

Testimony of Janet Levy in Support of SB 90

February 6, 2009

Good afternoon Senator Harris, Representative Ritter and distinguished members of the Public Health Committee,

My name is Janet Levy and I am a survivor of a chiropractic stroke. Since I started VOCA, Victims of Chiropractic Abuse...4 years ago, I had already met many victims but I never ever suspected that I would eventually meet or talk to hundreds of young people who had had a stroke after a chiropractic manipulation. I mean, who would ever think this was even possible. After all, chiropractors advertise that what they do is safe and natural.

In February of 2002, I went to a chiropractor because I had a stiff shoulder from sleeping on a new pillow. He gave me a cervical adjustment. Unbeknownst to me, he tore one of my vertebral arteries. One night I woke up from bed with a severe headache, dizzy and began vomiting. I thought maybe I had eaten something wrong. For almost 2 hours, I laid on the bathroom floor. Then I felt fine and went back to bed. In the morning, I called the chiropractor after I looked up my symptoms on-line. I asked him, "could I have had a stroke after something that you did because you know I did feel a little weird when I left your office. "Look, there is no way you could have suffered a stroke. What I do is safe and natural."

Long story short, a few days later, I found myself in an ambulance, being rushed to a hospital. No one figured that I had had a stroke. After all I looked too young for a stroke. They did test after test.,x-rays,cat scans, spinal tap...Finally they did an MRI at the insistence of my medical doctor, whom my husband called. They found the tear in my artery and immediately began administering blood thinners. However, it was too late. A clot broke off and went to my cerebellum and I had to be whisked off one Saturday morning to have emergency brain surgery. The last thing I remembered was that my 14 year old son was leaning over my bed crying as the nurse pulled off my jewelry to give to him.

When I woke up I was paralyzed and then days later I regained my right side. I spent weeks in the hospital . I remember laying there helpless. just praying to die most days....even though I had a great husband and 2 wonderful boys. . I figured that my children would be better off without the burden of me. My 14 year old son, said to me one night, "Mommy you can't leave us, we need you." I cried all night and began asking to live. And that I did. I was determined to be myself again After 2 years and working nearly 7 hours a day with PT's, OTs, aqua therapists, & yoga therapists, I got my life nearly back to where you see me today. It is so hard to believe that the person screaming to die, over & over again was me....yet the medical records show that that was all I kept crying.

But this is not about me. It is about the hundreds of young people who this happens to. Young people between the ages of 25-45 who have no money, minimum insurance, young kids and they had no idea that there was any risk at all with a chiropractic adjustment. Chiropractors know. They have it written in their textbooks and they have it

on their web-sites. There are books, articles and TV reports about it since 1937. And yet here we are in 2009 still listening to stories of victims .

Our bill will not stop this from happening, but at least people will be informed so that they would be able to make their own informed decision. At the very least, if after an adjustment and they had a discharge summary with them, they would know that when they experienced signs of a stroke, they should seek help immediately, because with stroke, time is everything..the difference between being almost stroke –free and paralyzed for life ..

A huge difference for a young person in their 20's just starting out in life.

It is time for truth and transparency in chiropractic care. It is not about chiropractors and their business and whether they are being singled out or how often it happens. It is about patients rights and THEIR health and their right to know.

Louis Sportelli, President of the largest Chiropractic Insurance Company says, Even one cerebral vascular incident that could have been prevented or detected is one too many.”

I couldn't agree with him more.

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2008-09

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 Why get vaccinated?

Influenza ("flu") is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza, but rates of infection are highest among children. For most people, it lasts only a few days. It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever, diarrhea and seizures in children. On average, 226,000 people are hospitalized every year because of influenza and 36,000 die—mostly elderly.

Influenza vaccine can prevent influenza.

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, or the "flu shot" is given by injection into the muscle. 2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended.

Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. When there is a close match the vaccine protects most people from serious influenza-related illness. But even when there is not a close match, the vaccine provides some protection. Influenza vaccine will *not* prevent "influenza-like" illnesses caused by other viruses.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts up to a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Some people have suggested that thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine reviewed many studies looking into this theory and concluded that there is no evidence of such a relationship. Thimerosal-free influenza vaccine is available.

3 Who should get inactivated influenza vaccine?

All children 6 months and older and all older adults:

- All children from 6 months through 18 years of age.
- Anyone 50 years of age or older.

Anyone who is at risk of complications from influenza, or more likely to require medical care:

- Women who will be pregnant during influenza season.
- Anyone with long-term health problems with:
 - heart disease
 - kidney disease
 - liver disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- Anyone with a weakened immune system due to:
 - HIV/AIDS or other diseases affecting the immune system
 - long-term treatment with drugs such as steroids
 - cancer treatment with x-rays or drugs
- Anyone with certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone 6 months through 18 years of age on long-term aspirin treatment (they could develop Reye Syndrome if they got influenza).
- Residents of nursing homes and other chronic-care facilities.

Anyone who lives with or cares for people at high risk for influenza-related complications:

- Health care providers.
- Household contacts and caregivers of children from birth up to 5 years of age.
- Household contacts and caregivers of
 - people 50 years and older, or
 - anyone with medical conditions that put them at higher risk for severe complications from influenza.

Health care providers may also recommend a yearly influenza vaccination for:

- People who provide essential community services.
- People living in dormitories, correctional facilities, or under other crowded conditions, to prevent outbreaks.
- People at high risk of influenza complications who travel to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

Influenza vaccine is also recommended for anyone who wants to reduce the likelihood of becoming ill with influenza or spreading influenza to others.

4**When should I get influenza vaccine?**

Plan to get influenza vaccine in October or November if you can. But getting vaccinated in December, or even later, will still be beneficial in most years. You can get the vaccine as soon as it is available, and for as long as illness is occurring in your community. Influenza can occur any time from November through May, but it most often peaks in January or February.

Most people need one dose of influenza vaccine each year. Children younger than 9 years of age getting influenza vaccine for the first time – or who got influenza vaccine for the first time last season but got only one dose – should get 2 doses, at least 4 weeks apart, to be protected.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

5**Some people should talk with a doctor before getting influenza vaccine**

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any severe (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
 - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
 - A severe allergy to any vaccine component is also a reason to not get the vaccine.
 - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

6**What are the risks from inactivated influenza vaccine?**

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- fever • aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

7**What if there is a severe reaction?****What should I look for?**

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8**The National Vaccine Injury Compensation Program**

A federal program exists to help pay for the care of anyone who has a serious reaction to a vaccine.

For more information about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

9**How can I learn more?**

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO)
 - Visit CDC's website at www.cdc.gov/flu



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

URGENT – READ

Why PSB 90 should be passed by the CT legislature:

Oral & Written INFORMED CONSENT would benefit the patient and not just the healthcare provider. Because a spinal manipulation can cause stroke, which can lead to death, it is important that a patient also leaves with a discharge summary, stating the signs of stroke, so that a patient would know to get immediate emergency care, a possible difference between life or death.

Important article in the May 2007 Issue of:

SELF MAGAZINE

“THE SCARY HEALTH MISTAKE WOMEN MAKE”

“A DEADLY TWIST”

“CHIROPRACTORS ARE
CAUSING STROKES IN YOUNG
HEALTHY WOMEN.”

“READ THIS BEFORE YOUR NEXT APPOINTMENT”