



KITCHENER-WATERLOO RECORD

NO NEEDLES: Katherine Mayberry and Scott Smart say they'll use naturopathy over immunization for their 21-month-old son Samuel after hearing about the potential risks of vaccines.

Do infants need to be immunized?

Health authorities say yes, but some families and doctors disagree

BY VALERIE HILL
TORSTAR NEWS SERVICE

When Katherine Mayberry's son Samuel received his first vaccination at the age of two months, she feared for his safety and doubted the benefits.

"My heart ached; I knew in my heart it was wrong," says the Kitchener woman. "You're not given information by the doctor. I didn't know there was an option to giving immunizations."

After discovering several compelling arguments against vaccination, Mayberry and her husband, Scott Smart, made their choice. Samuel, now 21 months, received no further needles and instead will rely on the antibodies provided through nursing.

"He is fully protected through my breast milk," Mayberry says confidently.

But is she right?

Dr. David Scheifele of the Vaccine Evaluation Centre in British Columbia reported to the Canadian Pediatric Society recently that counting on "overzealous breastfeeding, compulsive cleanliness or vitamin and mineral supplements" as a substitute for immunization is illogical and will not offer protection from childhood disease.

His warnings are not heeded by parents like Mayberry or Mary James, both of whom have little confidence in doctors when it comes to the touchy issue of immunization.

Mary James of Winnipeg, co-founder of the Association of Vaccine-Damaged Children, lost her 4½-month-old daughter Katie shortly after the baby was vaccinated against polio 15 years ago.

Her nightmare began after Katie reacted badly to her first shots at the age of two months.

"She developed a high fever and it lasted three days," she says. "They put her on an antibiotic and on the third day she was paralyzed on one side."

Doctors did not connect the baby's symptoms with a reaction to the vaccine. "They told me to resume immunization."

Katie had partly recuperated from her paralysis before the next set of shots two months later. This time, the reaction was worse.

"She just screamed . . . what they call encephalitic (brain inflammation) scream because of the excruciating pain," she says. "The doctors told me it was teething."

James woke one morning to find her baby dead.

'Have we traded mumps and measles for cancer?'

"The death was never reported as due to immunization," she says.

U.S. pediatrician Robert Medelsohn says immunization is a serious threat in his book, *How to Raise A Healthy Child* (Ballantine Books, \$6.99).

He also says there is growing evidence that vaccinations break down the auto-immune system, leaving children open to diseases such as rheumatoid arthritis and multiple sclerosis.

"Have we traded mumps and measles for cancer and leukemia?" he writes.

Mendelsohn suggests the belief that vaccines have eradicated most childhood disease is a misconception. Salk vaccine, for example, he says, is credited with halting the spread of polio in North America, but the disease also disappeared in Europe where the vaccine was less widely used.

However, Jane Daley, manager of communicable diseases at the Waterloo Region Community Health Department, maintains vaccinations are vital and parents should not view the pros and cons as a balanced argument.

"In public health, we don't believe it's equal," she says. "There's no doubt about it."

"In 1924, in Canada, there were 100 (polio) cases out of every 100,000 population," Daley says. "Now we don't have any."

And a disease called HIB, a leading cause of bacterial meningitis, was reduced across Canada by 90 per cent since a vaccine was developed in 1988.

In 1991 (the most recent statistics available), fewer than 1,400 Canadian children under age 10 had adverse reactions to vaccinations. Most reactions are in children less than a year old.

The most commonly reported reaction was fever (30 per cent), followed by severe local reaction and screaming. Much less frequent reactions include vomiting, arthritis symptoms, meningitis and convulsions. The number is based on more than 12 million vaccinations delivered.

When Mayberry questioned her doctor about the safety of vaccinations, she said she was told the baby could develop high fevers, convulse or possibly die.

"People are not told there are options or that there are risks," she says.

Samuel could be exposed to disease once he reaches school age, but she's not worried.

Though the law says all school-aged children should be vaccinated, municipal health units provide medical exemption forms for children with allergies. For the rare parent like Mayberry, the unit also provides a conscientious objection form that must be notarized.

But Elaine Lewis, a superintendent at the Waterloo Region District School Board, says that's still no guarantee Samuel wouldn't be turfed out of kindergarten.

"If there is an outbreak of illness at school, we have to pull him out for two weeks," Mayberry says. "We're not the only ones; many of our friends are doing it."

KITCHENER-WATERLOO RECORD

Overcoming your anxiety means facing those fears

Your Mind

IRVIN WOLKOFF



DEAR DR. WOLKOFF: My 17-year-old daughter suffered a major depression two years ago. Her depression seems to have lifted. She is still taking Zoloft, an antidepressant, and seeing a psychotherapist on and off.

Despite her improvement, my daughter suffers from anxiety. She is very fearful of going out and of crowds, new situations and strangers. She cannot ride on a bus or subway.

My greatest concern is the fact that my daughter feels very uncomfortable about being touched. She has a bit of a learning disability and even as a child, didn't like to be hugged a lot. This has become more severe as she has grown older. She does not like to see her own body and views human contact as something bad or dirty.

How will she ever enjoy an intimate relationship if she is not comfortable touching or being touched?

I have been told that treatments for anxiety disorders have a high rate of success. We are currently searching for a specialist in the field.

What kind of treatment might help my daughter?

DR. WOLKOFF REPLIES: There are a number of treatment techniques available to psychiatrists and others who treat patients suffering from anxiety disorders.

Well-formulated combinations of interventions yield impressive clinical results as you've been told, but they must be individually tailored and tested to work best. No cookbook or silver-bullet approach exists at this time.

The specialist who undertakes to manage your daughter's care will begin with a review of her past health and illnesses, and an assessment of who she is within the circumstances of her life today. Any reports from past evaluations of your daughter's learning disorder and from her doctor of childhood would help a future physician to better distinguish between long-established problems (which may be more resistant to treatment) and symptoms related to details of your daughter's current age and stage (which may yield more easily or relapse as a function of maturity.)

The most straightforward next step would be a review of her medication. Zoloft is a very effective representative of the SSRI (Prozac-like) class of antidepressants. Increasing the dose or moving it to a different part of the

day could relieve anxiety symptoms.

Paradoxically, anxiety can also be an unwanted side effect of the medication, so lowering the dose or substituting a different preparation could be helpful. New SSRIs and products from entirely different pharmacologic classes are abundantly available.

Your daughter's anxiety sounds serious. It has affected most of her life and clearly prevented her from tolerating even everyday social closeness, imposing a huge distortion on her young life. She will almost certainly need various forms of "talking treatments" to get back to ordinary living.

Individual, group and family therapies would help your daughter to correct her inaccurately high estimates of danger. Once she can accept that her terror is an exaggeration of the danger she actually faces, she will need to get out and about, directly confronting crowds, strangers, public vehicles and a number of other specific fears.

Ongoing practice is the key to wearing down the fright. It doesn't evaporate as a direct consequence of insight.

Your daughter's specific aversion to touching will impair the establishment of adult intimacy. That said, she'll have to master a number of less challenging skills first. She needs you to be supportive without confusing your goals and hers. For her, learning to work and play may have to precede learning to love.

For support in the community please contact the Anxiety Disorders Network, 1848 Liverpool Rd., Suite 199, Pickering, Ont. L1V 6M3, (905) 831-3877.

The views expressed are those of the author, a Toronto psychiatrist. Send your questions to Dr. Irvin Wolkoff c/o Your Mind, Life Section, Toronto Star, One Yonge St., Toronto M5E 1E6. Or fax: (416) 869-4410.



LifeLine

DR. ALLAN PETERKIN

How to prevent jet lag

Long-distance air travel presents health challenges for travellers:

- Stress levels prior to the trip may be high.
- Inactivity during the flight is uncomfortable.
- Schedules for eating, digestion, sleeping are disrupted and this may persist into the trip.

Here are tips for arriving healthy and well-rested in your new time zone.

When flying home, apply these same principles in reverse.

DAY OF DEPARTURE

- Use the time zone you are visiting as a guide to when to eat and sleep.

IN THE AIR

- Take a multivitamin and drink lots of water to stay hydrated. Avoid alcohol and caffeine, which disturb sleep and are diuretics.
- Get up and walk/stretch during the flight to avoid cramps, backache and dangerous blood clots which can form in the legs during long periods of immobility.
- Eat light low-fat meals or snacks, raw fruits and vegetables.
- Prepare for bed one hour before your new bed-time. Have blankets, pillow and "do not disturb" sign ready. Consider taking 3 mg of melatonin one hour before sleep. If unavailable, consider a low-dose, mild prescription sleeping pill. Ask to be awakened for breakfast.
- Wear an eye-patch to blot out light stimuli, which may confuse your inner clock. Wear ear-plugs to blot out noise. Some high-tech travellers purchase light visors to simulate day-night of their new destination.

WHEN YOU ARRIVE

- Avoid naps. Have meals, exercise as per your new schedule. This allows your inner clock to reset itself.
- Continue melatonin for the first few nights.

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Dr. Allan Peterkin is a practising psychiatrist and author of *What About Me? - When Brothers And Sisters Get Sick*. (To order: 1-800-374-2721.) LifeLine is a general guide; always consult your doctor.

KITCHENER-WATERLOO RECORD

Choosing
your
cemetery
first.

Pre-planning is easy to put off. Especially if you think it's going to be difficult or you're worried you won't get what you want. But it doesn't have to be like that. There is a way to keep it simple, and ensure you stay in control. Choose your cemetery first. By deciding on where you want to be buried as 'step one', pre-planning is easier. Quite simply,

you know where decisions are leading. And you can picture each step along the way. We're the Mount Pleasant Group of Cemeteries and we operate ten properties in the Greater Toronto Area. Beautifully designed and maintained, each one of our cemeteries is an important part of the local community. And despite what you may have heard, all of our properties have space available.

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