

Dr. Pat Carrington's "EFT At Work In A Hospital" Series

This series should be studied by anyone wanting to introduce EFT into skeptical environments such as hospitals. Part 1 alone is extraordinary in this regard and contains numerous common sense ideas. The other parts are appended and be accessed by clicking one of the links below.

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HYPERLINK "<http://www.emofree.com/articles/EFT-hospital-series.htm>" \l "Part%202%20of%204" [Part 2 of 4 -- Using EFT for Pre-Operative patients](http://www.emofree.com/articles/EFT-hospital-series.htm)

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By Patricia Carrington, Ph.D.

Part 1 of 4

If EFT is important in your life, as it is in mine, you must surely have imagined what it would be like if EFT were made readily available to people facing emergency medical conditions. For many years I have pictured desirable scenes which include the availability of EFT for patients in an Emergency Room, or for their distraught families in the waiting room; or have envisioned medics using EFT for patients in ambulances before they arrive at the hospital.

I have also thought about how it could be used pre-surgically and post-surgically and in connection with many different diagnostic procedures. There is no limit to the ideas one can come up with on this subject because this is such an obvious application of EFT, and will be so extremely practical when it occurs — and it will occur, this is simply a matter of time and diligent work by those who recognize its value.

In my report to you today I have the satisfying experience of telling you about EFT's recent application within a hospital. The important thing about this story is that it is true. In order to protect the confidentiality of patients and the staff of that hospital I will disguise the name of the hospital and the very able EFT-practitioner nurse who has reported some exciting results.

"Chris" is a respected member of the staff in a community-based, nonprofit hospital that is more open to new ideas than most hospitals, although scarcely radical in its outlook. She directs an outpatient cardiac rehabilitation program at that facility.

What is particularly important about what I am going to tell you is the manner in which Chris has introduced EFT into this hospital. The way she has done it can serve as a model to anyone attempting to bring EFT to medical settings. I think you will be interested in how she has gone about this.

The first important thing that Chris did was make sure that she learned EFT thoroughly herself and had used it on herself with excellent results, before trying it with others. She bought all of

Gary Craig's tapes, subscribed to and carefully studied every issue of Gary's e-newsletter and of my own. She passed the Basic and Advanced examinations and earned both EFT Certificates of Completion — proof that she has thoroughly studied and understood what Gary Craig is teaching in his fundamental courses.

She began using EFT on herself about two years ago but only ten months ago did she start using it with staff and patients in the hospital where she works. What she did in this respect teaches us a great deal. She did not rush in to the hospital administrators enthusiastically recommending a new program that she wanted to institute there. Instead, she helpfully began to meet the needs of various staff members for assistance with some of their own personal issues or problems, when these arose.

When Chris heard of a staff member facing a problem causing them special stress she would often volunteer to help them with EFT. She used EFT initially for one staff member who had claustrophobia with some remarkable results and a friend of EFT was created then and there. She used it with another staff member who was experiencing dizziness and nausea because of her reaction to the death of her son's close friend. After the woman tapped on that issue for a few rounds it entirely cleared up — another friend of EFT had been born.

Chris then used it for flashbacks experienced by a staff member who had witnessed a woman killed in the street in front of her own home. This trauma was cleared up by the use of EFT and another friend of EFT was created within the hospital. Chris also used it on a nursing supervisor in the hospital who initially expressed total disbelief about EFT. This woman's shoulder was frozen and she could not lift her arm. To start with she had a distress level of 8 (on a 10 point scale). Her immobility went down to a 5, then to a 2 on the second round, and this woman could now raise her arm above her head. Chris left the woman still skeptical, however, and when she returned the next day she told Chris that the pain was still there, but that she didn't want to try EFT on it (some people's prejudices die hard!.) Chris simply said, *"Well, if you want to try it again let me know."* A few days later Chris received an email saying, *"I believe in this... I think?"* Chris worked with her again and she was able to make still more progress with her shoulder.

These are only a few of the instances where Chris has been able to help staff members and thereby gain support for EFT within the hospital. Gradually the word has been spreading about EFT. It has become known in different parts of the hospital because of firsthand experience, and now it is beginning to be used with patients.

Here is an example of how this "get to know EFT personally" policy has been working within the hospital. Recently a nurse in the Intensive Care Unit contacted Chris with regard to a problem she and other staff members were having with a particular patient. A woman in the ICU was experiencing severe nerve pain in her legs whenever her legs were touched, even with a feather touch. This presented a serious problem because the woman refused to get out of bed or do any physical therapy.

When Chris arrived at her room, the patient's husband was present, trying to persuade her to get out of bed, but neither he nor the nurses were getting anywhere with this. Chris kept things simple. She said to the woman, *"I know a technique that might help."* and the woman agreed to

try it. She adopted the set-up phrase, *"Even though I have this excruciating pain in my legs..."* Initially her pain was a 10 on a 0-10 but it had gone to a "0" at the end of one round. She did not feel any pain whatsoever in her legs now — one of those amazing occurrences that Gary Craig refers to as "one minute wonders." The patient was incredulous, as was her husband and the nursing staff.

The patient's pain returned a couple of days later when she was scheduled to have an ultrasound procedure on her legs. The nurse asked her if she would like some pain medication to help her undergo the procedure, but she said, *"No, I want to do that tapping."* Chris had instructed a nurse on the unit in EFT and the latter was able to run the patient through EFT again. Once more it worked – the pain subsided to "0" and the patient was able to go through the ultrasound procedure without any difficulty.

This is only one of the instances where, right on the spot, in a hospital setting where it is so badly needed, EFT is now beginning to be used. I will have more to report about what Chris has been able to do in her hospital, in a future post.

In the meantime, I thank Chris in the name of all of us who respect EFT for what she is doing for the many future patients who will benefit from just such pioneering efforts.

Patricia Carrington, Ph.D.,
EFT Contributing Editor

Part 2 of 4

Using EFT for Pre-Operative Patients

"Marie" (her actual name is disguised to protect patient confidentiality) is a nurse in a large hospital where she has been increasingly able to use this technique with patients. Her experience with the pre-operative use of EFT hopefully foreshadows many similar interventions in the future. I can envision a day when EFT is an accepted procedure in hospitals and a part of standard pre-operative protocol. This seems to be a vision worth holding for all of us.

Marie is well-known among the nursing personnel in her particular hospital because she heads an inpatient service. Also, she has helped many hospital staff members with their own problems by using EFT —not only a helpful gesture for the recipients, but a means of allowing EFT to become known and accepted within the hospital (See part 1 of this series above).

Recently Marie was summoned to a floor where a woman patient was terrified of an impending operation that was necessary and imminent. She was nearly hysterical due to her fear of the surgery, The nurses were at a loss as to what to do about this. Remembering Marie's helpful EFT interventions under other circumstances, the clinical nurse specialist called Marie to come to the floor.

When she arrived, she found the patient distraught and terrified. Marie asked her if she would like to try *"a simple technique to help you with your fear that involves light tapping on your face and upper body."*

The woman agreed and the set up phrase they formulated went as follows: *"Even though I'm terrified of surgery..."*

In the middle of the second round of tapping the patient stopped abruptly when she had reached the under- nose spot and exclaimed, "*Oh! It's gone!*" She would have stopped EFT at that point had not the nurse specialist (the person who had called Marie to the room) insisted that she complete the round.

This patient's panic was completely gone. She consented to surgery without a problem and the operation went smoothly, although there were delays. The staff was impressed. Word was spreading that EFT could be helpful.

Marie visited this woman the next day and while this patient did have some anger issues around the several delays before her procedure, she said she did not want to work on her anger. She felt the anger was justified and seemed to fear that EFT would take away her right to be angry -- a frequent misconception about EFT. Actually, the fact is that while using EFT might have lessened the emotion of anger here, it might also have made Marie more effective in promoting EFT's benefits to the hospital staff by showing how it can be used effectively to defuse emotionally upset patients.

Marie describes the following types of distress that patients are apt to experience preoperatively. These are well-known to nursing staffs. Here are some of them, not necessarily in order of severity or frequency:

Fear of anesthesia. This is a very common pre-op fear. It often involves a fear of saying or doing something inappropriate while under anesthesia. In addressing such a concern, one useful EFT statement might be: "*Even though I'm afraid I will lose control and act inappropriately (under anesthesia), I choose to be appropriate and calm during the procedure.*" This way of applying EFT uses the HYPERLINK "<http://www.emofree.com/articles/choices.htm>" **Choices Method** which calls for constructing a statement reflecting the specific goals of the individual.

Fear of dying. To target this major fear, if the patient's belief system is consistent with this notion, one might suggest the set-up phrase, "*Even though I'm afraid of dying during the operation, I know that God will be with me at every moment.*" For a patient who may not have such a spiritual perspective, one might suggest the phrase, "*Even though I'm afraid of dying during the operation, I choose to handle whatever happens, beautifully*" or "*I choose to be calm and confident that everything will go smoothly.*" The first of these phrases reflects the fact that not being able to HANDLE a crisis, or ultimately not being able to HANDLE the experience of dying, is often the most powerful and compelling fear of all.

Fear of Pain: A possible EFT Choice for this might be, "*Even though I am afraid of pain after the surgery, I choose to be relaxed and have my pain fully under control.*"

Fear of things going badly in surgery. A possible EFT Choice for this might be, "*Even though I'm afraid the surgery will go badly, I choose to have it go exceptionally well and peacefully*".

Frustration with hospital routines or mistakes can often result in severe pre- or postoperative anxiety. Some of the distress may involve disruptive or upsetting roommates or frequent, disturbing night awakenings. EFT statements to target such distress might go, "*Even though they woke me repeatedly last night when I needed sleep so badly, I choose to have my body feel deeply rested now and able to cope well with the surgery*"

Marie has observed that the patients who have received EFT tend to think more clearly, make better decisions and cope better with whatever comes up. A beneficial spin-off of this is reduced problems for the hospital staff.

Another area in which she had used EFT very successfully is for those who are waiting anxiously in the OR waiting room for news of their loved ones. It can be of great help to such people during this tense period and she envisions the day when someone will be present in the Operating Room waiting area to help these people to use EFT.

She also notes that EFT can be used in preparation for surgery even when the patient does not exhibit anxiety. EFT produces a highly suggestible state very rapidly and specific requests to one's own body to handle the surgery and postoperative condition can be extremely effective if embedded within the EFT procedure. These requests should be as specific as possible to get the best effect. For example, a non-anxious preoperative patient might tap on the positive reminder phrase ONLY (without using the negative phrase, "Even though..") as follows:

"I ask my body to send pain-relieving chemicals to me throughout this operation and afterwards". Specific directives to the body may be honored exactly if made during EFT tapping.

Or, such a patient might say:

"I ask my body to heal as quickly as possible" -- with this positive phrase repeated at each tapping point.

An observation that Marie and I share is that many patients do not seem to want to go to the zero point on the intensity scale for their issue. This is particularly true for pain. My speculation is that the zero point is outside of these people's belief systems and therefore is rejected. They are used to a familiar level of discomfort and when they get to a tolerable level (say when their pain has come down from a 10 or an 8 to a 4 on the Intensity Scale) they tend to stop. Few people are used to going for what they really want in any situation. They have been trained to settle for "better" and for "bearable," so for many people that is the point where the nurse practitioner or medical assistant trained in EFT will have to let them stop. When EFT is used as a strategic intervention, such compromises are acceptable. However, should the patient want to follow up with more information about EFT, this could be provided to them.

Patricia Carrington, PhD

Part 3 of 4

Surrogate Tapping In the Hospital

Surrogate tapping, which is in effect tapping for someone other than one's self, is still a ways down the road in terms of acceptance. However, its cousin, distant prayer, is quite readily accepted in many places the world over. People will often resort to prayer to heal a loved one even if they do not have deep spiritual convictions. It just seems a natural thing to do. Surrogate tapping is equally natural but as yet, because it does not invoke a spiritual being (although it can certainly do so if one wants), it somehow does not yet seem to fit neatly into the paradigm of healing.

Today I'm going to tell you about the interesting experience of a nurse whom I mentioned in Part 1 (above) in this series, "Chris", and see what usefulness may be in the offing for medical personnel who elect to use surrogate tapping for their patients.

Chris heard that the husband of one of the nurses who worked for the hospital, had developed chest pain and experienced cardiac arrest. His condition was obviously critical and in order to save his life, the medical team had to "code" him (take extreme emergency measures for him) for one and half hours before he could be removed to the Intensive Care Unit.

When he arrived there his life was still in danger. He was on a ventilator and after several days, he developed severe respiratory distress and his chances of survival through the night were estimated at 50-50.

Chris had known this patient, "John", as a very likeable man of 58 years who had diligently been trying to improve his health after an earlier heart attack. He was on her mind during that evening when, at home, she happened to be watching Gary Craig's [HYPERLINK "http://www.emofree.com/steps.htm"](http://www.emofree.com/steps.htm) [Ultimate Therapist videos](#), the very portion of those videos in fact where William Tiller was discussing surrogate tapping and "nonlocal" experiences.

As she heard him talk, Chris decided that there was nothing to lose by tapping for John who was still in critical condition in the hospital. She did this by tapping on herself as though she were John and used such sentences as:

"Even though my lungs are white, I choose to have the oxygen readily get to my tissues."

Or,

"Even though my alveoli are filled with fluid, I choose to have oxygen flow through them easily to my tissues."

"Even though I'm fighting the tube in my throat, I deeply and completely accept myself, and I choose to let it be OK."

You will notice that the wording she used was very specific and the concepts very clear. She wanted to address specific medical issues and being a nurse was able to do so in a very precise manner.

The next morning when she arrived at the hospital she immediately inquired about John and was told by a staff member that he had taken a surprising turn for the better the evening before, although they were now concerned because his urine output was very poor and this was endangering him.

Chris now surrogate-tapped for the flow of urine to open up, and then went up to his bedside. She spoke with his wife and told her about the tapping she had done the night before, and that she had just tapped for the urine output. (The wife had used EFT with Chris in the past for a traumatic event.) The wife stated that he had just started to put out urine. When Chris returned to her department, she got a call from John's wife saying that now he was pouring out urine and his blood pressure was dropping. *"Tap for his blood pressure"* she said.

Chris then tapped for his blood pressure to rise again, specifically directing the body to accomplish this. Within a matter of 15 minutes, his blood pressure had gone up 10 points and

Chris returned to the wife in ICU and taught her how to surrogate tap for John. Both Chris and the wife then tapped together for him.

The first thing they tapped on was *"Even though I'm not getting circulation in my fingers, I choose to have my blood flow naturally and easily into my hands and fingers."* As they tapped for this, John's hands became so hot that another nurse thought that he had a fever. He did not, it was simply the return of the circulation. The rest of his arms were normal temperature.

Following this incident the word spread throughout the hospital floor and more nurses became interested in learning how to use EFT.

John recovered, returned home, and is doing well. Chris has since taught other nurses how to surrogate tap for their patients who are too ill to do this for themselves.

What does this indicate about the potential of surrogate tapping within the hospital setting?

First, it provides an additional avenue by which a nurse or other medical attendant can actively assist in the healing process for the patient under their care, and do so simply and with minimal training. It also provides an avenue by which the very seriously ill or comatose patient can be helped even though they are unable to tap or even to conceive of tapping because they are in such a critical condition. This would be an important plus for emergency health-care.

It is not inconceivable that surrogate tapping could become an approved team procedure for critical or seriously ill patients, giving the medical personnel medical and nursing personnel a sense of empowerment. A sense of futility with regard to what one can do to help a patient is one of the most frequent causes of burnout in medical personnel.

Another advantage, evident in the example given above, is that knowledgeable medical personnel can target the desired outcome in the very precise manner that even the patient themselves, were they conscious, might not be able to do. This is consistent with Gary Craig's admonition to be as specific as possible in pinpointing the difficulties involved in any medical condition — here we simply extend the specificity to the outcome portion of the set-up phrase as well as the initial statement of the problem. Both need to be stated in very precise terms for greatest effect.

Chris agrees with me that surrogate tapping might be far more acceptable to many nurses than one might suspect. Although she has been pleasantly surprised by the acceptance of EFT by the staff, it is possible that surrogate tapping might be less readily accepted. Often the way we introduce something is crucial in terms of its acceptance. For some, introducing surrogate tapping as a simple form of nondenominational distant prayer might be the bridge that Gary Craig talks about to gaining acceptance. I believe that distant prayer and the study of this, as has been written about by such investigators as Dr. Larry Dossey may have helped to pave the way for surrogate tapping within medical settings.

However, some staff may want to get consent from the patient or their family before using surrogate tapping. There has been some controversy concerning healing prayer as to whether or not one must obtain a person's consent before praying for that person's recovery. [HYPERLINK "http://www.emofree.com/faq/surrogate.htm"](http://www.emofree.com/faq/surrogate.htm) [Gary Craig has, however, persuasively argued that a recipient of surrogate tapping is not open to healing unless he/she "wants it"](#), whether this be on

a conscious or subconscious level, in other words that one cannot force healing upon a person. I would concur with this. It may be however that some permission procedure might have to be instituted in certain hospital settings for legal reasons.

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Part 4 of 4

EFT for a ruptured Appendix

I want to tell you about a little boy of 11 years old whom we shall call "Bobby". This is not his real name but I'm using it because many of his friends regularly surf the Internet and "might see me there." His mother, however, has no objection to the real family name being used.

Bobby exemplifies for me the future that we are all hoping for in terms of strategic uses of the EFT. His story is surprising as well as inspiring.

To start at the beginning, Bobby comes from a family that I call an "EFT family". His mother has been practicing the technique for many years and in fact, although she is not an EFT practitioner and does not use it professionally, she has taken and passed both the Basic and Advanced EFT Certificate of Completion exams, thereby demonstrating her thorough knowledge of Gary Craig's work. She took the trouble to do this because she wanted to become *"more proficient at using EFT for my family."*

Both of Anita's children, her husband, and herself use EFT, and her youngest child Bobby were brought up "tapping." When about 7 years old, Bobby had over 50 food allergies and his mother tapped endlessly for him to correct them. She did this surrogately (to find out about surrogate tapping go to the [HYPERLINK "http://www.emofree.com/search.htm"](http://www.emofree.com/search.htm) [EFT Search Engine](#) and enter "surrogate"). As a result, Bobby has overcome his allergies to a remarkable degree and is no longer symptomatic.

Anita usually taps *for* Bobby and repeats the EFT phrases out loud for him, but in recent years, as he has grown older, she usually does not have to tap surrogately. Bobby tells her when he wants EFT. This is generally when he is falling asleep at night and has various nighttime issues. His mother has the impression that, among other things, he loves the undivided attention he gets from his mom when she does EFT with him.

(Note: Tapping on a child rather than having the child tap on him/herself is not the only way to use EFT with children because even very young children of 3 and 4 years old can learn to tap on themselves. As you will see, however, it turned out to be a very effective approach in this case.)

Although her teenage daughter often rolls her eyes when EFT is mentioned (she is, after all, an adolescent), if she is really in trouble she will also say, *"Please tap for me Mom."*

Here then is the story of Bobby's recent health crisis when he and his mom used EFT to remarkable effect.

Several weeks ago Bobby suddenly developed a severe pain in his abdomen. He could barely talk because he was in so much pain and could only remain in bed clutching his belly. He asked for EFT and his mother went to work using it while making an emergency call to their

pediatrician. In the meanwhile she asked Bobby to "breathe through" the pain. They used the EFT phrase, *"Even though I have this terrible pain, I'm an awesome kid and I know I'm going to feel better soon."*

The pain became much more bearable after this tapping but his mother noticed that he was favoring the right side of his body when he walked. However, upon examination, when the pediatrician pressed on his right lower abdomen, it was tender but he didn't jump. It didn't look to her like an emergency, however she decided to send him to the emergency room just to "make certain."

They arrived at the emergency room in the morning but it wasn't until early afternoon that the crucial blood test was done, and a CT Scan followed at 7 pm. There were many hours of waiting in the Emergency Room before it was discovered that, to everyone's surprise, Bobby's appendix had ruptured! He was immediately prepared for emergency surgery.

The amazing thing was Bobby's way of handling the long hours of waiting in the ER and his pain during that time. His mother estimates that they tapped at least 70 percent of the time during that long wait. She tapped on him and at times repeated the words for him as well. She recalls that they tapped on such phrases as *"Even though I'm afraid I'm going to have to have an operation, I'm an awesome kid."*

When he felt particularly out of control at what was being done to him (which was most of the time), they also used the phrase: *"Even though all these things are being done to me and I can't do anything about it, I know that Mom loves me."*

And later, in response to his expressed fear of having his appendix out and his strong wish to keep that "busted appendix", they tapped on: *"Even though if I keep my appendix I might die, I know I'll get better if I have it taken out."*

Following this tapping he became much calmer and when he met the surgeon he liked him right away, and decided to tap on: *"Even though I don't want this operation, I'm an awesome kid and this guy is going to get me better."* Following this last round of tapping he looked straight at the surgeon and said, *"OK! Let's get it done!"*

His mother, who had now been joined by her husband in the emergency room, stood by watching him in amazement. His parents were seeing a maturity in him they had never seen before. Now, instead of asking for his parents' help in this distressing situation, the more he tapped, the more he was able to handle the situation himself. He no longer seemed to have anxiety about the operation itself and if a new issue arose that presented a fresh difficulty, he insisted they tap on it.

When Bobby was taken to the operating room, one of the surgical nurses asked what they were doing when they were tapping and his mother explained they were using an "acupuncture technique for anxiety." Surprisingly, the nurse immediately supported their use of EFT although she didn't know about this specific technique. She said that she had another job in an alternative health clinic in the city and added, *"You know, this stuff really makes a difference."*

Anita then asked this nurse to pray for Bobby along with herself and his father, and the nurse said she would in her mind "talk" to Bobby about speed healing and send him good energy during the operation.

Anita tapped continuously in the waiting room outside of the OR while her husband made some urgent phone calls. Her anxiety went way down and out of exhaustion she had actually dozed off when the surgeon came out to greet them after the surgery and told them that the site of the operation had been "a mess", but that the infection was so well contained that it had not spread at all. *"Never in a million years would I have dreamed we would find this kind of situation when we got in."* he said, *"He didn't seem sick enough for this."* Anita is of the opinion that their extensive use of EFT may well have helped to contain the infection.

The surgeon expected Bobby to be in the hospital from four to seven days, although surprisingly he had no fever. Postoperatively they did even more tapping than before because Bobby was in serious pain and had to endure many needles. However, after he tapped about the needles, he didn't obsess any more about people walking down the hall to approach his room to take blood. Before tapping, every time he heard footsteps he thought someone was coming to "stick him." EFT took away that fear.

After the surgery they tapped a great deal for Bobby's feelings of being out of control, and the result was that a surprising quiet authority came over the child. When hospital personnel came in with medications or injections that he did not feel ready for, he would politely say to them, *"I don't want to do that right now. Can I do it in an hour?"* His mother doubts that she could have as effectively asserted herself under similar circumstances.

A specific example of the new maturity that he was now displaying was when one nurse missed his vein twice when trying to take blood and it was extremely uncomfortable for him. He turned to this nurse and said, "You're not doing a very good job. Could you find someone else to do this?" So — the nurse did.

Bobby then asked the hospital authorities, *"What do I have to do to get these things out of my arm?"* They explained to him that he needed to be able to walk down the hall, to have had a good bowel movement and be eating a regular diet. He then set out to make these things happen and was soon able to pass all these tests. To everyone's surprise, Bobby was released from the hospital two and a half days after surgery instead of the expected much longer time.

This was an amazing growth experience for Bobby and as they watched the way he handled himself in the hospital, his parents were viewing him differently. With his fear removed, this little boy was realizing his own ability to assert himself, quietly and strongly.

His mother comments that she would love to see every parent in the world using EFT with their children. When, two weeks after the surgery, Bobby had to return once more to the emergency room because of a stomach virus that was complicating the final stage of his recovery (he bounced right back from this and is now fine), as he was watching the other children in the waiting room who were crying and screaming in fear and distress, his comment was, *"I sure wish all these kids could have EFT!"*

I think we all agree with Bobby.

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