

Clashing Views in Health and Society

UNIV 241 Fall 2011—Thursday Evenings 6:30 pm to 9:20 p.m.

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Readings for Session Four—13 October 2011

Should Parents Have the Right to Forgo Medical Treatment for Their Children?

Those in the healing arts have come to have a high regard for the science of medicine. They work from what is called the “medical model.” Generally, health care professionals and decision makers in the health care system offer preventive or therapeutic advice that is “good for us,” especially as it relates to children and adolescents. However, knowing the efficacy of an intervention does not automatically convince parents and guardians that the health care professionals are working in the patient’s best interest. Historically, courts have held in high regard the parental oversight of minors. Health care professionals may find themselves using a pick and chose philosophy of practice--- sometimes acting paternalistically, other times showing great concern for empowerment and autonomy. At worst, they could easily demonstrate an intellectual arrogance when suggested measures gain resistance from minors’ parents. This week’s readings are taken from several contemporary news stories. One set reports on the concerns that parents have for vaccinating their children. A significant number of parents are hesitant to have their children vaccinated as recommended and scheduled-- or at all, expressing concerns about adverse effects, such as autism. A second set follows a teenage boy who suffered a neck injury during high school wrestling practice. After doctors stabilized him, they suggested surgery. The mother, a practicing natural healer, would not give permission for the advanced surgery, thus leaving the hospital officials to seek judgment from the courts.

Vaccines' defender a target in autism battle: Paul Offit's new book has reignited a debate. The specialist at Children's Hospital is steadfast in denying a link.

The Philadelphia Inquirer

September 17, 2008|By Tom Avril INQUIRER STAFF WRITER

They liken him to a prostitute. Someone with blood on his hands, who doesn't care about the health of children.

Those are among the insults that Paul Offit gets by e-mail each week at Children's Hospital of Philadelphia.

He should probably expect to start getting a lot more.

Offit, 57, has been defending the safety of vaccines for years, in response to beliefs that they are tied to autism-related disorders. He continues in the same vein with his new book - *Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure* - which is already generating heat.

Offit, director of the Vaccine Education Center at Children's and a leading expert on infectious diseases, is among many physicians who defend vaccines. The mainstream scientific and medical communities overwhelmingly agree there is no evidence that vaccines cause autism, though the topic continues to receive study.

But Offit is arguably the issue's most public face. After spending much of his career on vaccine research - a choice that proved unexpectedly lucrative - he now devotes most of his time to teaching and writing on vaccines.

Offit doesn't think any of his critics mean him real harm, though he was rattled once when a caller knew his children's names and where they went to school.

"We put a new security system on our house as a way of celebrating the launch of this book," Offit said during an interview in his office. "Which I think most authors don't do. Maybe Salman Rushdie."

Like global warming and stem-cell research, the topic of vaccines and autism is one that straddles the realms of science and politics.

Diagnoses of autism and related neurological conditions have been increasing for years, to a rate of 1 in 150 children. Some forms can exact a terrible toll on families.

The symptoms arise in early childhood. The timing coincides with the administration of vaccines, so some parents and advocates see a causal link. Some have blamed thimerosal, a mercury-based preservative that was used in small amounts in some vaccines; others blame the vaccines themselves.

Yet thimerosal was removed from all vaccines except some that protect against the flu, and autism rates continued to rise - one of the points Offit makes.

One outspoken critic is an Oregon resident, J.B. Handley, a parent of an autistic child and cofounder of Generation Rescue, a nonprofit group devoted to autism.

Asked about Offit, Handley called him "morally reprehensible" and a "pseudo-scientist."

So why does Offit do it?

Chiefly, he worries that some parents will choose not to inoculate their children, allowing for the resurgence of long-forgotten diseases. Indeed, the government reported 131 cases of measles for the first seven months of this year, the highest number for that period since 1996. Nearly half of the patients had not been vaccinated for religious or philosophical reasons. Moreover, Offit doesn't want the study of an unlikely vaccine-autism link to siphon funds from other research.

During the interview, the pediatrician spoke rapidly and with conviction, shifting between puzzlement and sadness when discussing the debate. One thing he is not: deterred.

"I don't need this," he said. "I do it because it's the right thing to do, and somebody should do it."

Offit and his opponents do agree on one reason that he feels so strongly about vaccines: He helped to invent one himself.

In 1979, while he was a senior resident in Pittsburgh, Offit was unable to save a nine-month-old child who died from an infection of the microbe rotavirus.

He knew that the widespread ailment caused diarrhea and vomiting, killing a half-million children each year worldwide through dehydration. In the United States, most children are saved with proper treatment, yet here was one who died at a fully equipped hospital.

So when Offit came here, he joined forces with Fred Clark and Stanley Plotkin, Philadelphia researchers who were already at work on finding a rotavirus vaccine.

After years of study and testing, the end result - dubbed RotaTeq by Merck, the eventual manufacturer - was approved in 2006.

It seems to be working, according to preliminary data.

During the winter and spring of 2007-08, the rate of rotavirus infections plummeted by more than 50 percent compared with the previous 15 winters - though most children had not yet received all three doses. Many had not gotten any, yet appear to have been protected because those who did were less likely to transmit the disease, the government believes.

Children's Hospital sold its interest in RotaTeq in April for \$182 million, and a portion went to the three co-inventors named on the patent. Offit will say only that his share was "substantial."

His opponents say his earnings make him unable to provide an unbiased defense of vaccines. Yet RotaTeq came years after concern over vaccines and autism began, and it never contained mercury.

Offit says he was drawn to the project in 1981 because of the challenge of tackling a global scourge, not because of any hope of a big payoff.

"I love the logic of the anti-vaccine people," Offit said. "I work on a vaccine for 25 years that has the capacity to save 2,000 lives a day, so that I can make money, so that I can lie about vaccines, so I can hurt children."

And plenty of parents bear him no ill will.

Government seeks help with vaccine questions

By LAURAN NEERGAARD, AP Medical Writer Published: Apr 12, 2008 at 12:38 PM PDT

Associated Press

WASHINGTON (AP) - The government began an unprecedented effort Friday to give vaccine critics a say in shaping how the nation researches safety questions surrounding immunizations.

The meeting, the first of more to be set, came amid new controversy about vaccines and autism - and a fledgling theory that vaccinations might worsen a rare condition called mitochondrial dysfunction that in turn triggers certain forms of autism.

Federal health officials said the work, being planned for two years, wasn't in response to that controversy, and encompasses many more questions than autism - from rare side effects of the new shingles vaccine to how to predict who's at risk for encephalopathy sometimes triggered by other inoculations.

A government-appointed working group is charged with picking the most important safety questions for the Centers for Disease Control and Prevention to research over the next five years. What's unique is that the group also is supposed to get significant public input in setting those priorities, an effort to ease skepticism that authorities hide or discount important information about vaccines.

"A crisis of trust is going to be a crisis of public health," said Dr. Bruce Gellin, head of the National Vaccine Program Office.

"There's been a lot of anger and a lot of distrust over issues of vaccine safety," Dr. Andrew Pavia, a University of Utah pediatric infectious disease specialist who is chairing the group, told the meeting Friday.

"There's a need to engage as many voices as possible," he added. "It's a chance to make sure the right questions are going to be asked."

Numerous studies have addressed vaccines and autism and found no link, including with a once-common mercury-based preservative.

The newest question surfaced last month, with news that the government had agreed to pay the family of 9-year-old Hannah Poling for injuries linked to vaccines. Her family said Hannah was a healthy 19-month-old when she received five shots, encompassing nine vaccines. She became feverish, her behavior gradually changed, and she was eventually diagnosed with autism. Her parents filed a claim under the vaccine compensation act that the government granted on the presumption that the vaccines could have exacerbated an underlying condition - although federal health officials have insisted that doesn't mean vaccines cause autism.

But the mitochondria question is on the list of top research questions the CDC made public Friday.

And Hannah's mother joined other anti-autism advocates Friday in making a plea for that research to speed forward.

"We have a lead, a very strong lead. We need to look at the mitochondria," Terry Poling told the government panel. "We need to identify children at risk, and we need to learn how to immunize them safely. We need to develop methods and criteria to screen for susceptible children. Maybe we need to wait to vaccinate until critical developmental milestones have been met."

Mitochondria are energy factories for cells, and mitochondrial disease - estimated to affect about 1 in 5,000 births - can thus attack any organ, including the brain, by depriving it of energy. Scientists believe that stress such as an infection can set off that cascade of damage in people with underlying mitochondrial dysfunction, but whether a vaccine alone causes enough stress to do so isn't known.

A bigger question for some of the government's advisers Friday was what the CDC's proposed research agenda didn't include - the question of how many vaccines should be given in one visit, and if they're all really needed by age 2.

"We all have to have our kids vaccinated by the time they go into daycare or kindergarten, but ... does it all have to happen in the first two years?" asked panelist Dr. Christopher Carlson of the Fred Hutchinson Cancer Research Center, himself the father of a 9-year-old with a mild type of

autism called Asperger's. "I'm not saying there's proof one way or the other. But the lack of options is a concern I think we should think about."

No link found between vaccine mercury and autism

Mon Sep 13, 2010 3:38am EDT

By Frederik Joelving

NEW YORK (Reuters Health) - A new government study adds to the evidence that thimerosal, a mercury-based preservative until recently found in many vaccines, does not increase children's risk of autism.

It shows kids who had been exposed as babies to high levels of the preservative -- through vaccines they received or their mothers received while pregnant -- were no more likely to develop autism, including two distinct subtypes of the condition.

"This study should reassure parents about following the recommended immunization schedule," said Dr. Frank Destefano, director of the Immunization Safety Office at the Centers for Disease Control and Prevention (CDC) in Atlanta, and the study's senior author.

Concerns about a link between vaccines and autism were first raised more than a decade ago by British physician Andrew Wakefield.

His report, based on 12 children, has since been discredited and was retracted earlier this year by the journal that published it. In the meantime, it sparked a fierce worldwide debate among scientists and a health scare that caused many parents to shy away from recommended vaccines like the one against measles, mumps and rubella.

Outbreaks of all three diseases followed.

One widespread worry has been that thimerosal might play a role in the development of autism, a condition that affects as many as one in 110 U.S. children, according to the CDC.

Most scientists consider autism a developmental disorder, likely influenced by genes.

Autism spectrum disorders range from mild Asperger's Syndrome to severe mental retardation and social disability, and there is no cure or good treatment.

The CDC researchers used data for U.S. children born between 1994 and 1999, who were enrolled in one of three managed care organizations.

They found 256 children with an autism spectrum disorder and compared them with 752 children who did not have the condition, but were matched for age and sex.

No matter when a child had been exposed to thimerosal -- before birth when the mother had a shot, or when the child itself was vaccinated as a baby or toddler -- there was no increase in the risk of any type of autism spectrum disorder.

In fact, those kids who were exposed to the preservative between birth and 20 months of age had slightly lower odds of developing the condition, although the researchers could not explain that result.

"This is a very reassuring study," said Dr. Michael J. Smith, a pediatrician at the University of Louisville School of Medicine in Kentucky who was not involved in the research.

"These data show that you could receive a thimerosal vaccine and not be concerned about it."

Smith, who said he has a fully vaccinated two-month-old at home, noted that autism rates have continued to rise, although thimerosal has been removed from all routine childhood vaccines, except flu shots.

For parents who remain concerned about thimerosal in the flu shots, he said there are alternatives without the preservative, such as FluMist, a nasal spray that can be used in children aged two and older.

Some parents have also worried that giving too many shots at once, or in children who are too young, could cause mental problems. Smith said studies had dispelled those concerns one by one.

"There is no credible evidence" for a link between vaccines and autism, he told Reuters Health.

Fact: No link of vaccine, autism

The Philadelphia Inquirer

February 06, 2007|By Arthur Caplan

What must it be like to spend a huge amount of time every waking day trying to change public health practice, only to find out that you were wrong?

That is precisely what has happened to the proponents of the theory that mercury in vaccines --- contained in the preservative thimerosal, which once was used (and is used no longer) in vaccines --- is responsible for a nearly 20-year explosion in autism and other neurological disorders among American children.

This urban legend has had very real and terrible consequences. It has led, and continues to lead,

many parents to avoid getting their kids and themselves vaccinated against life-threatening diseases. The failure to vaccinate has caused many preventable deaths and avoidable hospitalizations from measles, whooping cough, diphtheria, flu, hepatitis, and meningitis. And fear of vaccines puts each one of us at risk that we, our children or grandchildren will become part of a deadly outbreak triggered by someone whose parents avoided getting their child vaccinated for fear of autism.

Recent research on many fronts in medicine and science has nailed the coffin shut on the mercury-in-vaccines-causes-autism hypothesis. The connection is just not there. Perhaps the key fact, which has garnered little attention, is that thimerosal has been removed from vaccines in this and other countries for many years, with no obvious impact on the incidence of autism. The most recent data point toward a correlation with nothing at all to do with vaccines: the increasing age at which people (particularly men) have children seems to be associated with an increase in autism and other neurological problems.

Still, some of the most fervent anti-vaccine critics cannot let go. They continue to tell devastated parents of children with autism that vaccines are to blame. Others are still out on the lecture circuit peddling books and articles that bash vaccines and invoke mercury as a problem. Still others pepper the Internet with the false message that vaccines and autism do go hand in hand, it is just that the government, or the pharmaceutical companies, or organized medicine, or all of them, are keeping the truth from us all.

Less than two years ago, Robert Kennedy Jr. published an article in Salon.com alleging that the government knew of and covered up the autism-vaccines connection.

Thimerosal was, Kennedy told large audiences and many media reporters, to blame.

Kennedy was hardly alone in fingering vaccines as the cause of the epidemic of autism affecting American children. David Kirby's 2005 best-selling book, *Evidence of Harm*, and many other articles, newsletters and advocacy blogs fanned the flames. Some continue to do so.

Proponents of the thimerosal/mercury-causes-autism theory have had a powerful impact on public opinion. When one of my students recently conducted a pilot study of attitudes about the new cervical-cancer vaccine, fears about autism were prominent among the reasons many respondents gave for being wary of the vaccine. Friends of mine continue to tell me of parents in Lafayette Hill, Voorhees, Greenville, and Downingtown who won't have their children vaccinated because of the risk of autism. States continue to allow parents to opt out of vaccines on "philosophical" grounds, perhaps the only arena in American public life where "secular philosophy" is given legal standing in public policy. And even some young healthcare workers report that they don't get important vaccines that would protect them, their families and their

vulnerable patients against death because of worries about autism and vaccines.

Science and medicine have not bought the thimerosal/mercury-autism link. For years the Centers for Disease Control and Prevention, the American Academy of Pediatrics, the Children's Hospital of Philadelphia's Vaccine Education Center, the National Academy of Sciences, the Food and Drug Administration, and countless other prestigious organizations and scientists have said the data do not support mercury in vaccines as the cause of autism.

Now, with the mercury long out of vaccines, what is there left to say? Why won't the slandering of vaccines as the cause of autism stop?

There has always been a great deal of antipathy toward vaccines, in part because vaccines do have a tiny chance of causing death or other serious side-effects. Parents who have been through that hell have a hard time hearing or sending any other message other than "vaccines are bad." And those who made careers out of peddling the vaccine-autism link --- in the face of a lack of evidence --- have really been motivated by a distrust of medicine, science, government, and experts, a distrust that has little to do with scientific studies or expert opinions. Even government officials have never really cared enough about public health to do much to counteract the incredible damage the autism-vaccine proponents have done. That is not acceptable.

Our nation is spending a fortune on plans to cope with the prospect of a bioterror attack. State, city and federal agencies are trying to figure a plan if avian flu mutates into a form in which it can start killing people. Hospital officials are worrying over how to cut back on preventable deaths in our hospitals and nursing homes. Those in charge of keeping disease transmission in hospitals, schools and public spaces to a minimum are fretting over what steps to take. The answer to every one of these challenges involves vaccines.

This nation's future, its national security, the safety of its healthcare institutions, and the safety of its citizens depends upon vaccination. It is way past time that message got heard by parents, teachers, nurses, doctors, hospital administrators, the media and politicians. If there has been a more harmful urban legend circulating in our society than the vaccine-autism link, it is hard to know what it might be. At a time when vaccines may be our last best hope in facing some of the greatest challenges we and our children face, this legend needs to be put to rest. Vaccination, not vaccine-bashing, is what this nation needs.

A Shot in the Arm

Author: Laurie Garrett, Senior Fellow for Global Health

February 12, 2007

The Washington Post

VACCINE: The Controversial Story of Medicine's Greatest Lifesaver

By Arthur Allen

Norton. 523 pp. \$27.95

When I was six days old, I nearly died of chicken pox. This was explained to me almost casually by my mother six years later as she commanded me to sleep over at a friend's home, where another child was suffering from the rubella form of measles. It was just possible, Mother said, that I got chicken pox because she had been exposed to the disease during the final days of her pregnancy but had no immunity to the virus—and thus failed to pass on protective antibodies to poor little me. To make sure that I would not one day give birth to a rubella-damaged baby or miscarry, Mother sent me to that dreaded sleep-over. I did indeed become infected. And for several miserable days, I lay in quarantine, delirious, dehydrated and bored, covered in red blotches and angry as heck that Mother had put me through the ordeal.

Such stories used to be commonplace. In *Vaccine*, Arthur Allen tells us that by the early 1960s, rubella was a leading cause of some types of birth defects and miscarriages in America, as well as the motivation for thousands of therapeutic abortions aimed at avoiding giving birth to babies damaged by the virus. By the decade's close, however, pediatricians were able to vaccinate youngsters against polio, rubella, diphtheria, measles and tetanus with shots and droplets. The vaccine inventors were hailed as heroes and international celebrities.

But within a generation, such diseases were all but forgotten in wealthy nations, and parents began weighing the risks of the diseases against the possible side effects of the vaccines. Today, we have come full circle, with many of the vaccine pioneers now vilified and their products blamed for everything from AIDS to autism. For all too many American parents, the risk equation has changed, leading them to oppose immunization with one or more of the key pediatric vaccines. Allen, a former Associated Press reporter who writes a column on risks for Slate, began thinking hard about these issues after facing decisions regarding the vaccination of his own two children.

Vaccine is two books, really. The first is a historical account of experiments with vaccination from the early 18th century, when Cotton Mather tried to inoculate his neighbors in colonial Boston against smallpox, through the peak of vaccine development in the 1960s. Written in a straightforward fashion, this book offers few surprises to students of vaccine history, but it does deliver a very accessible account of American (and, to a lesser degree, European) scientific discoveries, public health campaigns and their controversies. The take-home message: Though vaccines have clearly saved lives and stopped epidemics, the practice of immunization has always been controversial, with organized skeptics claiming that vaccines would anger God, kill children, cause innumerable diseases, worsen epidemics and produce defective offspring.

Then, in what feels like a separate book, Allen offers his own analysis of the current state of anti-vaccine sentiments in the United States. This section alone is well worth the price of admission. With genuine panache, Allen describes the “legislative jihad against vaccines” led by Rep. Dan

Burton (R-Ind.), as well as the mind-boggling array of political and religious forces that have, over the last decade, claimed child vaccination to be responsible for everything from brain disorders and autism to causing the very diseases the products are designed to prevent.

The modern skeptics' primary target is a mercury-based vaccine stabilizer called thimerosal, which critics charge has caused a sharp increase in autism in America. Between 1992 and 2002, the skeptics note, doctors in the United States diagnosed 10 times more cases of the syndrome. But anti-vaccine critics fail to note that between 1987 and 2004, the American Psychiatric Association's official Diagnostic and Statistical Manual of Mental Disorders revised its definition of autism twice; each time that resulted in an immediate surge in the number of children identified as autistic. Further, when the definitions of autism were standardized, it turned out that Denmark (where no thimerosal was used in vaccines) and Minnesota had the same per capita incidence of autism. Finally, studies show that boys are at least four times more likely than girls to suffer from functional autism, but boys and girls are equally likely to be vaccinated.

Because Allen does not often reflect on the ways that contemporary battles may mirror those described in his earlier historical treatise, the two halves of his book are not well-linked. For example, he offers a concise analysis of the early days of the development of a vaccine for polio, when the pioneering Hilary Koprowski tried out an innovative oral vaccine on thousands of youngsters in Congo. In passing, Allen notes that during the 1990s, a British journalist named Edward Hooper falsely claimed that Koprowski's experiments spawned the AIDS pandemic. But Allen misses the next chapter in that sorry saga: Having read Hooper's claims, a cluster of imams in northern Nigeria announced that Muslims should refuse to have their children vaccinated against polio. Overnight, the global fight against polio shifted; the disease, which had been on the brink of complete eradication, again spread throughout the Muslim world and parts of India.

Similarly, Allen misses the impact that doubts about mercury contamination of vaccines had in some far-flung parts of the former Soviet Union. By the time Mikhail Gorbachev took over control of the Kremlin, less than a third of families in Moscow, Kiev, St. Petersburg and Siberia were allowing doctors to fully vaccinate their children. In the 1980s, Soviet soldiers returning from combat in Afghanistan brought diphtheria back to the largely unvaccinated population, with devastating results. By the early 1990s, Russia and Ukraine combined had a diphtheria epidemic involving a quarter of a million people.

Twenty years ago, the Science magazine reporter Jon Cohen—arguably the greatest observer of contemporary vaccine research—set out to write a book about the discovery of an AIDS vaccine. He was optimistic that scientists would soon find the key to stopping the dreaded virus. Today, more than 30 million people are living with HIV, the pandemic continues to spread, and vaccine manufacturers openly express skepticism that a product to stop this hideous disease will ever pass American safety standards. As Allen's book tells us, we have come a long, depressing way from the glory days of vaccine heroism.

Childhood vaccines vex, perplex parents

by Mike Stobbe Associated Press

The Philadelphia Inquirer 31 July 2006.

ATLANTA -- The growing list of childhood vaccinations reads like an alphabet soup: Hib, HepA, HepB, IPV, PCV, MCV4, DTaP, Tdap, varicella and influenza.

Parents dragging their kids to the doctor's office for those required school shots can expect to hear about more vaccines and, if they're uninsured, new expenses.

Twenty years ago, it cost \$75 to \$100 to immunize a child with the four available vaccines. Today, 12 are generally recommended for kids and adolescents, at a private-sector cost of about \$1,250.

And the government is expected to recommend a 13th vaccine for girls -- a shot that protects against cervical cancer. It costs about \$360 for the three-dose series, potentially raising the per-child vaccination bill to more than \$1,600.

"The good news is we can now prevent so many diseases. The bad news is it's gotten more complicated," said Dr. Anne Schuchat, who heads immunization programs for the U.S. Centers for Disease Control and Prevention.

For some, it's more than complicated -- the intricacies of vaccination guidelines are simply unknown.

"I'm not sure. I was just told I need a shot," said Holland White, a 16-year-old from Stone Mountain who this month went to his doctor for a meningitis shot -- a new vaccine federal officials began recommending last year.

Although vaccinations are routinely covered by health insurance, some worry that government funding for shots for the poor and uninsured will not keep up with demand.

Another challenge: Outbreaks of mumps, whooping cough and other vaccine-preventable infections have shown that sometimes immunized people can still catch the disease. So more booster shots are needed.

Of the nearly 4,900 people who caught the mumps in a Midwestern outbreak this year, hundreds had received both recommended doses of mumps vaccine, CDC officials said.

Doctors have been giving childhood pertussis -- or whooping cough -- vaccinations for decades. So some were surprised by reports of vaccinated children coming down with the illness in middle school and high school.

"We've learned the whooping cough vaccine we thought was going to last forever wears off by the time they reach adolescence," said Dr. Carol Baker, a Houston-based pediatrician who serves on the Advisory Committee on Immunization Practices, a panel that helps set national vaccination guidelines.

After a new tetanus- diphtheria-pertussis vaccine came out last year, the vaccine committee recommended a dose for children when they are 11 or 12 to give them better protection into early adulthood. A bacterial meningitis vaccine also was recommended for that age group.

Both recommendations are part of an attempt to change the medical culture so that a round of vaccinations will become common for kids before middle school, and not just at birth and kindergarten age.

The campaign's success will rely in part on the vaccine supply.

For example, a shortage of the new meningitis shot led the vaccine panel to suspend its call for 11- to 12-year-olds to get it. So currently, the shot is just recommended for students entering high school and college.

The meningitis shot remains hard to find. Mary Arnold, of Acworth, Ga., who will attend the University of Georgia this fall, tried three health care providers before getting it, recounted her father, David.

"It was aggravating for her," he said.

The vaccine's manufacturer, Sanofi Pasteur, is building a new plant in Pennsylvania that is expected to bolster production in 2008, a company spokeswoman said.

Doctors are worried about other vaccine supply problems, too.

In February 2004, when there was a shortage of a vaccine against pneumococcal pneumonia, federal officials asked doctors to put off the fourth recommended dose for young children. CDC officials lifted the suspension seven months later.

Then there's the flu. The government has been expanding flu shot recommendations to cover more children. This year the CDC added 2- to 5-year-olds to a list that already included ages 6 to 23 months.

Flu shot shortages in past autumns make doctors wonder if they will be able to vaccinate so many children.

"It seems like every time you turn around there's another shortage," said Dr. Michael Baron, a family practice doctor in Stone Mountain, a suburb of Atlanta.

The government recommends these vaccinations for children by age 4 to 6: hepatitis A and B; inactivated poliovirus (IPV); rotavirus; haemophilus influenzae Type B (Hib); measles, mumps,

rubella (MMR); pneumococcal conjugate (PCV); varicella (chickenpox); influenza; and diphtheria, tetanus and acellular pertussis (DTaP).

Compounding the acronym confusion, there's also a Tdap -- tetanus diphtheria and acellular pertussis vaccine -- a version of DTaP for 11- to 12-year-olds. And of course, there's that hard-to-get meningitis vaccine (MCV4) for freshmen entering high school and college, and eventually for 11- to 12-year-olds.

A new human papillomavirus (HPV) vaccine combats cervical cancer. The vaccine committee last month recommended the three-dose series be given to girls starting at age 11 or 12. The cost may be a challenge for some families.

That expense and the cost of other vaccines will be covered for children on Medicaid and other needy groups who qualify. A bigger problem is children who don't qualify for the federal coverage and who have inadequate health insurance. Many states already aren't getting enough money to pay for shots for those kids, even without adding the HPV vaccine.

While many Americans may not realize the growing complexities of the U.S. vaccination program, Karen Meloy gets the point.

Meloy, 22, said she got all the shots required of her as a child and complied with those requirements when she first went off to college.

But she recently learned she needs hepatitis B shots to attend graduate school at Georgia Tech. When Meloy was a child, HepB shots weren't in the vaccine schedule for kids. But Georgia Tech required her to catch up to current recommendations.

"I thought I was done," said Meloy, as she got her latest shot.

Delco teen's injury brings custody fight

Mari A. Schaefer, *The Philadelphia Inquirer*

3 February 2011

On Tuesday, Vernell Mitchell got the call from a school wrestling coach: *Your son Mazeratti has been injured. He can't move. An ambulance is on the way.*

She and her husband, Jack, rejected the advice of doctors at Thomas Jefferson University Hospital that her son needed surgery and medication to repair a spinal injury suffered during a wrestling practice.

Thursday, the Boothwyn parents were in Delaware County Court, navigating the legal system after 16-year-old Mazeratti Mitchell was taken into protective custody by the county Office of Children and Youth Services on the advice of Jefferson doctors. Judge Mary Alice Brennan continued the hearing until Monday, giving the Mitchells time to retain a lawyer.

The family, which includes eight children, 10 to 29 years old, is vegan and practices naturopathic medicine. Vernell Mitchell, 47, says she is a naturopathic doctor and believes her son's injury can be healed through other methods, including herbs and physical therapy. She wants time to get another medical opinion.

Mazeratti Mitchell, nicknamed "Mazie," was wrestling during a team practice at Chichester High School when he flipped over and his head collided with his opponent's, his mother said. Though he did not lose consciousness, he was dazed, and for a few minutes he could not move.

Doctors at Crozer-Chester Medical Center, where he was initially taken, transferred him to Jefferson Hospital, where he was diagnosed with a "bruised spine," his mother said. Medical records she was given indicate there were no fractures, she said.

The teen is lying flat on his back in a neck brace at the hospital, his mother said. Doctors told the family that any "slip and fall" could further damage his spine, and they want to use rods, screws, and plates to stabilize his neck.

"He doesn't want the surgery; he doesn't want steroids, either, or medicines that would elevate his blood pressure," said Vernell Mitchell. She said her son is already gaining strength in his legs but has some weakness in his arms.

Wednesday evening, Vernell Mitchell said, she received a letter from Delaware County's Department of Human Services, Office of Children and Youth Services, informing her of the custody hearing.

The letter said the action was taken because of the child's immediate medical need for treatment, the parents' refusal to cooperate with professionals, and "the well-being of the child was at risk."

Michael Dignazio, a lawyer with the agency, said the hospital "did not want to take the risk of discharging him."

In an e-mail statement, a Jefferson representative said the hospital was "fully cooperating with the Delaware County Department of Human Services Office of Children and Youth Services to provide appropriate medical treatment in the best interest of this patient."

Mazeratti Mitchell has been assigned a court-appointed guardian, lawyer Michael Molinaro, who asked the judge to allow him to meet with the teen without his parents present.

Wrestler's injury pits traditional vs. alternative medicine

February 05, 2011 | By David O'Reilly, *The Philadelphia Inquirer*

Lying stock-still in a bed Friday at Thomas Jefferson University Hospital, his neck and chin gripped in a rigid plastic collar, 16-year-old Mazeratti Mitchell could barely move his jaw.

But the Boothwyn teenager, whose spine was severely injured in a high school wrestling accident Tuesday, smiled faintly as he spoke of the escalating battle between his mother, an herbal healer, and mainstream medicine over his care.

"One of the doctors said I needed surgery because I'd be paralyzed the rest of my life if I moved my head just a millimeter," he murmured, then lifted his left arm about three inches and wiggled his fingers. "I'm OK."

He was taken to Jefferson after butting heads at practice with another wrestler at Chichester High School in Delaware County. He had fallen to the floor, unable to move for several minutes.

The hospital has wanted to secure his bruised spine with pins and plates while it mends. Vermell Mitchell, a naturopath who goes by the title "Dr. Mitchell," is fighting to have her son released so she can heal him with herbal remedies, such as liquid chlorophyll and a compound she calls "Super Trio."

Jefferson won a temporary court order to supervise the youth's care, and he was put in the protective custody of the Delaware County Office of Children and Youth Services. But on Monday, the hospital and the parents are to meet in Delaware County Court to press their cases.

Vermell Mitchell said Friday that, in addition to the surgery, she is resisting the hospital's effort to give her son steroids and blood pressure medication. She admitted she had squirted a "small" amount of chlorophyll into his mouth to "promote blood circulation."

She has been giving doctors "a hard time," she said, and conceded that some had grown frustrated with her.

"For every medicine, there's an herb" alternative, she said as she sat beside the boy - one of eight children - in the traumatic intensive care unit.

A wrestling trophy draped with two medals on ribbons was on another chair next to the teen's bed. Slender and muscular, he competes in the 120-pound class, and yes, he is named for the Italian sports-car builder.

Vermell Mitchell said that although she was a "Bible-believing" Pentecostal, personal experience - not religious faith - impelled her aversion to conventional medicine.

About 28 years ago, she said, her baby daughter's legs were discovered to be severely bowed as she started to walk.

On the advice of doctors, Mitchell and her husband, Jack, a maintenance man, had the girl in braces. But a California herbalist touring Philadelphia advised them to apply a special ointment to the girl's legs.

"At first I said, 'Ointment?' But we decided to give it a shot," Vermell Mitchell said.

After a few months, they took the girl off the braces but continued the ointment, "and then one day I looked and went, 'Oh, my!' Her legs were coming together."

Her daughter has walked normally ever since, she said.

Because of that, Vermell Mitchell and her mother decided to become herbalists, or naturopaths, "a field a lot of people don't know about."

Her naturopathic degree is from the Trinity School of Natural Healing in Warsaw, Ind. A nondenominational Christian school whose students study at home, Trinity also confers an associate degree in Bible studies.

"Our courses focus on the integration of the mind, body, and spirit so that our students can create a lifestyle harmonious with the Creator and His divine plan," Trinity's website says.

Vermell Mitchell said she believes in the power of prayer, "but as the Bible says, 'Faith without works is dead.' So it's not like we do nothing but pray."

She has used herbal compounds to heal "spinal injuries and fractures to bones" as well as "tendons and ligaments - even cancer," she said.

She and her son said Friday that Jefferson doctors had given conflicting diagnoses of his injury and that several disagreed over the need for surgery.

A hospital spokeswoman said she could not divulge the youth's diagnosis or prognosis.

Late Friday afternoon, he was moved out of traumatic intensive care to what a nurse called "intermediate intensive care." In a quick examination by the nurse, he lifted and moved his arms and legs slightly and wiggled his fingers. He said he felt no pain but had some numbness in his arms.

If Delaware County Court orders the teen turned over to his parents' care, Vermell Mitchell said, she will use an herbal remedy known as "I.F. Relief" that "draws out inflammation."

She also plans to use another compound she calls "P" because "its name is so long I can't remember it." It will, she said, help her son's spine to "fuse."

Judge: Doctors can operate on teen against parents' wishes

February 11, 2011|By Dan Hardy, *The Philadelphia Inquirer*

Ten days after a 16-year-old Chichester High School wrestler was seriously injured during practice, a Delaware County judge ruled that doctors at Thomas Jefferson University Hospital can operate on the boy to stabilize his spine, despite his parents' objections.

The case pits Mazeratti Mitchell and his parents' right to treat their son the way they feel is best against doctors' judgment that the teenager might suffer a lifelong and irreversible injury unless screws and plates are inserted to reinforce his neck.

Parents Jack and Vernell Mitchell of Boothwyn fought the operation, saying they believed the "naturopathic medicine" that his mother practices, which includes herbs and physical therapy, was the proper remedy.

After the parents sought to take their son home to treat him according to their wishes, he was placed in the temporary custody of Delaware County child-welfare officials. He remains at Jefferson.

After an hour-long closed-door hearing Thursday at the Media courthouse, during which doctors from Jefferson were consulted by phone, Common Pleas Court Judge Mary Alice Brennan ruled that the doctors could go ahead with the procedure.

It was unclear Thursday night whether the surgery had taken place; Delaware County and Jefferson officials have said that for privacy reasons, they cannot disclose that information.

Delaware County Solicitor John McBlain would say after the hearing only that Jefferson "can proceed with the medical treatment. When and what would be up to the doctors."

The Mitchells declined to comment after the hearing. Their attorney, Michael Nix, said that they planned to appeal to Superior Court and to seek a stay of Brennan's order while the matter was being reconsidered.

With the Mitchells at his side, he said that "they believe that the right of the child and the right of the parents is more compelling than that of the state."

By the end of the day, however, no appeal had been filed with the Delaware County Office of Judicial Support, which officials said was the starting place for any further hearings. Nix and the Mitchells did not respond to phone calls seeking comment.

Teen Chichester wrestler gets surgery in Philly despite objections

February 12, 2011 | By Dan Hardy, *The Philadelphia Inquirer*

Ten days after a 16-year-old Chichester High School wrestler was seriously injured during practice, a Delaware County judge ruled that doctors at Thomas Jefferson University Hospital can operate on the boy to stabilize his spine, despite his parents' objections.

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When Parents Call God Instead of the Doctor

By [Deena Guzder](#) Thursday, Feb. 05, 2009 TIME U.S.

Easter Sunday of 2008, 11-year-old Kara Neumann of Weston, Wisconsin, suffered waves of nausea as she lay motionless on her deathbed, too weak to walk or speak. Kara's parents — both followers of the Unleavened Bread Ministries, an online church that shuns medical intervention — knelt in prayer beside their dying daughter. They did not call a doctor for help. A few hours later, Kara died of [diabetes](#), a relatively common — and treatable — condition.

Within weeks, a Wisconsin state attorney brought charges of reckless endangerment against Kara's parents, Dale and Leilani Neumann. The couple protested on grounds of religious freedom, but Judge Vincent Howard of Marathon County Circuit Court ordered Mr. and Mrs. Neumann to stand trial this spring. If convicted, each faces up to 25 years in prison. Unleavened Bread Ministries immediately released a statement saying the couple is being unfairly punished for the "crime of praying."

The Neumanns' highly anticipated trial has sparked new debate in a long-running battle over faith healing in the United States. Under current Wisconsin law, a parent cannot be convicted of child abuse or negligent homicide if they can prove they genuinely believed that [calling God, instead of a doctor, was the best option](#) available for their child. The law is part of the legacy of the 1996 Child Abuse Prevention and Treatment Act, which included a landmark exemption for parents who do not seek medical care for their children for religious purposes. While all states give social service authorities the right to intervene in cases of child neglect, criminal codes in 29 other states also provide additional protection for parents who forgo mainstream medical treatment.

In light of Kara's high-profile case, faith-healing communities around the country are worried about losing their right to treat their children according to their religious beliefs. "The way the law is worded right now is confusing and makes it seem like we have a shield to recklessly endanger children," says Joe Farkas, legislative affairs representative for the Church of Christ, Scientist, in Wisconsin. The Church has teamed up with Wisconsin Democratic Sen. Lena Taylor to write new legislation that could repeal a provision in the state's child abuse and neglect statute that exempts parents from prosecution in some faith-healing cases, while creating a new "affirmative defense" for parents who made a "reasonable attempt" to provide medical care for their child. "We want to have an affirmative defense where parents relying on Christian Science treatment are given a fair opportunity to explain why they believed their action was in the best interest of their child," says Farkas. "Our church loves children and we want to protect children."

Religious objections to medical treatment have historical roots that can be traced back to the late 1800s in England, when a sect called the Peculiar People ended up on trial for allowing generations of children to die as a result of their decision to reject doctors and medicine. Today, many religious groups routinely reject some or all mainstream health care on theological grounds, including Christian Scientists, Jehovah's Witnesses, Amish and Scientologists. "Fundamentalists tell us their lives are in the hands of God and [we, as physicians, are not God](#)," says Dr. Lorry Frankel, a professor at the Stanford School of Medicine and author of *Ethical*

Dilemmas in Pediatrics. "We respect people's religious beliefs and try to compromise, but we won't deny treatment that will save lives." Frankel says he's taken Jehovah's Witnesses to court in the past when they've refused blood transfusion for their children in life-threatening cases. "The judge invariably rules in our favor and I've never had a child denied care," says Frankel.

Nobody knows exactly how many children's health problems are exacerbated by a parent's religious beliefs because "the system can only kick in if people become aware that a sick child is not getting care," says Dr. Sara Sinal who co-authored a July 2008 article on religion-based medical neglect in *Southern Medical Journal*. "It is suspected that many deaths go unreported and unrecognized, particularly in closed communities." Former Christian Scientist Rita Swan, executive director of the nonprofit Children's Health Care Is A Legal Duty, estimates that since the 1980s 300 children have died of "religion-based medical neglect" in the United States. Shawn F. Peters, author of the 2007 book *When Prayer Fails: Faith Healing, Children, and the Law* calls the situation an unfolding tragedy. "Americans treasure religious liberty and it's one of our bedrock freedoms," says Peters. "Most of us realize that there have to be some limits to such freedoms."

Deciding just what those limits are has increasingly become a matter for the state courts, with most judges coming down on the side of doctors like Frankel when young lives are at stake. In December, an upstate New York judge ordered two Amish parents to allow an operation needed to repair their infant's life-threatening heart condition despite their religious objections to the procedure. Earlier in January, a judge refused to drop criminal charges against a couple in Oregon charged with second-degree manslaughter and criminal mistreatment in the death of their 15-month-old daughter who would have survived had she received antibiotics, rejecting their argument that prosecution would violate their religious freedom and parental rights. Last year, another Oregon couple were charged with criminally negligent homicide in the death of their 16-year-old son, who died from complications of a severely painful but easily treatable urinary tract infection.

Christian Scientists maintain that seeking medical attention is a personal decision and that the First Amendment protects their right to believe that "God's infinite goodness, realized in prayer and action, heals," as noted on the website of the The Church of Christ, Scientist. But a long list of major U.S. organizations have already called for repealing of existing religious exemptions, including the American Academy of Pediatrics and the American Medical Association. "Too often, deference to religion in contemporary American society has resulted in us subordinating all other values," says Dr. Richard Sloan, professor of psychiatry at Columbia Presbyterian Hospital. "The law must recognize that the right of children to live supersedes the rights of their parents to free expression of religion."