I spoke with a few psychologists about the effects of the pandemic on kids. Among them was Jean Twenge, a San Diego State University professor and bestselling author of books proclaiming various generational trends over two decades. Childhood the world over had, in a sense, moved online, and I wanted to know Twenge’s thoughts on what this meant for young people, a group she dubbed “iGen” a few years earlier and believed was shaped by smartphones and screens to be more disengaged and lonely. I braced for a glum prediction. Her answer was more interesting. Sure, post-COVID, risk-averse young people hooked on social media could forgo real-world interactions even more, having fallen out of the habit, she said—or they might actually seek them out with a vengeance, having been denied that physical contact for so long. It could go either way.

I would think that idea applies to the rest of us, too. I’d be surprised if many of us will want to stay in our respective bubbles after the pandemic. We have missed interacting with people. We’ve also learned in this time how much we need our friends, our extended families, the people in our wider circles; many of us are determined, when normalcy returns, to make up for lost time. The question is what our relationships will look like after a year of enforced neglect and whether desire will translate to connection. I don’t doubt there will be parties. But will we remember how to be good social beings and fall back quickly into the give and take that meaningful human exchange demands? Or have we lost things to that six-foot gulf that has separated us for more than a year?

Twenty years ago, long before she became embroiled in campus wars over sexual relations and free speech, cultural critic Laura Kipnis published a provocative little book called *Against Love*. A polemic about the misery of romance, it detailed all the things



domestic bliss forces us to give up. Here's a sampling from Kipnis's list, which will sound familiar to most people in a monogamous long-term relationship: You can't go out without telling the other person. You can't go out when your partner feels like staying at home. You can't do less than 50 percent of housework, even if your partner wants to do 100 percent more cleaning than you'd like. You can't watch what you want or eat what you want. You can't take risks, unless they are previously agreed-upon risks. "Thus is love obtained," Kipnis concludes wryly, putting the nail in the coffin of our forgotten freedoms.

Friendships don't make demands of nearly the same number or intensity. But there are still trade-offs for the companionship and intimacy they bring. If the friendship is healthy, neither person gets to do exactly what they want. Your friend doesn't eat gluten, so you go somewhere with options—even though you're really craving the carbonara from that Italian place. She's going through something at work, so you shut up about your life this time so she can tell you all about it (as in, *all* about it). You sit on the patio because she smokes; she accepts that you will always be 10 minutes late. You put up with each other's quirks. I recall an evening spent at a friend's, a Nina Simone album playing on repeat on her stereo. We heard it four, maybe five times. I didn't say a word. She *really* liked Nina Simone, and I really liked *her*. Real human connection involves slightly uncomfortable states of perpetual compromise.

In the Before Times, I barely noticed these small acts of giving in, let alone begrudged them. After a year of self-reliance, though, I wonder if my compromise muscle has atrophied, if I've grown so unaccustomed to negotiating those small things that it will be harder for me to be a good friend when all this is over. Living with constraints may have diminished my tolerance for further constraint; my frustration threshold is lower than it used to be. And the rewards for those trade-offs—laughs, companionship, emotional intimacy—are such hazy memories now. I'd attributed these trepidations to my own introverted leanings, so I was surprised to hear an interview on NPR in which a California teacher, a self-described extrovert, related the changes she's observed in herself over months of social distancing. Before COVID, she said, she and her husband always had weekend plans: meeting friends, dinners out, movies. The pandemic has introduced her to the pleasures of alone time. Recently, she confessed, she found herself reacting with irritation to a distanced walk with a friend: "I felt like, oh, this is cutting into my

normal routine. So it's very curmudgeonly."

Any event that casts others as intruders is not exactly a helpful influence in a society as individualistic as ours. Harvard political scientist Robert Putnam, in his 2000 book *Bowling Alone*, tracked the decline of social capital in America, evident in dropping rates of volunteering and participation in groups ranging from the B'nai Brith to the Girl Guides. Social media has made up for some of this loss of interaction. Still, a quarter of Canadians have fewer than three close friends, according to Statistics Canada data, and in a 2019 Angus Reid survey, six in 10 wished their family and friends would spend more time with them. (We may be better off than our American neighbours, who have on average two confidants with whom they can discuss important issues, a 2011 Cornell University study found; one-quarter had none at all.)

Isolation is enough of a problem in the West that "social prescribing" programs began popping up in the U.K. in the

adults about how lonely they felt last year. As with social isolation pre-pandemic, those most affected by lockdown measures were people who are young (ages 18 to 30) or precariously employed, or who live alone.

I am none of those things and would not have described myself as lonely before the pandemic. Yet a look at the questions was startling. There are only three items: How often do you feel that you lack companionship? How often do you feel left out? How often do you feel isolated from others? I wonder how many of us could honestly say "never" to all three.

It turns out that the whole introvert/extrovert distinction is less useful than it might seem. A 2020 Dutch study on depressive symptoms during COVID reviewed data from 93,125 subjects in 47 countries and found that introverts did fare better in places with more stringent pandemic measures, but that extroverts didn't necessarily suffer more. That's perhaps because

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2010s, in which advisers work with GPs to prescribe patients community-based activities, such as cooking classes or karaoke. The Alliance for Healthier Communities has run a similar pilot program, called Rx: Community, in Ontario since 2018. For those who were already struggling with connection, the pandemic has only made things worse. The COVID-19 Social Study, conducted in the U.K., surveyed 70,000

of the nature of extroversion, which correlates with fewer anxiety and mental health issues. Introversion, a body of research shows, often comes with traits that help in adversity—the ability to reflect on experience, for one. But extroverts experience emotions less intensely and are more likely to show help-seeking behaviour, which is jargon for reaching out to a friend when you need one.

We are all muddling through it, then—sometimes awkwardly. I have noticed odd tics in my own social habits. A friend came over for a backyard visit recently, and I greeted her with, well, no greeting at all, only a barrage of logistical options blasted out as I reached for a mask, just in case: “Do you want to sit on the front porch? Or shall we go to the back? Should I bring a blanket out? These chairs are far enough apart, right?” She answered my questions, and then paused. “Hi!” she said. “It’s been so long!” It felt like the warmth of the sun. In our old life, she’d have come in. We’d have hugged. I might have said how long her hair was getting. They’re just niceties, small ways of expressing a feeling that is much deeper and bigger—but without them, the feeling itself seems diminished.

The truth is, for so many women I know, those habits of connection—a phone call, a coffee, regular dinner plans—were imperilled long before the pandemic. Professional and domestic life keeps you busy, and before the six-foot distance of the COVID era, there was the 600-foot distance of work deadlines, kids’ activities, eking out time with partners, errands. Years ago, in my first journalism job, at *Chatelaine*, I coordinated a project to help the magazine’s readers find close female friends they’d lost along the way, sometimes decades earlier. We ran a list in the magazine, and women saw their names on it and wrote in. Some of the letters were profoundly emotional, about living and loss and memories of girlfriends who got them through it. Female friendships can have that intensity. Mine certainly did; I was just out of university when we launched the project and couldn’t fathom forgetting to stay in touch with my friends.

I’ve taken a master class in it since, as my friends apparently have too. I’ve had friendships fall into months-long, even years-long periods of benign neglect. We recovered, sometimes barely. But we had help: from coffee shops where we met, the chocolate-making or cookery classes we giggled our way through, the yarn store that in one phase of a particular friendship saw so many tears we feared for the fine mohairs and alpacas nearby. So much happens within six feet; proximity is, after all, why humans flock to the busy part of the dance floor or pack themselves into cities. To say nothing of the balm of human touch, the way a squeeze of an arm can comfort, soothe, dissipate a tense moment.

I don’t know if that yarn store is still open, and coffee shops are little more than chilly lineups these days. (We’ll leave the balm of human touch for a less blighted time.) Relationships lean on structures in ways we don’t notice. The decline of

work-friend routines, for one, is surely an under-acknowledged result of pandemic life. In an Australia-U.K. study on COVID’s social impact, one in four adults ages 26 to 65 reported working fewer hours last year. We’ve read about the economic effects of reduced employment, but there’s enormous social impact too. Think of all those so-called office marriages or the gaggles of colleagues kvetching and chortling over a cafeteria lunch. What happened to those moments of friendship as people worked less or remotely or with the new constraints of masks and distancing? We’ve lost ties not only to colleagues and friends but also to *their* friends—incidental social contacts that tether us to the wider village.

The pandemic has remapped friendships. Friend networks generally shrank in the past year, the data from open-ended questions asked through the Australia-U.K. project suggests. “When social interactions moved online, only certain kinds of relationships seemed to survive,” Dr. Marlee Bower, a loneliness researcher at the University of Sydney told the BBC. With lockdown measures in place, many of the social rituals of our lives disappeared: gym classes, after-work drinks, potluck dinners or girls’ nights. The friendships that survived had to have some common ground besides shared interests or jobs. They also had to satisfy odd new requirements, like being tech-friendly or COVID-compatible.

I’ve seen my own social life reshaped by such vagaries. Friends I really like but who interpret public-health guidelines more loosely than I do fell off my social calendar (if it can be called that). The logistics just became too difficult. I know of friendships that have ended over pandemic-era travel or COVID vaccine hesitancy. I saw more of friends who occupied roughly the same segment of the happiness pyramid as I did because they were easier to be around than the ones exuberantly ticking every item off their pandemic bucket lists while I wilted. There are friends I hardly spoke with but remained intensely connected to, and others who seemed to vanish.

Some of the waning relationships were—unexpected bonus of pandemic life—replaced by friendships that intensified suddenly thanks to a shared world view that seemed all the more precious in this time. The clearing away of busy routines created the space for me to reconnect with a few neglected friends. It rejuvenated my most local friendships and (in snatches) some of my most distant ones—though I know that for some people, I was the friend who seemed to vanish. Physical distancing and guidelines to not mingle have sometimes brought more intimacy even

while pushing some of us further apart.

Habits are strange creatures. There is no simple rule for breaking bad ones or making good ones, *The New Yorker’s* Charles Duhigg wrote in his book on the subject. They operate on a complex system of cue and reward, and to change a habit, sometimes you must tweak one and sometimes the other—it is almost never simply a matter of willpower. If we have become habituated to being distant from people who matter to us but were for a year or more mandated to be inessential, we may struggle to build back our social habits when normal life returns.

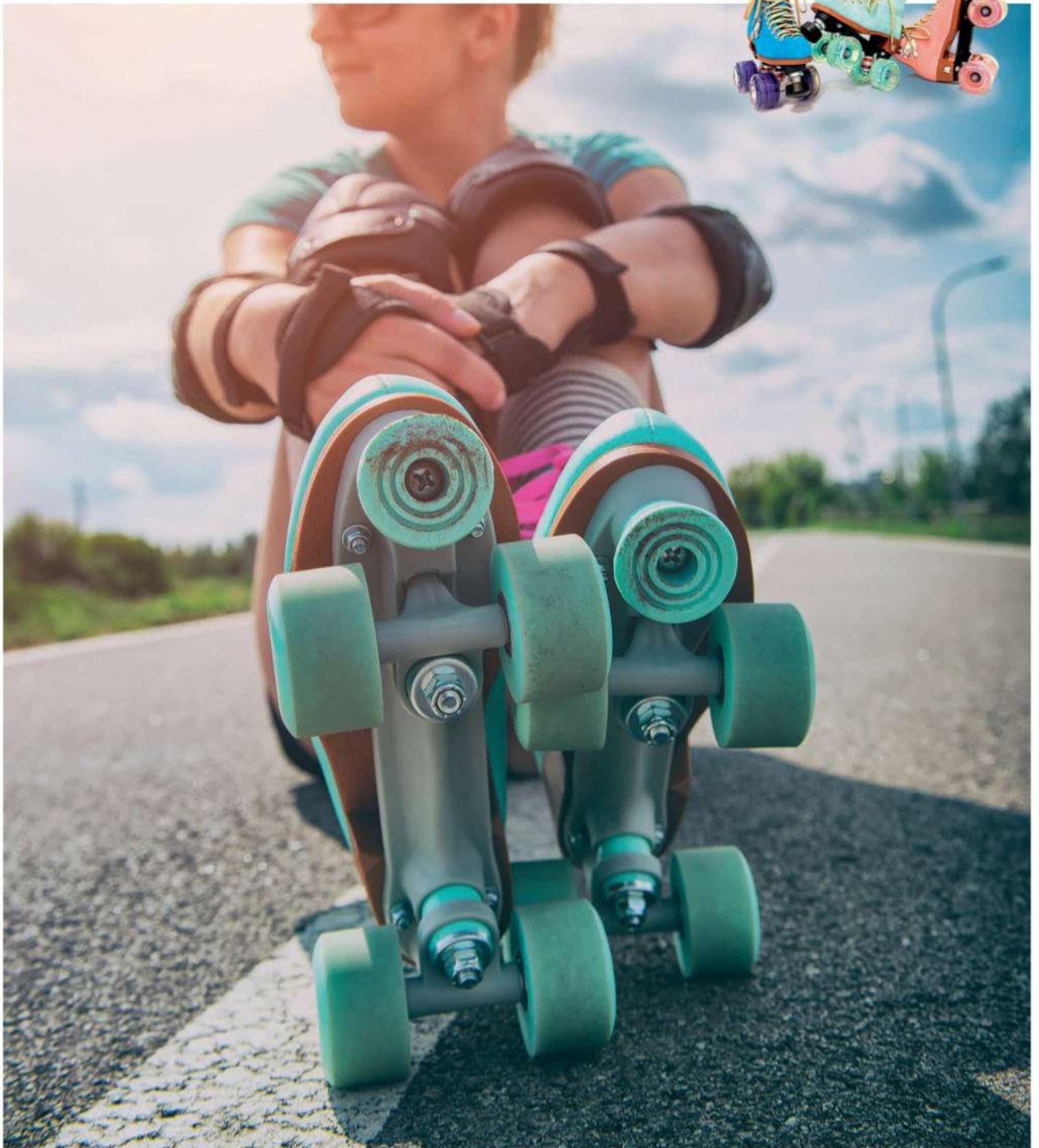
But these are exceptional times, and I wonder if we can’t trip the brain’s circuitry into learning a new trick or improving on old ones. There were moments in the past year that reactivated mine: the walk through Toronto’s Mount Pleasant cemetery on a frigid and windy December day that a friend took me on, pointing out Christmas arrangements and the statue of one particular angel I’d said my son liked—all via FaceTime, while I sat on my bed. The farmers’-market strawberries dropped off on my porch for no reason at all. The friend who sat on the phone with me for an hour on a glum July day and found my family a campsite so we had something to look forward to last summer. The surprise delivery for our annual Hannukah celebration with friends, by way of a computer this time. Minutes before the call, six exquisite and exuberantly flavoured doughnuts from across town arrived at my door. (My friend is vegan, and the doughnuts were too; I don’t even want to think about what that cost.) And all those dumb little hearts and laughing-till-crying-face emojis and gossipy texts that travelled between my phone and my friends’.

A year of the pandemic has been brutal on many and not easy for even the luckiest of us. But even at a distance of six feet, there have been real moments of human communion. To thank the people who brought me some of those, I delivered a few items on March 13, the anniversary of the day the world shut down. My garbage collectors, mail delivery person and local grocery workers got thank-you cards and cash. For my friends, who I knew would appreciate my streak of gallows humour, unscathed by a global pandemic, cupcakes or cookies and homemade coronavirus-themed anniversary cards (“Look who’s one!”). The deliveries turned out to be an all-weekend affair, as my family and I stood on driveways and sidewalks around the city, chatting at a distance with friends we hadn’t glimpsed in months. What half began as a gag turned into a deliberate act of friendship and care. It’s the beginning, I hope, of new habits for a happier, sunnier time. **BH**

THE COMEBACK

Not just for sun-dappled TikTok teens, roller skating is a majorly delightful, nostalgic workout. So give your runners a break and let the good times (ahem) roll.

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