



The Carnelian Center

The mission of the Carnelian Center is to provide the community with affordable holistic health care while nurturing the individual through art, education and cultural integration. Our vision creates healing in a beautiful, peaceful setting with respect for the ecosystem and the preciousness of water.

A Quarterly Newsletter

Issue #20 - Summer 2012

www.carneliancenter.org

A PLACE TO CALL HOME

Measles in Dixon

Vaccines: A Parent's Dilemma

One Limp at a Time

The Carnelian Center wishes you a very...



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By Lluvia Lawyer Aby
Page 1



By Steve Jenison, M.D.
Pages 2 & 3



By Lluvia & Scott Aby
Pages 3 & 4



By Ruth Bowman
Page 4



A PLACE TO CALL HOME



By Lluvia Lawyer Aby

After all these years the Carnelian Center has a place to call home. As of this year we are managing the Zellers' house in downtown Dixon. The building is located between the library and the Dixon Post Office. We have three rooms and a beautiful kitchen. There is a main room where we can have large meetings, classes or show movies. Two of the rooms are used as treatment rooms and one is used as an office and meeting room.

We currently have four massage therapists, an acupuncturist and a psychiatrist who utilize the space. We carry products made by locals and some products that help raise funds for the Carnelian Center (including jewelry made of the stone Carnelian). In addition to holding space for this healing work we are also providing a space for Community Center activities. The Embudo Valley Library Community Center space was taken up by the recent expansion

of our local market leaving the community in need of an alternative. In the future the Community Center will be housed in the current library building but for now we are happy to share this space.

This past winter and spring the children of Dixon have become familiar with this space as a place for their after-school program. The Family Literacy Program (a play group for toddlers and babies) has also held events in the Carnelian Center. Some of the children from the after school program planted vegetables in raised beds behind the center this spring and now we enjoy watching them grow. In addition, the summer reading program has held numerous activities for the children in the space.



Kathy Zellers, who spent many years living in this house, helped to prepare the soil for the children's garden and has put a lot of energy into keeping the flower beds active. She is settled into the house out back and we love having her as our neighbor.

Kathy and her late husband, Gorge Zellers, enjoyed many years in this house after returning to Dixon in 1992. Gorge's parents, 'Doc' and Lydia Zellers, had built the house right next to the market where the Embudo Valley Library is currently located. Lydia met Doc in Colorado and they moved to Dixon after spending time working in Yellowstone...great memories. She and Doc built the store

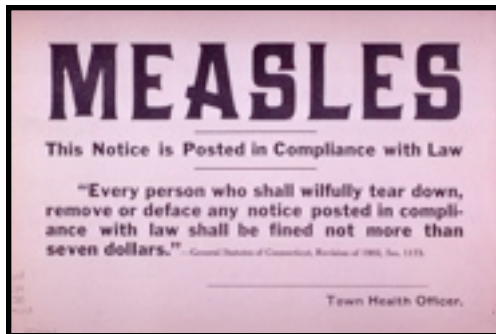
and ran it for many years before their long-time employee, Lebeo Martinez, took over the store. Doc and Lydia raised their two sons Gorge and Gene in Dixon and Lydia was very active in the community. With the help of Art Montgomery (previous owner of the Harding Mine and friend of Dixon) many local children were able to further their education outside Dixon. You may have noticed some of the colorful rocks around the properties that came from this era.

Reverend Eliseo Cordova, Lydia's father, originally bought the land that this house sits on from Labeo Martinez's mother when they moved to Dixon in the 1930s. During the time Rev. Cordova lived in the house, his first wife died and he remarried. Rev. Cordova and his first wife had this sturdy adobe house built. Their six children were raised in the very rooms where we now offer treatments. These are the same wood floors those children ran across. Rev. Cordova instilled the importance of a college education in their children, a tradition that passed down through subsequent generations.

Gorge and Kathy did a lovely job of restoring the floors and designing a practical Kitchen and many storage areas while preserving the traditional building elements. The old-style dirt roof is preserved beneath the present day pitched roof. The restorations have brought the house to a solid standard that meets our needs perfectly. This wonderful building is ready for a whole new generation of great things to transpire within its walls. The front porch with its arches and sweet shade is a great place to be downtown on a summer afternoon.

Thanks to everyone who has supported us over the last seven years as we looked for a space. Thanks to everyone who helped us find this space. We look forward to serving the Embudo Valley community here.

Measles in Dixon



By Steve Jenison, M.D., Dixon, NM

Dr. Jenison is an Internal Medicine physician and Infectious Diseases specialist. He served as Medical Director of the Infectious Diseases Bureau, Public Health Division, New Mexico Department of Health from 1995 to 2010. He previously was a member of the faculty of the University of New Mexico Health Sciences Center.

I have few vivid visual memories of elementary school. One is of the morning they lined us up in the second floor hallway, and a nurse in a white dress and crisply starched cap handed each of us in turn a sugar cube in a pleated paper cup. The nurse held a clipboard with mimeographed lists of students' names. I can't remember what (if anything) we were told, other than to swallow the sugar cube. But we had heard that it was some new magic that would keep us from getting polio. We all knew people with polio.

My mother, a registered nurse, had told me stories of her training in Des Moines Iowa in the late 1940's/ early 1950's when she had worked the night shift on long hospital corridors lined on both sides with people in iron lungs, boiler-room contraptions meant to keep them alive through the worst of their illness. The pneumatic pulsing and sighing of the many machines, and the looks on paralyzed people's faces reflected in the mirrors suspended over their heads, were memories that were difficult for her to shake off -- a sort of steampunk nightmare of misery and fear.

When I started medical training three decades later, I expected to never see a case of polio. While I was in medical school in Iowa City in 1979, paralytic polio broke out among Amish children in the nearby town of Kalona -- the last

polio cases ever reported in the U.S., affecting Amish communities in Iowa, Missouri, Pennsylvania and Wisconsin. A total of 13 children were paralyzed. Eliminating polio from the world has been a longstanding public health goal that has proven elusive. Polio smolders in parts of the world that have been unable to implement effective vaccination programs (Pakistan, Afghanistan, Chad, Democratic Republic of Congo, Côte d'Ivoire, China). There is a very real possibility that polio outbreaks will ignite throughout the world kindled by sparks from these remaining embers as collective memories of polio fade, populations become complacent or distracted, vaccination rates fall and worldwide travel becomes more common. The 1979 cases in Amish communities all appear to have originated from a single case in Kuwait (via Amsterdam then Ontario) -- a far piece from the quiet little town of Kalona, Iowa.

Unlike polio, the ravages of smallpox have been permanently relegated to history (post-9/11 Weapons of Mass Destruction bioterrorism paranoia notwithstanding). Most people of a certain age worldwide bear a small circular scar on their shoulder as a mark of the part they played in making that happen. Eliminating devastating infectious diseases like smallpox from the human population is one goal of vaccination, attainable in some cases.

Containing the damage from childhood diseases is a more realistic goal in most cases. Diseases that once caused significant illness and death are now mostly non-issues in the United States: measles, mumps, rubella (German measles), pertussis (whooping cough), diphtheria (how many people these days even know what diphtheria is?). To those without personal memories of these diseases and their consequences, the names can sound unthreatening and almost cute -- measles, mumps -- things you might name a kitten. And indeed even in the pre-vaccine era, most cases were of mild to moderate severity, resulting in a few-days absence from school. If mild-to-moderate illnesses were the only manifestations of these infections, there would be no real reason to vaccinate. We vaccinate because some very unlucky children, regardless of their underlying state of health, suffer devastating and often irreversible damage including death. It is simply not true that healthy children are not at risk for developing the severe and

fatal complications of childhood diseases.

I spoke recently with a former Peace Corps doctor who had served three years at a regional hospital in Malawi. The hospital had a Measles Ward that cared for desperately ill children, some of whom died of measles pneumonia or measles encephalitis (brain infection). 17,000 people were diagnosed with measles in Malawi in 2010 (a country with a population of 15 million people) and 82 died, mostly children. In the United States, pertussis (whooping cough) outbreaks occur in waves about every three to five years. Five babies died during an outbreak in California in 2010 (a year in which over 27,000 pertussis cases were reported nationwide), and 7 died in California in 2005 during a year when nearly 3,200 cases were reported statewide. Unvaccinated children (who do not receive the DTaP vaccine) and adults (including those who do not receive regular Tdap boosters) are the reservoir for transmission of pertussis to vulnerable babies.

The recent identification of measles in the Dixon area is a very serious matter that calls for a careful examination of what happened and why. Measles was declared eliminated from the United States in the year 2000, meaning that year-round transmission of measles among U.S. children had ceased. Sporadic measles outbreaks continue to occur mostly in communities in which a significant proportion of children have never been vaccinated. An unvaccinated child is 22 to 35 times more likely to develop measles than a vaccinated child and about 6 times more likely to get whooping cough. Children who acquire measles can pass it to other children even if they never develop obvious signs of measles disease themselves. And they can pass measles infections to vaccinated children in whom the vaccine did not work well for whatever reason.

The benefits that vaccines have brought to global human health are undeniable. The dramatic declines in disability and death from smallpox, polio, measles, rubella and pertussis that have occurred in our lifetimes would not have happened without the vaccines and without a consensus that we will vaccinate our children in order to protect all children. We abandon that consensus at our collective peril. I accept the decisions of parents who have strong religious beliefs or

philosophical convictions against childhood vaccination, even though I disagree with them. I do object strongly to those who proactively promote and perpetuate a cultural norm that opposes childhood vaccinations by exaggerating or misrepresenting the negative aspects of vaccines, by downplaying or dismissing their benefits to the individual and to society, by suggesting that the considerations that drive vaccine policy for the community somehow just don't apply to their children, or by attributing to vaccines negative characteristics that have not undergone rigorous scrutiny. Those who oppose childhood vaccination as a matter of public health policy, no matter how well-meaning, should not drag us back into the horrors of the pre-vaccine era.

Vaccines: A Parent's Dilemma



By Lluvia & Scott Aby

I remember going into the small clinic in Taos at the back of the city building complex that has recently been torn down and rebuilt. It was just a week before my first day of kindergarten and my hippie mom was taking care of what the school told her was necessary and bringing me on my first visit to the doctor. The Doctor told me it wouldn't hurt very bad and would be over quickly. My mom assured me that I wouldn't need one like the one that gave her a big Smallpox vaccine scar on her arm. I was very brave and it was not so bad. I only remember having a hard bump under the skin for a couple of months.

Those were my only shots until I was 18. I was going to go to Nepal so I asked my doctor what I should get and he loaded me up. I

don't even know what they all were, but in the end I didn't even go to Nepal. The next summer I ended up with walking pneumonia. I had rarely gotten sick before that, but maybe this was a coincidence? At that point the only thought I remember having about vaccines was how great it was that they had found a way to prevent Polio. I knew some adults who had had it and I was grateful that we were now protected. I don't remember anyone in that generation questioning vaccines in any big way.

When our first daughter was born in 1997 we were confronted with the concept of vaccinations. As new parents we felt so protective of this tiny, perfect, creature that we were responsible for. We began to look into all the information out there. Articles from Mothering Magazine and books with grave outlooks were presented to us. I feel when people choose to be against something they can choose to go off the deep end and forget to be prudent and realistic when it comes to finding the facts and instead latch on to shaky science. This approach to alternative health that has, unfortunately, widened the gap between "alternative" and traditional, western medicine.

This was when the first vaccines were just starting to be given at 2 months of age. I remember a doctor telling us that we had to remember that our baby would be very vulnerable to these diseases at her age. I felt that threat very deeply but at the same time we had both gotten our first shots at 6 and we instinctively wondered how vaccination would affect the newly developing immune system. Looking into this again now we see CDC information clearly stating that breast-fed babies are protected from many diseases by their mothers' immunity. We have talked to other parents who have been given false information by well-intentioned public health workers trying to convince them to vaccinate. In Dixon recently, for example, one parent was told that the Measles that was affecting one child here was the type that can cause miscarriages, but that is not so.

Although we didn't take all the anti-vaccine information we found at face value there was enough evidence of possible ill effects for us to decide to wait...

As we were wondering what to do we were given a pamphlet at the Embudo Clinic meant to convince

us of the need to vaccinate. However, the fine print listed the chances of brain damage (not autism) or death for each vaccine and the number of cases of each disease reported in the US each year. In almost every case the chance of 'serious' reactions was higher than the chance of getting the disease. The CDC's website currently states the following rates for 'moderate' reactions: seizure- 1 in 14,000, uncontrollable crying for three hours or more- 1 in 1,000, fever over 105 degrees- 1 in 16,000. The World Health Organization has tables, listing 'rare, serious reactions' (such as coma, brain damage and death) that have an aggregate risk over 1%.

It was at this juncture in the decision making process that we ran into a stranger at a party. She marveled at our precocious baby girl and told us how lucky we were etc. She went on to tell us that her boy had been just like that at her age, talking young, walking early, very interactive with people of all ages, ... Then he got a routine vaccination, then a high fever and then he was gone. He had to relearn to walk and talk all over and was still highly 'special needs' a few years later. We took the timing of this chance meeting as fateful and decided to "wait and see" a little longer on vaccines.

We had two more daughters and each time we revisited the vaccine issue. Doing more research and talking to doctors. We came more fully into our choice not to vaccinate.

Three winters ago we went to India and once more revisited the vaccine issue. We were going to Banares (also called Varanasi or Kashi) on the Ganges and we heard there were Polio outbreaks in this province yearly. With further investigation we found that this is generally during the monsoon season, which was far away from when we were visiting. When we talked to a person at the CDC on the phone they had no recommendations for additional vaccines when traveling in India and said it was very rare for travelers (as opposed to long-term visitors) to contract any kind of serious disease in India.

Places like India where Measles and other diseases kill many children could undoubtedly benefit from strong vaccine programs but they would also benefit even more from proper infrastructure, access to proper nutrition, and

education on proper sanitation. The two ways that Polio can be spread are mouth-to-mouth contact or through feces. Africa and India are the places where many of the diseases Americans are vaccinated against are still a major problem. The main reasons for this are poor nutrition, unsanitary living conditions, poor access to health care when they are sick and lack of education. As an example, although the Cholera vaccine is not commonly given in the U.S., this once common, feces-borne disease is now rare here largely thanks to good waste management.

We contemplated getting polio vaccines for our kids or doing some of the homeopathic alternative before going to India but decided against it all in the end and had an amazing, healthy trip.

With the recent cases of Measles in Dixon we reconsidered our stance once again for the sake of public health. We feel that public health is everyone's responsibility but are still, selfishly, most concerned with our own children's safety. We found that Measles is not dangerous to pregnant mothers and their fetuses as is German Measles (Rubella). Also, we kept coming up against the fact that you cannot normally get many of the recommended vaccines as individual shots (the combined DPT vaccine accounts for most of the 'rare, serious reactions' listed on the World Health Organization website). We understand the thinking behind combining vaccines -- fewer shots for kids, more coverage and benefit. We might have gotten tetanus shots for our girls if it came by itself but it comes with other vaccines. We also learned that aside from the Polio vaccine most vaccines are still given in a "live" form. We were assured our children could not acquire these diseases from newly vaccinated kids and I hope this is indeed the case. However, we wonder why 'vaccine-strain' measles infection is listed on the World Health Organization website. Having been knowingly given incorrect information in the past in an effort to convince us to vaccinate we are understandably skeptical now.

In the end we just isolated our kids for three weeks so as not to present a public health risk to others. The public health officials at the meeting in Dixon said that vaccinated children could not contract measles from our children but we have since seen contradictory information (see

article in this issue). We recently had our children tested for the Measles antibody (to see if they had been exposed but not developed symptoms) and they were negative. We are by no means against going to the doctor and we think the testing they can do is a great tool.

Although there is a lot of contradictory information to be had concerning vaccinations two things seem clear to us: Nobody should be lying in order to convince anyone one way or the other when it comes to vaccines and, although some risks from vaccination have been overblown each vaccination has a very real, documented risk.

As the parents of unvaccinated children we have at times felt intense pressure from both pro and anti vaccine factions. What we would like to see is readily available information that is not agenda-driven and that respectfully acknowledges our right to decide, the risks of not vaccinating, and the risks from vaccinating. We think a registry of unvaccinated children that could be automatically notified of outbreaks would help to prevent the spread of disease. We are grateful that the recent outbreak of measles was relatively minor and that the two children affected are fine.

One Limp at a Time



By Ruth Bowman

Fresh or frozen, the limpet stands its ground as one of the finer established residents buried along the coast of almost any ocean-side community. Its life brings bread and butter economy, nutritional forage and a steadfast foothold in the complex web of life to which all members of planet earth belong,

lifetime membership guaranteed!

Humanoids don't normally equate themselves with the likes of a mollusk. As far as species go, they look and smell differently; reproductive and political leanings also vary greatly. However, they both do on occasion share the same tendency toward limpiness: that quality of looking, feeling, acting, singing (more or less bravely), and moving limply at times through life. No?

As these words beg to appeal to your higher or lower natures, dear reader, please consider our rudimentary challenges while grubstaking one's claim for existence. According to Maslow's "hierarchy of needs" (and others), a human's primary concern is often first and foremost for food, shelter, protection and love, i.e. survival. But you may ask, how does Love sit at the same table with the bad boys of necessity, like the wattle and daub of shelter? With its flowery hootenanny notions brought to us by Hallmark, Shakespeare and the Romantics, how does Love even share the same hemisphere as our most basic needs? Simply, that without it, we don't stand a chance. Surely even a whelk knows this.

But, what if we don't get the love we want? Thus enters the ego, the picky-choosy part of us which prefers mushrooms over olives, rain over snow, beaches over mountains. The discerning part of ourselves with Opinion. The one that knows best and lords it over our other instincts. I don't know; you tell me, and I'll probably disagree (just for fun).

On we go, struggling up Maslow's diagram, trying to get our basic needs met, when lo and behold suddenly we have the opportunity to "self-actualize". This means ramping up from our squalid caveman concerns into more noble philosophical or spiritual ethers. In one sense that could mean procuring all the ribbons and bows our lusty heart desires; to another it might mean seeing the flash of oneness in the universe while supping a spoonful of soup. No matter. All roads lead to China or Rome or the kingdom of Heaven (the saying differs, depending on where you live).

So limp on, o frail hearty members of love and community as we share and dance our way through this glorious existence, however it may pan out!

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