



# VITAL SIGNS

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**Suggestions & Feedback**

We welcome your questions, comments, or suggestions. Your opinion matters!

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Founded in 1981, the International Association for Near-Death Studies, Inc. (IANDS) is a 501(c)(3) nonprofit corporation. The organization is dedicated to encouraging scientific research, education, and support regarding the physical, psychological, social, and spiritual nature and ramifications of near-death and related experiences. IANDS associates comprise a broad audience from around the world including experiencers; researchers; medical, mental, social, and religious/spiritual healthcare professionals; educators; and the general public. For more information, or to become an IANDS member, visit <https://iands.org>



# President's Message

## WHEN IANDS LOSES ONE OF ITS OWN

In just the past few months, IANDS has lost to physical death a few of its members who made special contributions to our organization. Two with whom I worked personally were Dr. Carlos Alvarado and Kristina Pelletier.

For the 13 years I've served as editor of IANDS's scholarly *Journal of Near-Death Studies*, Carlos was one of my editorial board members—and considering that I “inherited” him from former editor Bruce Greyson, Carlos served in that capacity for untold prior years. When Bruce “bequested” Carlos to me, he made these comments: “[Carlos] knows more about OBEs than anyone else and is thoroughly familiar with the history of parapsychology, particularly the 19th-century and the non-English-language literature.” Whenever I received a manuscript that touched on Carlos's areas of expertise and sent it to him for review, I was confident he would send back thorough and very helpful feedback. In addition, among many other things, he and his colleague / life partner, Nancy Zingrone, organized educational online parapsychology lectures and, on a couple of occasions, invited me to serve as speaker. I always found it a joy to work with Carlos and Nan on these programs. Furthermore, Nan and Carlos co-authored an important chapter “Pleasurable Western Adult Near-Death Experiences: Features, Circumstances, and Incidence” in the 2009 *Handbook of Near-Death Experiences* that I lead edited. I so admire the undying enthusiasm Carlos had for research and education in the domain of parapsychology, and I so respect the quality of the works he produced. With his passing, IANDS has lost a long-time, loyal friend and an invaluable contributor to the field of study that includes near-death experiences (NDEs).

Much shorter was my time with Kristina Pelletier. Only a little more than a year ago, former IANDS Vice President and Marketing Chair, Roberta Moore, found Kristina—and in her short time working for IANDS, what a transformative effect Kristina had on the face of IANDS. You may have noticed that a little over a year ago, the graphics that accompanied IANDS's communications were revolutionized: That was Kristina's work. She also

spearheaded IANDS's first Annual Report, and she contributed numerous additions to IANDS's YouTube channel, enhancing our income and strengthening our financial foundation. On a more personal note, she insisted that I should have my own website, proceeded to design it, and served as my consultant whenever I had trouble navigating edits to the site. And on an even more personal note, Kristina and I became friends—which is not always in my nature to do but was very much in her nature. Once she knew that her cancer was terminal, she was telling me one day how she had no fear of death because of what she'd learned through IANDS. She consented for me to Zoom-record an interview of her on that topic. I will miss Kristina on so many levels. You can read more about IANDS's tribute to her on pages 4-5 of this newsletter—including the YouTube link to our interview.

Like Kristina, whose fear of death was mitigated by her experience with IANDS, those of us in IANDS who are left after the passing of such wonderful people as Carlos and Kristina may have our grief mitigated by what we have learned through IANDS. In my experience among people who investigate NDEs, most who have not already had direct experiences themselves develop a belief that consciousness survives death and either immediately or ultimately exists in a state of unconditional love; for those who have had such experiences, the reassurance of belief typically evolves into the certainty of knowledge. That belief or knowledge doesn't diminish the challenges of continuing in physical life without the departed, but when we're able to think less of ourselves and more of our love for them, we rejoice that, as Kristina and many NDErs have said, they have “gone home,” with all the comfort and fulfillment implied in that arrival. So I cheer for Carlos, Kristina, and other transitioned members of our IANDS community, and if Carlos or Kristina have any wisdom to impart to me from their new perspective, I welcome their communication in any form available to them.

Janice Holden, EdD, LPC-S, ACMHP

*IANDS President*



## In Memory of Kristina Pelletier IANDS Volunteer & Consultant

It is with great sadness that the board of directors, volunteers, staff, and friends of the International Association for Near-Death Studies (IANDS), Inc. announce the transition to the Light of Kristina Pelletier.

It was almost inevitable that Kristina Pelletier, website designer and marketing consultant, would find her way to IANDS. Although she had never had an NDE herself, she had been fascinated by NDE accounts for many years. As she would later explain, Kristina found IANDS through a video on YouTube, and she started thinking of ways she could be associated with the organization beyond simply becoming a member. To Kristina, working with IANDS meant working to make the world a better place. Kristina truly had a **mission**.

With that focus in mind, she created several vision boards for her future, with IANDS's logo prominently displayed on each one. Finally in 2020 she contacted Susan Amsden in the IANDS office and submitted her name as a volunteer, and within a week she was starting a journey that would eventually lead to her dream job, working as a paid marketing consultant for IANDS.

**Roberta Moore**, former IANDS board vice-president, remembers Kristina's great enthusiasm, as she wanted to improve the face IANDS presented to its members and the world. With tremendous energy, Kristina left her stamp on almost every aspect of the organization. "I can't wait to create a new website for IANDS!" was one of her first comments, and she worked many hours on preliminary design and content issues for a new website, while also improving the current website's appearance and text.

In addition, working with editor **Susan Amsden**, she transformed *Vital Signs* from a newsletter to a colorful, image rich magazine format, receiving comments such as, "Gorgeous!" "Outstanding!" and "Love the new format!"

In 2020, Kristina co-authored with Roberta a **Marketing Analysis** which examined nearly every facet of IANDS, requiring the cooperation of many people and resulting in a comprehensive 82-page report. This analysis paved the way for the IANDS Strategic Plan for 2021.

When IANDS had the opportunity to partner with the journal *Narrative Inquiry in Bioethics*, Kristina co-designed the graphic for the special issue, *Voices: Healthcare After a Near-Death Experience*, which was selected from several cover-design submissions.

Of her many projects, dearest to Kristina's heart was her work on the IANDS Video channel. Her work reached lives throughout the world, and she loved replying to the heartfelt comments of many viewers. She realized the significance of IANDS videos: touching hearts, soothing fear of death, and ameliorating grief.

According to **Robert Mays**, IANDS Treasurer, Kristina accomplished a miracle in transforming the IANDS Video channel in the 7 months in 2021 that she worked on it, compared to the prior 7 months in 2020:

1.7 million views versus 318,000 views, a 540% increase

13,400 added subscribers versus 1,800 added subscribers, a 740% increase

492,500 hours viewed versus 128,400 hours viewed, a 380% increase

Kristina's work was much more than simply adding more videos to the channel. She also drastically improved the quality of the presentation of the videos with fantastic eye-catching thumbnails and focused editing of the presentations. She set a new standard of quality for IANDS's presence on the Internet and single-handedly boosted IANDS's image in the world.

Kristina brought a high level of skill and creative talent to IANDS, but most of all she brought a kind and loving nature to her work, impacting many people personally as well as professionally.

**Chuck Swedrock** recalls that Kristina touched his life in two significant ways. The most visible outward way was how she contributed a major artist improvement in the quality of announcements and marketing of IANDS Sharing Groups Online (ISGO) events. Her endeavors in that area were

clearly measurable in the resulting increased audience sizes.

But certainly, the most meaningful way Kristina and Chuck got to know each other was from the after-hours talks—typically hour-long-plus discussions that touched all levels of interaction, from sharing methods of managing relationships with family and friends to deep explorations of the interpretation of reality portrayed in metaphysical experiences. Chuck says, “These were the essential moments that I will carry with me always.”

**Jacqueline Arnold**, Board Member and friend was the last IANDS member to see Kristina in person at the lovely Hospice House in Rapid City, South Dakota. They talked about the 2021 Conference and Kristina’s hope for a new beautiful website. But more importantly, Kristina and Jacqueline joked about the topic of “unconditional love” — yeah, some people just don’t “get it!” But they looked at each other and said seriously that where Kristina was going, everyone gets it. What a heartfelt moment that was—Kristina’s knowing. Hugging and Unity prayers were part of their visits, and Jacqueline was so relieved that Kristina was awake to converse while she was there. A number of times since Kristina transitioned, Jacqueline has heard the word “Wow” from the area of her left ear, so perhaps Kristina is still close to us.

**Rebecca Austill-Clausen** observes, “I found Kristina to be a very wise, articulate scholar of life. She loved learning and had no fear of death due to her familiarity with the work of IANDS. Kristina relished receiving and sharing LOVE with her IANDS community. She plans to continue sharing the power and beauty of LOVE from the afterlife.”

IANDS was so very fortunate to have Kristina as a well-loved member of the IANDS family, and she will long be remembered for her lasting contributions, creativity, and extraordinary enthusiasm.

Video interview with Kristina by IANDS President, Dr. Jan Holden, which was intended to be released posthumously <https://youtu.be/aKCs807XUUY>



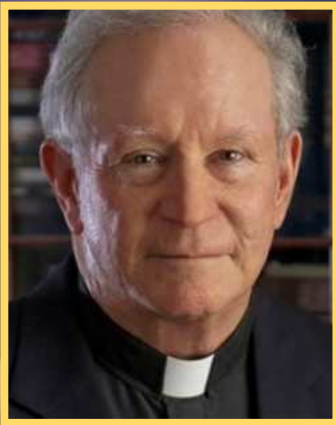
Before Kristina passed, a major focus of her work at IANDS was replacing our existing IANDS website with a more modern version with easier access. In continuing support of Kristina’s dream, IANDS has set up a memorial donation fund to continue her work.

Please consider donating by clicking on the button below:

**KRISTINA PELLETIER MEMORIAL WEBSITE DEVELOPMENT FUND**

[DONATE](#)

**May the Knowledge of the Light Bring Infinite Peace, and the  
Tender Touch of the Divine Bring Healing and Comfort**



## In Loving Memory of Reverend John W. Price

NDE Author & Longtime Friend & Presenter for IANDS

1938–2021

By Reverend David Maginley, CSPC, ATTT

John was that rare blend of ecclesial integrity and fidelity as an Anglican priest, who also demonstrated openness to the mystical and paranormal. John emphasized that these are both explorations of our connection with God. Decades in ministry with the military and congregations exposed Rev. John Price to astonishing near-death experiences and expanded his orthodoxy to reincorporate what the Christian mystics have offered.

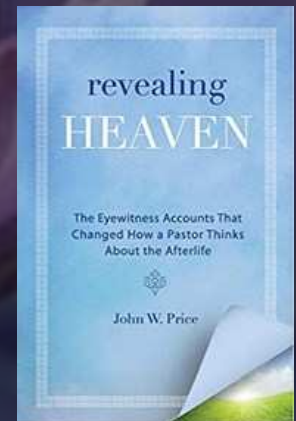
Rev. Price is the author of *Revealing Heaven: The Christian Case for Near-Death Experiences*. In it, he shares compelling testimonies and analysis that affirm near-death experiences as valid and consistent with Biblical teaching as well as how near-death experiences help us understand death, grief, and what happens after this terrestrial journey is done.

Warmly remembered for endless puns and genuinely warm character, John not only delighted in being a gifted chaplain, counselor, and congregational leader but also felt blessed to be a blessing. He lifted others up, he grounded them in love, and he humbly lived his vocation with wonder.

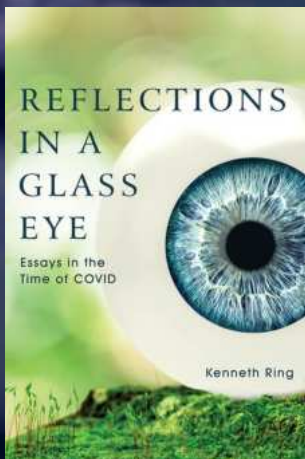
We invite everyone to see a short, lovely interview Rev. John did with former IANDS Board member Rev. David Maginley about God and NDEs, filmed at the 2019 IANDS Conference in King of Prussia, PA:

[https://www.youtube.com/watch?v=QgrfykY\\_UVE](https://www.youtube.com/watch?v=QgrfykY_UVE) Also, visit NDE Radio with

Lee Witting | Facebook: <https://www.facebook.com/NDERADIOWITHLEEWITTING>



## IANDS Co-founder, Kenneth Ring, PhD Launches Newest Book

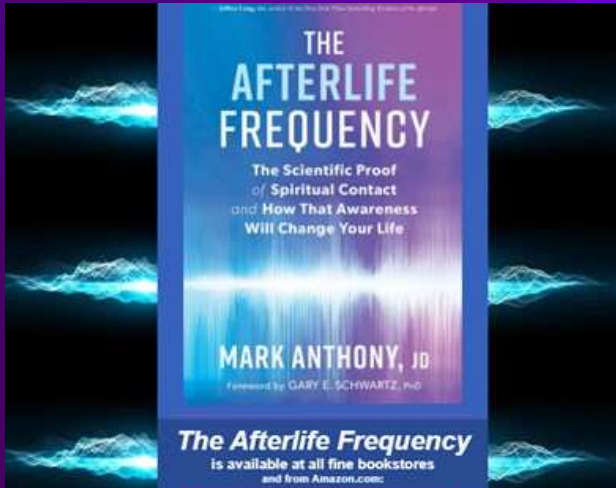


In these lively and often witty essays, **Dr. Kenneth Ring**, best known for his pioneering work on near-death experiences, reveals his talents as a Kenny-come-lately humorist and would-be man of letters. Now in his mid-80s, he shows in this book how he has lost none of his verve for writing on a range of subjects as diverse as they are entertaining. **Kenneth Ring, PhD**, is **Professor Emeritus of Psychology** at the **University of Connecticut**; author of five books on NDEs, including his bestselling *Lessons from the Light*; and co-founder and first president of the **International Association for Near-Death Studies (IANDS)**.

Review by **Nancy Clark** of Ohio on amazon.com: After reading *Reflections In a Glass Eye* by one of the most influential near-death experience researchers of all time, **Kenneth Ring, PhD**, I figured I should tell you how great it is. Unlike many of his near-death research books, Dr. Ring has now written a book that masterfully draws the curtain on the true nature of his character, his intellect, and his private and public personas. Humorous anecdotes, poignant encounters, and touching narratives breathe life into this no-holds barred collection of essays that is a joy to read. Kenneth Ring has an amazing gift of writing that touches the reader's heart and delights the soul. I love this book and so will you!

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# NEW!!! RECENTLY RELEASED BOOK FROM MARK ANTHONY



**The Afterlife Frequency:** *The Scientific Proof of Spiritual Contact and How that Awareness Will Change Your Life*, is a riveting adventure that reads like a juicy novel transporting the reader around the globe and from the cosmic to the subatomic into the human soul itself.



Mark Anthony reveals how the human experience encompasses Spirit Communication, whether through a medium, near-death experience, deathbed vision, or visitation from spirits of loved ones. Although spirit communication is often dismissed as fantasy or feared as paranormal and supernatural, Mark presents scientific proof that, instead, it is a normal part of human nature and a powerful instrument of healing and love.

[CLICK HERE TO ORDER BOOK FROM AMAZON.COM IN THE UNITED STATES](#)

## IANDS' GIFT TO YOU - WATCH AND REWATCH THE VIDEOS UNTIL 01/31/2022!



**2021 VIRTUAL CONFERENCE**  
[virtualconference.iands.org](http://virtualconference.iands.org)

Videos on Demand  
extended to  
01/31/2022! 

Let's face it: There were so many amazing and inspirational speakers, panels, and workshops this year at the 2021 IANDS ONLINE CONFERENCE! Lots of us who registered for the conference have not been able to watch them all in their entirety. IANDS's gift to you is to allow you 24/7 viewing **through January 31, 2022!** IANDS members who didn't register for the conference may also register now for the videos -- for \$74. Workshops are extra, but still available. Please email: [iandsconference@gmail.com](mailto:iandsconference@gmail.com) or call the IANDS Office at 919-383-7940.



# From Massachusetts to Leyte Gulf, Philippines WWII and Back Again!

*By Anonymous*

I'm a little boy about eight and a half years old, going out with my parents to eat at M&K Coffee House in the best part of Massachusetts. We get to the Coffee House and we've been there quite a few times. The maître d' or greeter takes us over to a table and I slide into the wooden booth and I start screaming! I was always a brat! "My ass, my ass", I'm screaming and crying. Everybody in the restaurant looks. The maître d' takes me in the back and I'm crying. I've got my pants down and he's trying to pull this sliver out of my left leg. He broke off part but can't get the rest out! He comes out with me and tells my parents, "You're gonna have to take him to the doctor."

So, my parents take me to Dr. McElroy's office. I can't sit in the car because it's hurting too much, so I lie on one side in the backseat. We get to Dr. McElroy's office and he let's us in right away. I'm crying, I'm all upset! He tries to dig it out and he can't get it out. So he said, "We're going to have to take him to the hospital."

At that time around 1950 or 1951, Union Hospital was an old mansion that was converted to a hospital. I remember walking in the door and the marble staircase went up and split both ways right and left and I'm still crying and upset. I go in and the nurse says, "Take off your clothes and put the gown on." Then they're taking me into the operating room. Now, I'm really upset! I know Dr. McElroy was there and Dr. Macklow walked in. I said to my parents, "I don't want ether! I had my appendix out last year. I don't want ether! No more ether!" He said, "All right, all right, we'll take care of it. Don't worry about it. You just take it easy." So they get me on the operating table. I guess this new guy was the anesthesiologist. He pours this stuff on a piece of gauze and puts it over my face and I started screaming, "It's ether, it's ether! You said you weren't going to give me ether." The anesthesiologist said, "Hold him down, hold him down!" And Dr. Macklow says, "No, no, no! Bring the bottle over here and show him that it's not ether." It was chloroform. I'm upset because the damn chloroform smells just like ether. The anesthesiologist says, "Start counting." So, I start counting real fast 1-2-3-4-5-6-7-8-9-10. I get up into the 40s and 50s and I can hear it echoing 50, (50), 51, (51). I get up into the 60s and the nurse asks, "Why is it taking so long?" And the anesthesiologist says, "Because he's fighting it." I remember getting up to 72. At 72, I came out of my body. I came up off the table and I'm going up slowly. I can see the doctor and everybody goes into panic mode. Dr. Macklow starts pressing on my chest. He said, "Bring that oxygen over here!" The anesthesiologist went over and got a two-wheeled cart with two cylinders like you see people welding with and it had a chain around it with a padlock. Out of my body, I can see my mother and father on the bench outside

the operating room, holding hands.

Then here's where it gets complicated. I was in two places at the same time seeing out of two bodies. I'll start with the little boy. I ended up on this road, leading to this tunnel. The road was like nothing I'd ever seen before. It was rocks embedded in the ground, not cobblestone, not slate, but rocks. Then there was like a strip of two feet of grass on either side of the road, and grass was around the U-shaped tunnel. Everything else was air! There was no sun, it was just air! If I looked over the edge, there was nothing under this road! It was just a road that was suspended in the middle of air leading to a tunnel that was a tunnel in the air with grass around it. As I got to the tunnel walking, I looked inside and I hear a woman's voice say, "Randy, wait here." So, I sat down at the edge of the tunnel. I didn't want to look off into the air. I didn't want to look into the tunnel because it was all sharp black, jagged rocks, and it went probably 30-40 yards...but it didn't go straight! It must have turned to the right because I could see the glow of light on the far wall. So, I sat down with my arms around my knees, but I couldn't put my butt on the grass because it was wet. There was water trickling out of the tunnel on both sides.

That woman's voice had stopped at the same time, simultaneously as I'm walking through the corridor of a ship and here's something...I'm a grown man! I'm walking through the corridor of the ship and something keeps hitting me in the butt as I'm walking along. Yet, he's not paying any attention to it but I am seeing out of his eyes. He's stepping over the bulkheads each doorway and as he's walking through the corridor of the ship, there's an open door to the right. As he passes it, he looks inside and there's two sailors in there. One sailor is on his bed reading a book and the other sailor is on his bed playing with a deck of cards and looks up and he says, "Good luck Lieutenant." I'm/he's walking along and I can feel his thoughts. He was so upset because he had joined the Navy to fly as he said, "Hellcats, Wildcats, or Dauntlesses! Instead, I've got to fly this relic." He hated this plane! He got to the last door and pushes the door open. Then I remember when opening the door, he could smell the salt air. He was on the deck of the ship that was not an aircraft carrier. He turned left and said he was going towards the fantail. There was the relic. It was a seaplane with a single big pontoon underneath the fuselage and two hanging from the wings. It was on a catapult that they have swung over the gunnel of the ship and he's walking to it. 'This is what I have to do. I have to fly this thing. This is my job.' But he's upset because he didn't join the Navy to fly these things. He could feel the ship turn and as he's walking towards the plane, he's saying



to himself, (I can hear his thoughts just as if they are my thoughts), they are turning the ship into the wind so I can take off. He gets inside the plane and sits. I can see it ain't bothering him but I'm seeing his hands, him sitting in that plane. There's one big stick and you can see the cables from the stick in the center and there's two wooden pedals with these cables attached to those pedals. On the dash, there was only the compass in the center and two gauges on either side. One of the two crewmen must've prepped this plane and got it swung out. The Lieutenant's accelerating the throttle and the whole thing is shaking. The plane releases and comes off the catapult and almost hits the water. Then I/he start's going along. I've got a clipboard and I've got it between my legs. On it are the directions I'm supposed to travel for so much length of time. I had taken my wristwatch off and put it on the clipboard, like the Lieutenant had. He starts and this thing takes forever for it just to gain altitude. He was so disgusted with having to fly this thing! And I remember going through these wispy clouds. And as I/he, the Lieutenant, go through these wispy clouds, he can feel the dampness on his chest. It's an open cockpit plane. I get up above the clouds and it's just droning on. It's real slow, it has no power. I'm watching the watch and I'm watching my direction. I'm going to go so long in this direction, then I'm going to make a turn to port for so long, then a turn to port again and come back to the battleship, the plane at the stern of the battleship. Well, I'm about to make that turn. I've been flying for hours, I'm cold. I can see he's got gloves on, sheepskin lined. He's got a brown leather flight suit on, a brown leather helmet and it's cold. I'm watching the time, watching my direction. I'm looking through the wispy clouds and all of a sudden, I see the ships below me. There's aircraft carriers, cruisers, destroyers, just a whole fleet of ships! I start trying to recognize them and he's written off some Japanese names of the different types of ships. He picks up this mic and he starts hollering the coordinates in latitude, longitude and minutes. He hollers it twice, and he goes to holler it again and he looks off his port wing and there's a Japanese Zero. That pilot is alongside him looking back at him and they make eye contact for a second. The Lieutenant looks to the right and there's another Japanese Zero off his starboard wing. He pushes the stick forward and he goes into a dive and it's like they're playing with him. They're almost flying circles around him and he drops a lot of altitude and levels off. They level off again. He sees a Japanese Zero coming right at him, hundreds of yards away. He can see the flashes of the machine gun fire and then he hears crack, crack, crack, crack, boom and the prop stops! All of this dark black smoke starts filling the cockpit and it felt like cotton in my mouth. The plane starts to go into a dive and as the plane's going into a dive, the waters coming up. I can see in my peripheral vision the horizon. Then he's trying to pull the stick up and he's saying to himself, 'It's a seaplane. If I can get the stick up, I can land it on the water.' He's trying to pull it up and at the last few seconds

when there is no horizon and just the water coming up, he says to himself, 'If I land on the water, the Japs are going to capture me.' Then the water's coming up and boom!

I wake up in the hospital bed! The sheet is up to my shoulders. My arms are underneath the sheet. And he keeps saying to himself, 'I made it, I made it! I'm alive! I made it! I'm alive! Where the hell am I?' There's a window across the room. There's a nurse reading a newspaper next to the window and she's got the newspaper up in front of her. He looks out the window and it's pine trees, oak trees, and the roofs of buildings. He says to himself, 'This looks like England. This can't be England! Where the hell am I? It's not California. It's not Hawaii. Where the hell am I?' And he looks to the right of the window and there's an oak table. On top of the oak table is a white radio and it says Westinghouse. It's got a big clear plastic knob with all the am stations on it. He looks at that radio and he asks himself, 'What a weird radio? "What is that made out of?"' And she says, "Tenite." What's tenite? Then he looks back at the nurse to the left of the window. Whoa! She's sitting in a chair. Her uniform is so light and it's so short! It's only like four inches below her knees. And it looks like she's got nylons on? What...and she's got these white loafers with fringe? She's holding this newspaper up, and you can see her fingertips are manicured. And I said, "Hey, gorgeous. Where am I?" She drops the newspaper, stands up, and she is gorgeous! She's got blond hair, blue eyes and got a perfect figure. She must be in her early 20s! He says, "Oh my word, are you a sight for sore eyes!" She starts walking towards the bed and she turns her head and hollers "Doctor, Doctor!" towards the door. She takes a few more steps and I'm saying, "What's your name, honey?" And she's looking at me like she's real confused. She hollers, "Doctor!" again. I see the expression on her face like there's something wrong! I'm looking at her like why is she hollering like this? And I looked down at the sheet and I said, "Oh my God, I lost my legs!" My body ends like three feet away. Oh my God, I've lost my legs and I pull my hands out from underneath the sheet. I say to myself, 'This is impossible, these are kids hands! How can these be kids hands? This is impossible. This can't be happening!' The nurse hollers, "Doctor!" one more time and I look at her.

I think it's the anesthesiologist since he's tall, that walks in the room and up to the bed. He's got a yellow notebook in front of him. As I look at it, across the top he's got the coordinates I hollered out. He says, "What's your name? What's your rank? What year is it?" And I'm, I'm not \_\_\_\_\_. I looked back at the nurse and it's like, you turn a jug upside down. Block, glug, glug, and he's almost passing out like glug, glug. I looked at the door again and the doctor walks in. I'm the little boy, I'm seeing out of the pilot's eyes. I know that's Dr. Macklow that comes in the room but the pilot doesn't know who he is. Macklow motions with his head to the anesthesiologist. The

anesthesiologist puts his head down and stops asking me questions. He walks towards the door and I look back at the nurse. I said, "I just met the most beautiful woman I've ever seen in my life and I've got the body of a kid. This is impossible!" I'm seeing both of these things at the same time: I'm the little boy standing in front of that tunnel, looking down at the grass and I'm seeing all of this happen. And I'm looking at the grass because I don't want to look in the tunnel and I don't want to look into the air. Then I'm confused because I'm looking at the grass and I see me from over there, hunched over looking at the grass. I'm confused! How can I be here and looking at myself from over there, and then it dawns on me. The Lieutenant walks by and he's going into the tunnel. As he steps into the tunnel, the thing's hitting him in the butt, which I didn't know what it was. It was the parachute! It was way down low. He sat on it when he was in the plane. He says to me, "It's all yours, kid." and he steps into the tunnel, and boom!

I'm back in the hospital room in my body. Dr. Macklow's standing there looking at me, and my mother and father are coming through the door just as the anesthesiologist is walking out. My mother and father come up to me. I excitedly say, "Ma, Ma, I got shot down, the Japs killed me! Ma, the Japs they killed me, they shot me down! My father's all grins. "It's okay, don't worry about it." He said, "Yeh, Dr. Macklow asked me if you knew how to say coordinates in latitude, longitude and minutes and I told him, "No." I said, "Mom, I was in a tunnel and there was this Lieutenant and, and..." I'm almost passing out. I look back at the nurse and I said, "Yes, she is really, really, really pretty! She has a beautiful figure, blonde, blue eyes." And Dr. Macklow never said a word. He said, "Just calm down. Take it easy. Everything's all right." And the nurse was just standing there. By this time, she had folded the newspaper into fours and she was holding in one hand and she was gorgeous. I remember the Lieutenant thinking he'd never seen a nurse's uniform so short...it was just a couple inches below her knees. I was real nervous and scared. My mother said, "It's alright, take it easy. Dr. Macklow said, "Take it easy." Then Dr. Macklow told the nurse to leave and he said, "I'm going to leave you two alone. Just calm him down." I'm trying to tell them everything that happened. "Forget it! Don't, don't keep bringing it up! Let it go. Let it all go. It's all just a bad dream. Let it go." I said, "Ma, Ma, it wasn't. It was real, it was real! And the Lieutenant. I think they shot him down, but they shot me down too." I was all upset and I was afraid to go to sleep. My mother had to stay in a chair beside the bed. They let her stay at the hospital (like I said it was this mansion). Then when I got home, I was still afraid to go to sleep. My mother had to bring a chair next to my bed until I fell asleep. This went on for weeks.

About three years later, I went through the whole thing all over again one night in a dream. So next morning, I go out to play baseball with all the neighborhood kids and I

told them about this. They were all like, "Ewe, Wah!" They were confused, because it's hard to explain. How can you be in two places at the same time? And all this? They're asking me all these questions and I don't know, you know? And they were all, "Wow, wow!" But then the next day. I guess they went home and told their parents. Their parents were like, "Oh, that's a pile of baloney! Don't you believe what he said! You know, you live once, and you go to heaven and that's it! You know!" So, I never told anybody for five or six more years.

The next incident related to this was probably two or three years after this. First day of school, it was either the last year of junior high or the first year of high school. You go to your different classes and you get a new book. I go to the history class and I get the history book. The teacher's talking and I'm flipping through the pages. In the middle of the book, there's a black and white picture on the top left-hand page of an old man in a two wheeled wooden cot being pulled by a donkey. It wasn't that! It was the road he was on! It was that road with rocks embedded in the ground and underneath the picture it said, the Appian Way. So, I read about the Appian Way that the Romans built out.

Fast forward, I'm in my late 20s and married. There's a program coming on television, near-death experiences. I watched that program that had like three or four people on, a teenage kid, older man and woman and they're talking about they went to heaven, and it was so beautiful. They met their grandparents and everything. Then they were told they had to leave, and they didn't want to leave. I said, "That is what I saw. I saw that tunnel and it was creepy. It was black and it was all sharp, jagged wall rocks, and it turned at the end. Then it hit me. I said, "That wasn't the entrance to heaven, that was the entrance to hell!" Then I thought, the damn Romans don't know what they built but the road to hell!

Probably another decade later, the M&K Coffee House incident was brought up during a rare visit while at my parent's house. My father said, "You know, Dr. Macklow told us never to bring it up and talk to you about it, but Dr. Macklow told me that the anesthesiologist wrote it down," (what he hollered out while he was on the operating table). The anesthesiologist called up a roommate of his from med. school, who was a pilot during the Second World War. They plotted out those coordinates and they were 100 miles from Leyte Gulf. There was a big battle there during the Second World War. Then my mother had gotten up from the table and gone into the bedroom. When she came out, she had a white piece of gauze. On that white piece of gauze was a splinter 1.75" long tapered to a point. That's what they took out of my leg and she had kept it all.



[https://www.reddit.com/r/AskReddit/comments/mkru9p/parents\\_what\\_spooky\\_past\\_life\\_memory\\_did\\_your\\_kid/](https://www.reddit.com/r/AskReddit/comments/mkru9p/parents_what_spooky_past_life_memory_did_your_kid/)

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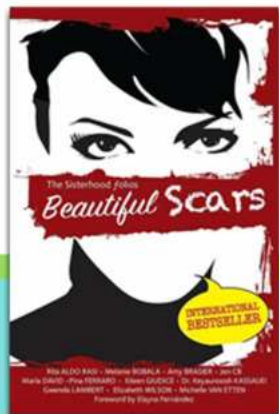


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## Peering Behind Closed Eyes

### New research into the coma experience

When I tell people that I am writing a book with universal appeal, that could not be more timely, and on a subject that has never been written about before, I suspect many double-check on Google thinking me delusional. But, try as they might, they will draw a blank. There is nothing online that satisfactorily explains the peculiar events experienced by coma survivors. Few are even aware that the mind can be so active when the brain is flat-lining on the EEG.

Every day around the world, thousands of people are placed in medically-induced comas. The pandemic has seen those numbers soar. But what happens inside the mind when people are effectively 'brain dead' deep inside coma?

For some, the experience is an utter blank. Others lay paralyzed, aware of everything around them but unable to scream or even blink. Many encounter ultra-vivid nightmares; others embark on nostalgic journeys back in time or undergo a deep, spiritual oneness with the Universe. Strangest of all are the accounts of alternate lives lasting decades while mere days pass in this world.

Once a person regains consciousness, it is often months before they can communicate fully. The ability to speak may take a long time to return while a cocktail of medications continue to linger in the system. Many fail to recognize partners and children. A few have told me that they had forgotten what humans were. Recovering from the damaging effects of coma is one thing; making sense of the experience is another entirely.

By this time, the patient has moved so far down the line that very few ever get to discuss what they witnessed with those who would be most interested. If they do get the chance to talk, their experiences are universally dismissed as 'ICU Delirium' – a common occurrence affecting around 80% of ICU patients – brought about by the meds and a lack of oxygen. A diagnosis of PTSD soon follows, and the patient is medicated or counseled accordingly.

As a term, 'ICU Delirium' works perfectly for the bizarre images conjured up by patients in Intensive Care Units as they undergo intense stress while sleep deprived, seriously unwell, heavily medicated, and frequently confused and in pain. They often imagine themselves to be elsewhere. They might be sunning themselves on the deck of a cruise ship or back home in bed. The wall clock may take on a malevolent

persona, and peculiar visitors turn up.

A pet Greyhound called Ted was a regular bedside visitor for Stephen as he recovered in ICU from an aneurysm operation. "Ted would come through the door with my other dog, Toffee, just behind him. They'd be walking on their hind legs. They both would be wearing nurses' uniforms and have COVID masks on, and Ted would have a thermometer between his paws. Then he'd shove it in my mouth and just wink at me, saying, '*Don't tell 'em, Dad.*'"

Patients like Stephen are often in a twilight world, flitting in and out of consciousness. The coma patient, by contrast, is deeply unconscious, and the term 'delirium' can no longer apply. You cannot be delirious and unconscious, and coma is the deepest state of unconsciousness. But it is also a bit hit or miss. There is no coma tablet for all. Some drugs work for some people but not for others. Weight issues are one factor, recreational drug use is another. Sometimes hospitals just have to make do. Comas would appear to be a spectrum of unconsciousness.

Once you realize that there are other ways of falling into a coma – from injury to illness – and that the experiences are a match with those in a medically-induced coma, then the standard explanation fails to make sense because there are no drugs or oxygen issues at play.

The best guess of most doctors is that the coma itself really is one big blank but that the events recalled are crafted either side of the coma when the patient was to some degree conscious. The events they experienced are the brain's way of making sense of the time lost by filling in the blanks.

When doctors are discussing whether to place a patient in a medically-induced coma, that person is very near to death. The coma is their last, best shot. It seems certain that some people in coma undergo NDEs, but they can often take on a darker aspect. Instead of the beautiful pastoral landscapes, past life reviews, meetings with loved ones, and sense of oneness, coma accounts offer bleak industrial landscapes, sick and listless animals, and brooding menace.

James, who was placed in a coma after contracting an array of lethal viruses, told of being led down a dank and dim prison-style hallway while hundreds of hands stretched and snatched at him from behind bars. Each prisoner was

calling out a different name. What came next was no meeting with his deceased loved ones, all in the prime of their lives and overjoyed to greet him. James stumbled onto a delegation clearly waiting for someone else. He describes encountering a “frigid, old woman,” clearly disappointed to see him.

“She asked who I was. I said 'James,' then she looked me over. 'Who's James?' she wanted to know. And she started to shout 'Who's James? Who's James?' Then I heard someone say in a really calm voice, 'Calm down, Edith'.

“The old woman then started to sob in disappointment: 'I want Dotty! I want Dotty!' She got quite irate. 'Go away, go away! I want Dotty'. Then I slowly started to back away, and that was the end of that.”

We asked James if he had any idea who Edith or Dotty might be? “Dotty was the nickname for my grandma, Dorothy,” he explained. And who was Edith? “A distant relative. I had never met her in this life, but I gave a full description, and my Mum was gobsmacked. Dotty died a few days later.”

The most common coma accounts are the so-called 'nightmares' that sear themselves into the memory. Many feature hospital settings and generally involve torture or rape. This account comes from Rory who fell deep into his coma before he was airlifted to hospital following a near-lethal stabbing. He maintains his coma experience was far worse than the home invasion he suffered.

“I was alone on this hospital bed, and this little effeminate doctor with a big black mustache was wiring me up to something. He was telling me, 'Don't worry, this won't hurt. It will be over soon'. He then pulled a lever and I felt my body leap off the hospital bed. My body then began to grow and swell in size, massively swell and start to turn orange and grow huge spikes until I was the size of a car. And then these doctors were laughing, saying it should've killed me and how strange the side-effects were.

“They then left the room, and naked teenage boys started stabbing me with knives, trying to finish me off. It didn't work, so they began to drink my blood from the wounds. Now, at this point, I believed I was actually dying because my vision was fading in and out, and all I was seeing was a very bright light....”

And then we have the alternate lives. This is James again, some time after meeting Edith. “I was mostly me. Many eras and many walks of life, but I'm pretty sure I was always me. I was just stuck in a loop of dying or people around me dying. I was a Spitfire pilot, and I crashed in the Thames and drowned. I was locked in a box as punishment, and it was filled with water, and I drowned. I was a fisherman, and was involved in an accident while unloading fish, and I drowned. I was flying a plane—a really, really old plane over some part of what I assume was the Caribbean—when we lost power and crashed into the sea.

“I was involved in a terrorist bombing in Manchester which killed many people, including my partner. I remember spending what felt like weeks looking for her. I was involved in a robbery where I was shot in the chest and spent many weeks in hospital with people visiting me. And then I had a recurring one where my partner passed away during childbirth.”

When I listened to Nick, who was placed in a coma after contracting pneumonia and sepsis, it was as if he were reminiscing on a lifetime's experiences. He had led a fairly wild life in his younger days, including a combat tour in

Southeast Asia. Eventually, he settled down to small town life in the Midwest. He thinks he chose the place because he liked the peculiar pink color of the locally produced ice cream. He lived a normal life. He had a baby boy with his partner, giving birth in a New Age birthing pool. But then the relationship started to break down. Nick is living on his own and not taking care of himself. He falls ill.

Next thing he knows, he's in a hospital bed, and there is a woman in front of him who claims to be his fiancée. Other people turn up, telling him he's not the Nick who did a tour in 'Nam, can fix just about anything, and is missing toes from frostbite. He's the Nick who runs his own pizza parlor, would sooner buy new than fix anything, and has all of his toes.

“Let that blow your mind for a minute,” says Nick. “It feels like my consciousness – spirit – soul – packed and went to another world just like this one and picked up a life there. It still blows my mind to just recall that place.

“I was in a world just like this but just slightly different. The atmosphere was slightly orange instead of ours, which is blue. There were still a lot of the same places, but they were not the same or in the same location as they are here. It was like the United States, but not like the United States on a map. It was just mixed up.

“The two weeks I was in coma felt to me like 20 years. I lived a whole other life while I was under. So much so that when I finally was brought back to this world, realm, dimension, or whatever you want to call it, I was actually sad I was awake.”

In a bid to make sense of these experiences, I have been exploring every possible means of altering consciousness – either intentionally or accidentally. There are similarities between some NDEs and the psychedelic effects of various compounds such as peyote, eboga, psilocybin, and LSD. Far less understood are the effects of DMT – *N, N-Dimethyltryptamine* – a naturally occurring compound found in the human body as well as in other creatures and plants.

DMT was first found to be psychedelic by the Hungarian chemist Stephen Szára in the 1950s. In the 1960s it was discovered in the human body, with research suggesting it is synthesized in the lungs and the pineal gland. And although there may be numerous theories, nobody appears to know precisely why, how, or where DMT is produced in humans.

Two possibilities occur. A good one-third of my coma respondents contracted COVID-19, which is known to cause extensive damage to the lungs. Is it possible that the DMT stored there is released into the bloodstream? The pineal gland is also a likely candidate, but, remarkably, very little is known about its function or operation. One highly-regarded neuroscientist told me that he could point to the pineal gland, “...but that's about it.”

Although René Descartes saw the pineal gland as the ‘principle seat of the soul,’ to scientists in the Western world, the gland is a mystery. In the East, however, it has long been known as the 'Third Eye.' It sits within the brain but is not part of the brain. It is formed of different material. It is smaller than your small fingernail. During the day, its activities are limited, but it kicks into action as night comes on, producing melatonin to aid sleep.

Could it be that while the brain is switched off, the pineal gland is free to function entirely unhindered? One authority told me that it is entirely possible, so long as light is restricted from the body. This is likely to be the case in

coma.

Various experiments into sensory deprivation have shown that after just 15 minutes, most people will start to hallucinate. This is believed to be caused by DMT release. This led me to look into sensory deprivation in its most extreme form, 'dark retreats' – as practiced by Tibetan monks and others in search of spiritual enlightenment – lasting months and even years.

Emma Severin runs a dark retreat in Guatemala. She told me that many of the elements of the coma experience are echoed within dark retreats when the body is entirely deprived of its usual sensory inputs. One of her guests, Victoria, described to me the kinds of things she experienced in a 40-day retreat.

“The visions were quite varied, from cartoon-like technicolor movies to a 360° immersion in beautiful purple or turquoise landscapes with characters moving around, interacting with me, from flying boats filled with kittens wearing hats to huge stone-like faces staring at me. I got scared a few times by very dark floating shadows, or characters coming from horror movies. It’s a bit unsettling to be doing your yoga, trying not to watch the tortured woman from the *Martyr* movie crawling towards you, but I really jumped in shock when she actually, suddenly extended her arm to touch me.”

In the 1990s, Professor Rick Strassman carried out a

range of trials, administering DMT in various doses to volunteers who had previous experience of psychedelic substances. It would not be a stretch to say that the effects he recorded are a perfect match for those experienced in dark retreats, where DMT must surely be at play. Could it be that DMT also plays a part in the coma experience?

Soon after I started researching this book, it seemed obvious that its aim should be to bring a new understanding to coma care. Even if we cannot say for sure why these events are happening to coma patients, we should at least acknowledge that they are happening and, as such, patients should be treated accordingly.

There is no doubting that these experiences are causing lasting psychological harm. Survivors often suffer in silence, fearful of being seen as mentally ill. They are not delusional because they – and countless thousands – experienced something that nobody can yet explain.

For this book to make a difference, it needs to reach as wide an audience as possible. Now the search also begins for the right agent or publisher who can make that happen.

This book has taken me deep into uncharted territory. Any thoughts, suggestions, or guidance are very welcome.

Alan Pearce, France, July 2021

*Alan Pearce is a former BBC Foreign Correspondent.*

Email: [coma@alanpearce.com](mailto:coma@alanpearce.com)

## What ISGOing on with our IANDS Sharing Groups Online?

*“When I entered the meeting, I felt a sense of home and belonging without actually knowing any of the individuals in the group. I heard people sharing confidently about their experiences without fear of judgment. I felt like I could finally breathe. This is exactly what I had been looking for! I raised my hand and cried in gratitude and felt the vibration of unconditional love come back in my direction. Eight months later and my experience continues to transform. The IANDS Sharing Groups give me a sense of safety and security I have never experienced. I am now serving as a volunteer to this organization to give back what was given to me. These groups have changed my life, and I know they can offer the same to anyone who wishes it for their own experience. Hope to see you in an ISGO Sharing Group soon!” - BG*

Receiving feedback like this is at the heart of our mission at IANDS Sharing Groups Online (ISGO). Time and again in ISGO events, we receive comments that ISGO feels like home, psychologically. We are told how what is shared at ISGO is not readily heard or spoken about “out there” (meaning home, work, recreational activity, healthcare setting, and religious organization). Lastly, participants tell us how finally they can relax at ISGO and be their true selves

without the pressure of hiding what they have experienced and what they know.

The ISGO platform is always hopping. ISGO has donation-based sharing groups, themed sharing groups (so far, Christian, Jewish, military, and clergy), Stellar Speaker Events, local IANDS group meetings which people around the world can join, and webinars of all kinds. We have recordings of past events available as video-on-demand. We just hosted a producer’s panel for “Living with Ghosts” which had its film premier at the 2021 IANDS Online Conference. Lately, the primary challenge for the ISGO services is to meet the demand for more! There are so many opportunities for ISGO services to make it the top-in-class choice for anyone interested in, or having had, experience(s) that are ineffable and have no ultimate description. And we are all experiencers of life!

Who is behind the ISGO community? Over 90% of ISGO service is due to the efforts of volunteers. These valiant people do it for the love of making a difference in the lives of others, AND they are uniformly inspired by what it can become, step-by-step, with continuous improvements initiated by volunteers who understand and who care.

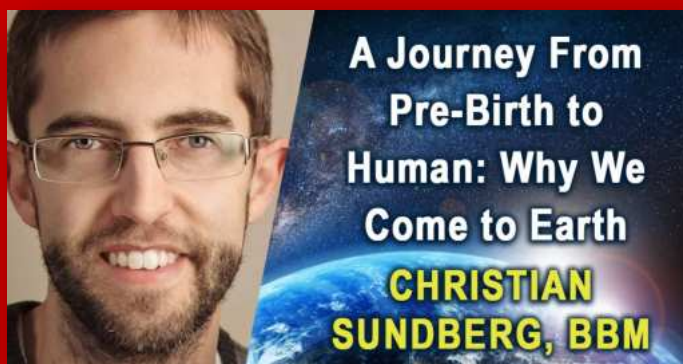


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## THANK YOU, DONORS!

The *Living With Ghosts* documentary fund-raising event was a great success: 1,038 views and \$9,022 donated



This award-winning documentary, exploring the role of after-death communication in grief, is now well on its way to national broadcast on PBS television!

Producer Stephen Berkley expresses his deepest gratitude to all of us here at IANDS and promises to keep us in the loop as his film continues its way through the film festival circuit and ultimately onto PBS next fall.

A heartfelt thanks to the IANDS Board for supporting this event and to the IANDS members and friends whose contributions were vital to its success!

- **Missed the chance to see the film?** You can sneak into the screening hosted by the Australian organization Solace at <https://watch.showandtell.film/watch/solace>
- **Want to schedule a family or group watch party?** Contact Stephen at [stephenzberkley@gmail.com](mailto:stephenzberkley@gmail.com) or fill out a form at <https://www.livingwithghostsmovie.com/host>
- **Missed the chance to donate?** Do so now at <https://www.livingwithghostsmovie.com/donate>. Who knows? Maybe we can still reach that \$10,000 goal!
- **Missed the panel discussion** between Stephen and cast members Graham Maxey and Jan Holden? You can view it for free at <https://isgo.iands.org/product/isgo-special-event-living-with-ghosts-producers-panel/>



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