Written Public Comments

IACC Full Committee Meeting

November 21, 2008

List of Written Public Comments

Lyn Redwood

August 5, 2008

Subject: IACC Strategic Plan Vote

Lyn Redwood’s attachment can be viewed here:
Attachment (PDF – 579 KB)

B. Sachau

September 3, 2008

Subject: I WANT THE EFFECTS OF ALL OF THESE VACCINES ON TINY BABIES STUDIED

IT IS CLEAR MEDICINE HAS BEEN ACCEPTING TOTALLY WHAT DRUG PROFITEERS TELL THEM AND THE DRUG PROFITEERS HAVE TAKEN OVER MEDICAL AGENCIES IN THE UNITED STATES. THEY ARE MAKING BIG BIG MONEY OUT OF INJECTING MERCURY, FORMALDEHYDE, SOY, ALUMINUM AND OTHER METALS INTO OUR BABIES. MERCURY IS STILL NOT OUT OF THE FLU SHOT TOTALLY.IN ADDITION OUR VACCINES ARE BEING MANUFACTURED [offensive language redacted]. NOBODY IS WATCHING THIS WHOLE VACCINE ISSUE AND THE HARM THAT IT DOES.

WE MUST TOP ADVOCATING INJECTIONS OF VACCINE UNTIL WE DO STUDIES OF THE MASSIVE GROWTH IN VACCINES THAT ARE MANDATORY. OUR GOVT AGENCIES HAVE BEEN [offensive language redacted] OF THE DRUG INDUSTRY PROFITEERS AND DOING A NUMBER ON OUR KIDS.

AUTISM IS AN OUTGROWTH OF A BOUGHT AND PAID FOR AGENCY MANDATING ALL OF THESE VACCINES WITHOUT ANY ADEQUATE SAFE KNOWLEDGE OF EXACTLY WHAT IT IS THAT THEY DO. THE NEGLIGENCE IN THIS WHOLE PROJECT HAS BEEN ENORMOUS.

WE MUST BAN VACCINES UNTIL WE HAVE SAFE, HONEST INFORMATION. WE DO NOT HAVE THAT AT THIS TIME AT ALL. THE SLIME IN WASHINGTON DC HAS PERMEATED THIS AGENCY AND OTHERS WHERE DRUG PROFITEERS RUN THE SHIP IN CONTRAVENTION OF SAFETY AND HEALTH.

B. SACHAU
[PII redacted]

Eileen Nicole Simon

September 30, 2008

In brief, two issues I consider important are:

1. Research on auditory system impairment as a final common pathway in the brain.
2. Increased prevalence of autism as possibly the result of the obstetric protocol for clamping the umbilical cord immediately following birth.

I have posted links to my recent comments at http://www.conradsimon.org/WorkInProgress.html

Eileen Simon

Note: Personally Identifiable Information (PII) has been redacted in this document

Caroline Rodgers

September 30, 2008

Subject: Urgent need to investigate the role of prenatal ultrasound plays in autism

Since the Interagency Autism Coordinating Committee (IACC) vision is to "inspire research" and its mission is to "accelerate high quality research and scientific discovery," then it must aggressively investigate the role that prenatal ultrasound may be playing in causing the autism epidemic. There is significant scientific evidence that ultrasound is implicated in autism spectrum disorders, such as:

- Prenatal ultrasound causes disruptions in neuronal migration in mice consistent with those found in autopsied autistics (Ang,et al, Proc Natl Acad Sci,2006). Yale neuroscientist Pasko Rakic, who was the lead scientist in the mouse study, is in the midst of an ongoing study of the behavior of primates that were exposed to prenatal ultrasound; while still unpublished, the IACC should consult the Yale team and find out everything they know or suspect about the impact of prenatal ultrasound on primate brains and behavior.

- Ultrasound can cause changes in mitochondria (Dumontier et al, 1977; Pincuk et al, 1971; Hrazdira & Havelkova, 1966; Harvey et al, 1975) or irreparable damage to mitochondria (Stephens et al, 1978; Karduck & Wehmer, 1974), which is significant since mitochondrial disorders are emerging as a cause of autism. In Hannah Paling's case, the mitochondrial disorder was inherited from her mother, but other cases of mitochondrial disorders are apparently de nova. What was the prenatal ultrasound exposure for such children in terms of gestational age, duration of exam, acoustic output, type of equipment, type of ultrasound (i.e., 3-D, 4.D, Doppler or color contrast), and is there a common denominator?

- Low-exposure pulsed ultrasound can cause changes in the ultrastructure of cells, which could affect receptor topography (WHO Environmental Health Criteria 22 Ultrasound, 1982). Since many medications used to treat autism involve chemical uptake, anything that could cause receptor malfunctions or irregularities should be vigorously pursued. Specialists in neurobiology should investigate whether the thermal effects of prenatal ultrasound can result in a life-long change in the temperature at which chemical signaling occurs in the brain.

- Ultrasound has known bioeffects such as thermal effects, cavitation (a harmonic affect that cause such rapid vibrations that cells are destroyed), microstreaming and shearing, to name only some, many of which are not well understood. Could one or a particular combination of these bioeffects be causing myriad genetic deletions and extra copies that appear to be associated with autism? This could explain the wide variety of non-inherited genetic damage that is being discovered. Could one or more of these bioeffects be what causes devastating gene expressions in families with genetic tendencies that sometimes, but not always, result in autism?

- The thermal effects of prenatal ultrasound may be responsible for a life-long alteration of the temperature at which important chemical signaling takes place in the brain. Many therapies that help decrease autistic symptoms involve an increase in the autistic's metabolism, such as prescription stimulants or amphetamines, caffeine intake of any kind, heavy exercise (NYT Aug. 2006) and fever (Zimmerman, et al, Pediatrics, 2007) - all of which suggest that autistic behavior is caused by temperature-related problems in chemical signaling. Could thermal exposure beneath the amount of heat known to cause birth defects be damaging chemical receptors, resulting in neurological disorders?

- Vaccine-autism connection: Some genes associated with autism are also associated with heat shock genes. If heat shock genes were damaged by the thermal effects of prenatal ultrasound, it would explain why some children who experience high fevers after vaccinations regress into autism, as the heat shock genes would be unable to perform their protective function.

- Ultrasound can causes increases in sister chromatid exchanges (SCE), which are believed to lead to mutations. The experiments that discovered this effect were done before many changes in ultrasound technology have taken place such as an eight-fold increase in acoustic output, Doppler ultrasound, 3- D and 4-D imaging, the use of color contrast agents, etc. Experiments should be done to observe sister chromatid exchanges under the new conditions that apply to current ultrasound use.

LACK OF SAFETY STUDIES

There is little data regarding the safety of prenatal ultrasound. A 1982 WHO review of literature found existing studies to be so flawed, their conclusions were "invalidated." A 2002 report by the National Council on Radiation Protection and Measurements (NCRP) found that there were no safety studies based on data collected after the FDA allowed an eight-fold increase in acoustic output in 1991. The only study published since then (Newnham et al, 2004) has no control population that was not exposed to ultrasound and was based on ultrasound scans conducted after 18 weeks of gestation - when today, many women undergo ultrasound as early as five or six weeks. An abstract of a review and meta-analysis that found ultrasound safe presented in August of 2008 at the World Congress on Ultrasound in Obstetrics and Gynecologists meeting in Chicago was based on old, insufficient data, which sheds no light on the urgent questions women face today regarding current applications of ultrasound.

COMMON DENOMINATOR

The rate at which autism has increased far outpaces any normal rate of change in the gene pool, so there must be an environmental trigger. Ultrasound is the common denominator in obstetrical care worldwide, whereas other environmental factors such as diet, environment, building materials and household cleansers, are very different in different regions. Any common denominator such as prenatal ultrasound that could affect fetal development must be the subject of meticulous examination.

WHAT MUST BE DONE

The IACC plan to "Monitor the scientific literature regarding possible associations of vaccines and other environmental factors (e.g., ultrasound . . . " is not enough, especially with what one expert called an "appalling" lack of such literature. This is not just an oversight; historically, scientists who have applied for funding of relevant safety studies have been turned down. The IACC must make examining prenatal ultrasound a priority, aggressively launch retrospective and prospective studies and insure the accuracy of results to find out what whether this fetal imaging technique is harming children. To do any less would be a lack of due diligence and could cripple efforts to get to the bottom of autism's etiology.

Respectfully submitted,

Caroline Rodgers

Author, Questions about Prenatal Ultrasound and the Alarming Increase in Autism (Midwifery Today, Winter 2006)

[PII redacted]

B. Sachau

October 5, 2008

Subject: Federal Autism Spending - the plan below makes more sense than National Institutes of Health (NIH) plan

NIH is [offensive language redacted]. They want to shut out the public and so they [offensive language redacted]. The NIH is [offensive language redacted] and needs a complete revamping.

b. sachau

[PII redacted]
http://www.ageofautism.com/2008/09/reminder---this.html

James Blanco

October 13, 2008

Subject: Gluten toxicity

Accumulating medical evidence has found that gluten can directly damage your brain and your nerves! You are invited to read the evidence for yourself in this book.

Medical research shows that gluten reactions are linked to ataxia, migraine, attention deficit hyperactivity disorder (ADHD), autism, depression, epilepsy and psychiatric disorders.

This nerve damage can also wreak havoc in your gut.

This is alarming. Yes, gluten can damage your brain. Have you ever wondered why you crave for another hunk of bread? What if a food that you were eating every day was slowly eroding the function and the ability of your brain. Surely you would want to know what that food was! Well, that food is gluten!

Eating gluten is linked to ataxia, migraine, ADHD, autism, depression, epilepsy, mood and psychiatric disorders. Gluten also can disrupt your brain's regulation of your gut – this can cause mayhem in your bowel. Gluten-sensitivity is a brain disease! Read the evidence that has been collected from the medical literature.

This book is "full of it!"

Yes! This book is full of it! It is packed full of content that links gluten symptoms to brain and nerve damage. It is overflowing with information on gluten-sensitivity and the gluten syndrome.
ISBN 978-0-473-10407-8 (192 pages)

The title "Full of it!" is to capture the varied reasons for writing this book. It refers to our diets being full of gluten; to the world being full of gluten-sensitive people; to the medical practitioners who are so skeptical of adverse reactions to gluten; to the enthusiasm of people who are feeling vibrant again on a gluten-free diet; and to those who are brimming with hope that the problem of gluten has now been recognized.

The shocking truth

The shocking truth about gluten is that it is a food that is causing tremendous damage – but unrecognized. Gluten grains have become our staple diet. The quantity of gluten in our food has been steadily increasing. And official Health Policies endorse gluten grains as the foundation of our food pyramid.

But, all of the time gluten is sapping the energy and wellbeing of countless millions. And, as yet, the medical profession is turning a blind eye to gluten's wider problems whilst focusing all of their attention on the narrow problem of coeliac disease.

Can gluten damage your brain?

Searching questions usually provoke yet more questions. Answers can be hard to find. The big question that this book probes is: “Can gluten grains damage your brain?” I believe that the answer to this question is a resounding “Yes!” I have come to this conclusion by the abundant circumstantial evidence from my observations of my patients who are gluten-sensitive. I have pondered the next questions: “Why do they have such an array of symptoms from gluten?” “Why do they recover so quickly when gluten is removed?” And “Why do they deteriorate so rapidly when only tiny amounts of gluten are eaten?”

Gluten toxicity

Over the last fifty years, there has been a slow evolution of the understanding about gluten toxicity. But each time that a new clinical investigation has been developed this new information is merely added on to the current theory.

Seldom is the whole concept re-examined. To this end, the focus of gluten has unwaveringly been on the small bowel. This is because coeliac disease is generally considered to be a gastro-intestinal disease, with some unexplained peripheral symptoms. Coeliac disease (also known as gluten-sensitive enteropathy) is defined as bowel damage caused by the toxicity of gluten in susceptible people. Recent population studies around the world show that it occurs in about one in every one hundred people.

One in ten affected by gluten

I now challenge this narrow perspective. I have described the clinical features of a much wider condition – that of gluten-sensitivity. I have calculated that gluten-sensitivity affects about one-in-ten people. Others claim that it is even more common. In my opinion, gluten has now been recognized as the cause of a vast amount of chronic ill health.

The purpose of this book is to submit a hypothesis that provides a universal model of gluten-sensitivity. I believe that gluten-sensitivity is a brain and nerve network disease.

James Blanco

October 19, 2008

Subject: Draft Review Florida Department of Health Report from Task Force on ASDs

1. Draft Review Florida Department of Health Report from Task Force on ASDs (Part 1)
2. Draft Review Florida Department of Health Report from Task Force on ASDs (Part 2)

Mischelle Strauss

November 14, 2008

Subject: Autism Research Spending

While I completely understand and encourage the need to research the cause, and possible cure of autism, At this point there is a large number of adults that will soon have no place to go. Many have high intelligence quotients (IQ's) but function in everyday situations as a child. These adults need a different type of service than most other people with lower IQ's. I would like to see communities for these adults to live, where there would be large numbers of adults that have similar disabilities. A place in Godfrey, Illinois called [PII redacted] would be an ideal model; A Farm with apartment and cottage living staffed according to needs. Workshop, and training, horseback riding therapies, rural yet close enough to a larger metropolitan area where public transportation is very good. It is vital that these adults are stimulated intellectually. They may have an IQ of average or higher, but the need for supervision and a place to call home for the long haul is important. These adults need to know where and how they will live. If you had a very young extremely bright child, they would not be put in a position to navigate through life. For these adults, they need schedules and most of all hope and a place they belong. I urge you to "Google" [PII redacted]. My son was not accepted there, he is considered to high functioning, his IQ is 108 although his functioning level is that of a fourth grader and lower. The numbers are growing and the parents are aging. Please consider some type of research and funding for appropriate residential settings.

Thanking you in advance for your anticipated consideration in this matter.

Mischelle Strauss
[PII redacted]

Note: Personally Identifiable Information (PII) has been redacted in this document

Linda Walder Fiddle

November 17, 2008

Subject: The Daniel Jordan Fiddle Foundation---What does the future hold for adults with autism?

My name is Linda Walder Fiddle and I am the Executive Director of The Daniel Jordan Fiddle Foundation, a 501(c)(3) organization with the mission to develop and award grants to residential, vocational, educational and family programs nationwide that provide opportunities for adolescents and adults with Autism to participate in community life. We are the only national autism organization with this specific mission and we have been supporting and developing programs for adolescents and adults throughout the United States for the past seven years. Please visit our website to learn more about our organization: www.djfiddlefoundation.org

I see that in putting together the proposed strategic plan, the team consulted several autism organizations in the section regarding, what does the future hold? I would respectfully suggest that if and when specific information is needed to develop a plan to address the transition needs and concerns of adolescents and then the various facets of adult life and program and service needs, that your group contact The Daniel Jordan Fiddle Foundation. We have worked with many exemplary programs and service providers throughout the United States and have extensive knowledge and expertise in this area.

In addition, I serve on the New Jersey Adults with Autism Task Force, the Board of Trustees of Center for Outreach and Services (COSAC)/Autism New Jersey, The Advisory Board of the Autism Center of New Jersey Medical School (NJMD) and the New Jersey Easter Seals Advisory Board on Autism.

Although I will not be able to attend your meeting on November 21st, I look forward to reading the transcript and commenting on it as it relates to futures for adults.

I would greatly appreciate your acknowledging receipt of this e-mail. I look forward to offering assistance to this important effort in the future.

Sincerely, Linda Walder Fiddle

Linda Walder Fiddle, Esquire Founder and Executive Director
The Daniel Jordan Fiddle Foundation
[PII redacted]
www.djfiddlefoundation.org

Note: Personally Identifiable Information (PII) has been redacted in this document

Kristina Chew

November 18, 2008

My name is Kristina Chew and my 11-year-old son, [PII redacted], has autism. I write a popular blog, Autism Vox, through which I communicate daily with many autistic individuals, parents and teachers of autistic persons, and other stakeholders in the autism community. Through my blog, I recently spoke to 84-year-old [PII redacted], who is the primary caregiver for her 50-something autistic son, and who started an organization called Help Autistic People Please, Inc.---"HAPPI"---a number of years ago, with the aim of providing the services and supports for autistic individuals in the communities in which they live. While much more is known today about autism and how to teach autistic individuals, the very basic concerns that [PII redacted] has been advocating on behalf of for so many years remain the same.

One of my own main goals for my son is that he lives in the community; that he be a part of it. Therefore, when my husband, [PII redacted], and I were recently told by an autism consultant to our school district that a "temporary residential placement" might be "something to think about" for [PII redacted], we were speechless and shocked. While life raising [PII redacted] is not easy, we know that our life has been better because of him; because he is our son, a boy with many challenges and many limitations, yet a boy whose story illustrates why we need to focus on how we can best help autistic individuals here, now and today, by focusing research on implementing services, supports and education, and on figuring out how to best train staff and set up policies and protocols to ensure that the needs of autistic persons are appropriately addressed in ways that affirm their dignity and quality of life. We need to move beyond a focus on particular causes of autism, such as the hypothesis that vaccines or something in vaccines is linked to autism, and think about how we can make life better for autistic persons of all ages and on all parts of the autism spectrum and for those who love and care for them.

My son [PII redacted] autism can be considered severe: He is minimally verbal, is far beyond his peers in his academic skills (he is in middle school and is just learning to read and to perform simple arithmetic), and has a history of severe (self-injurious) behaviors. [PII redacted] has benefited greatly from the emphasis on early diagnosis and intervention and I cannot underscore the need for the public to know about the early warning signs of ASDs. [PII redacted] was born in [PII redacted] and diagnosed in [PII redacted], just after his second birthday. By [PII redacted], he was in an intensive home educational program based on Applied Behavior Analysis (ABA), which has been continued to be the mainstay of his education. We have tried a number of biomedical and alternative treatments (the gluten-free casein-free diet, anti-fungal therapy, cranial-sacral therapy, etc.). While these sometimes offered immediate results, none have provided the long-term progress that an educational program, individualized to [PII redacted] specific learning needs, has. Thus, guidance about safe and effective treatments is much needed. Desperate parents can put too much store in novel, untested interventions that offer limited results.

As the parent of a child who is fast growing up---my son has entered puberty and is at least three inches taller me, at least---I cannot emphasize enough that there needs to be focus on services and the delivery and implementation of these, and on the long-term needs of autistic individuals who will require full-time support and staff to work and live. Further, such services must provide autistic individuals with the best care and supports possible throughout their lifespan, while also being realistic about the costs of such services.

Thanks to the many years of teaching and therapy that [PII redacted] has received, he attends middle school with other children his age in our town, and he is able to go out into the community, whether shopping in the grocery store or Target, or riding the subway in Manhattan. And yet that autism consultant still recently suggested that that "temporary residential placement" might be of assistance to help [PII redacted] with his most difficult behaviors, which have been more difficult to address as he has gotten older, taller and stronger. [PII redacted] now faces the challenges of adolescence: While his body is changing and his desire for independence grows, his severe speech disability and his history of behavior problems remain ever-present concerns and can limit and frustrate him greatly.

[PII redacted] and I were incredulous on hearing about a "residential placement" for [PII redacted]. The guiding principle behind our life with him has been that he lives with us and that he is, to the extent that he can, part of the community. While [PII redacted] might once have been institutionalized and deemed unfit to live in society, we believe that it is possible for society to change and open itself to make a place for autistic individuals. We believe that [PII redacted], and others like him, thrives precisely by being part of society, and resources must be directed to creating programs to teach autistic individuals to be and remain in society not warehoused in institutions where they are not seen; where they can be forgotten. [PII redacted] and I reiterated these points strongly in a recent meeting with our school district and have since tried to work closely with [PII redacted] teacher and therapists to ensure that he is taught in ways tailored to his individual learning needs. We do not need to take autistic children away from their families and society but rather to change ourselves to make a place for autistic individuals. And, we need to acknowledge the potential for traumatizing a child by taking away from his family and rather seek to find ways to support him in the community in which he lives.

We need to devote as many resources as we can to autistic individuals who are here today. I'm always interesting in finding out more about the causes of autism, and especially about genetic causes. But I'm not sure resources are best used to find out how to prevent autism in children who have yet to be born, when so many children don't have enough services and don't have the right kind of educational program. That's when life with autism feels hopeless and endlessly awful. Perhaps it seems like a small thing to talk about "better services." I am convinced that, not too long ago, [PII redacted] would have been packed off to a residential placement relatively early in his life and, as our recent experience reveals, this remains an option in the minds of some, though certainly not in that of [PII redacted] and me.

Next summer, [PII redacted] and I are planning a "ride across New Jersey": [PII redacted] is planning to bike through much of New Jersey with [PII redacted]. I think, I hope, we're slowly on our way to developing solutions to enable autistic individuals to be educated and be included in as many ways as possible in their communities and at home; to make it possible for us to tuck our children into their own beds at night, in our own homes. And this is something to aspire to indeed.

Note: Personally Identifiable Information (PII) has been redacted in this document

Matthew J. Carey

November 19, 2008

[PII redacted]

I recently read Ms. Redwood's letter of August 5th, and I am writing to express my opinion. Ms. Redwood's views do not represent my views on the IACC. I do not expect that anyone could represent all of the opinions of a group as diverse as the greater autism community. I especially do not expect Ms. Redwood to represent my views on the IACC, as she represents a group whose stated goal is not primarily autism and does not emphasize adults at all. Instead, their goal is to: "investigate and raise awareness of the risks to infants and children of exposure to mercury from medicinal products, including thimerosal in vaccines." But, I believe her letter goes beyond merely not representing my views. I feel that her letter in effect disenfranchises me and others when she purports to represent the public as a whole.

In her letter, Ms. Redwood states: "In an effort to obtain additional public input, the IACC sponsored a "Town Hall Meeting", which was well attended. One of the subjects that surfaced repeatedly was the need for research into vaccines as a trigger for autism." I would agree that this Town Hall was well attended as I was an attendee. I would even agree that vaccines were a common subject of the morning session. However, Ms. Redwood's comments on the Town Hall attempt to do two things to which I object. One: her comments do not represent the views of many who attended and commented in the morning session; two, her comments ignore the Town Hall's afternoon focus on older persons with autism.

To expand the first point further, I believe that her letter tends to disenfranchise me and others like me who attended the meeting. When I saw the announcement, I worried that the Town Hall was put together to gather public comments to be used to support exactly these sorts of statements by Ms. Redwood. What I heard, and what is not being reported by Ms. Redwood, was the large diversity of opinions at the Town Hall. I heard many people who do not support the vaccine hypothesis. I heard people, including one mother of 6 ASD kids, voicing support for a genetic link to autism. These opinions are not reported by Ms. Redwood at all in her letter.

To expand the second point further, Ms. Redwood's statements also ignore fully ~ of the Town Hall meeting, which concentrated on issues for "Beyond the young child". Commenters included adults with autism. While I do not expect Ms. Redwood to represent my concerns exactly to the IACC, I am constantly disappointed that she and her organization fail to even mention adults with autism. This lack of interest was punctuated by the presence of [PII redacted], from Ms. Redwood's organization who slept through much of the afternoon session.

In describing the Plan, Ms. Redwood makes the assertion: "The current plan reflects the input of the stakeholder sectors with which NIH is comfortable, that is, those who support the status quo."

I am a stakeholder in autism research. I support the concept of a science based approach, with research projects approved through a peer-review process. If that means I support the "status quo", I am quite comfortable with that label. I do not wish to see money and researcher time spent on projects which experts in the field deem unlikely to bear fruit. Research into vaccines and mercury is hardly "innovative", as these subjects have been researched and reviewed repeatedly for the past 10 years.

Ms. Redwood lodges a complaint that limited time was available to discuss the Strategic Plan at a recent meeting. Frankly, I have seen that far too much time in previous IACC meetings has been monopolized by Ms. Redwood and [PII redacted]. In these previous, open meetings, they repeatedly presented what I assume are the same ideas (vaccines, mercury, etc.) that she feels she was unable to discuss thoroughly in the Strategic Plan meeting. Further, the discussions by her and [PII redacted] have often been, to my observation, insulting to the very researchers I depend upon to help make a better life for my child. For example, they often rely on terms such as "denialists" in reference to people who do not subscribe to the vaccine-injury-epidemic model of autism causation.

Ms. Redwood contends that the "What we know" section doesn't include more recent studies which she contends support the vaccine/autism link. Perhaps the Strategic Plan should be expanded to include the real state of scientific understanding on the purported link. However, I feel that this would involve a clear statement to readers that the present science is even stronger than it was in 2004 in regards to unlinking autism and vaccines. It is worth noting that in the recent by Hornig et al. on MMR and autism that they included no fewer than 20 citations supporting the lack of an MMRl autism link. We have spent considerable money and researcher time on this subject. Unless the upcoming CDC study on thimerosal and autism shows a possible link, which would be counter to existing good data, it appears to this observer that it is time to move on from these hypotheses.

Ms. Redwood states, "This bias was also acknowledged by the workgroup, which recommended that the section reference the shortfalls in the epidemiological studies relied on by the 10M report of2004 and state that the issue is still open for discussion and deserves additional investigation." I would like to know if the working group as a whole (a) felt there was a bias and (b) made this recommendation. Or, is this a statement of what Ms. Redwood and [PII redacted] as members suggested the working group should recommend?

Ms. Redwood also states: "The public who wish to see autism research move forward with urgency and innovation is not represented." One can wish to see research move forward with urgency and innovation and not support the concept that vaccines and autism are linked. In fact, I would contend that researching the vaccine/autism link is far from innovative, given the large number of studies which have failed to find such a link. As part of her closing, Ms. Redwood states: "As a public member of the IACC my job is to represent the public, and not just a certain segment of the public but the entirety of its views." I applaud the statement; I only wish her actions actually reflected it. Ms. Redwood most certainly does not represent my views on the IACC.

I thank you for your time,

Matthew J. Carey, Ph.D.

Lyn Redwood

November 20, 2008

Subject: IACC Strategic Plan

Lyn Redwood's attachment can be viewed here:
Attachment (PDF – 298 KB)

Note: Personally Identifiable Information (PII) has been redacted in this document

Donna Young

November 20, 2008

Subject: Prevention to have one or two or three questions asked for possible prevention so children are not suffering for a cure, which there is probably none for permanent brain damage that is preventable during and following birth.

Question One:

When was the child's quality of lifeline clamped? Reference: The Lippincott Manual of Nursing Practice, 7th edition, hard cover manual.

The life line and quality of life line is the umbilical cord, and if the cord is hand-squeezed or clamped early, or tied off, the Registered Nurses Training Manual, on page 1161, states,"....up to 60 percent more blood will go into the infant if the umbilical cord is not clamped while yet pulsating."

This statement, visual, testable, and measurable if the child is early clamped, infers child abuse, assault, battery or even attempted murder of any medical persons tying off the umbilical cord for any other reason, then they may have dropped the baby and the cord tore, or a surgeon put a knife into the cord.

All other reasons are myths, such as fear of the mother bleeding (mothers do not generally bleed until after the placenta is naturally birthed, about ten to 20 minutes, sooner or later); fear of too thick of blood (related to some drugs), fear of too thin and fast flowing blood (related to some drugs), fear of too much blood (simply guessing and playing God); fear of too short or too long of cord; fear to get ready for the next child's birth, if a multiple birth process.

The medical persons, male and female have used a variety of such excuses including standard of care (only one standard is acceptable by criminal and civil courts, do no harm), are used to cause confusion why a child was sent to the infant revival units. There it is to be given back (often artificially) what they have blocked or stopped receiving into their brain, lungs, heart, central nervous system that feeds all cells. That was oxygenated blood, full of hormones and enzymes, for the on-going healthy growth of the child. Plus vitamins and minerals.

To ask this question, at your tomorrow's convention, or the next, or by newsletter, helps the parents to review their own child's birth process, and ask their own doctors, why they were not informed a healthier child, if the cord is not clamped off, and all revival is on the untied, or unclamped umbilical cord. Why were they not allowed a signed birth contract, to prevent any interruption of the child's inflow of oxygenated blood, while a process of removing the carbon dioxide and other toxins, was yet a natural process, and may continue even after the placenta is birth, if not tied, or cut off by the umbilical cord? This is the rights of all mothers and their infants, called primal natural birth, which can be offered in all hospitals, or birth centers, or home or ambulance births.

Question two: The parents must ask if their infant or infants were early injected with an unknown stuff, a live or death virus, a sexual transmitted disease virus, called Hepatitis. B. This virus is often imposed, no informed consent of what other ingredients were in the injection of stuff, like heavy metals, like mercury, disguised often being called different names, like Thimersol. An injection of stuff, goes directly into the blood stream by-passing the child already undeveloped immune system for such viruses and germs, that may get into the injection site.

Question three: The parents must be asked if they received their child care charts and medical fee billings for testing if their child was anemic soon after birth. This is a simple and not a costly prick of the body, finger, or toe, or heel for a drop of blood to test for a full blood count. The blood count will reveal if there are too little red blood cells that carry oxygen to all cells; and the blood count will reveal if there are too little white cells, that fight the infections, including those that would attack a virus injected soon after birth, like Hepatitis B, that may be travelling into the brain cells, and central nervous system. The blood count will reveal the number of platelets that clot the blood, if too little for the size of the child. Other tests can reveal missing hormones and enzymes, that will help the child develop likely emotionally, to suit his /her own sex organs, and to deprive the infant of these essentials of quality and emotional stability, later in life, is part of endangering or harming the child.

These questions must be permitted to be asked for prevention. Otherwise, the organizations of any Autism group are merely thought of seeking of more and more victims, to create a greater cause of funding from the public taxpayers. Each of the damaged children, if they are able to think and question at all, will want to know how well their parents had been informed to possibly prevent them from developing differentially. All of us would choose a normal life, rather to have to struggle with any disadvantages that may be preventable by proper education.

If one goes to umbilical cord clamping, you will likely find this medical doctors url, which I encourage he go on the internet to educate doctors to be more moral, ethical, and competent so they do no harm. This is the url of [PII redacted], www.cordclamp.com Note his opening statement how long ago the facts of weakening any one child was known, back to and prior to 1801, the dangers of early umbilical cord tying. This was not to be done, selectively by the Social Darwinists, who thought they had the power to be selective whose babies would be the fittest. [offensive language redacted]. Therefore, the faster a large organization such as yours goes into teaching prevention, the better will be society, to have healthier children, mentally, and physically as well.

Prevention of all Internal Injuries:

All internal injuries, including brain cell damages or injuries, holes in the heart, heart murmurs, injury to kidneys, liver, spleen, and the central nervous system, cerebral palsy (CP), multiple sclerosis (MS) can be prevented. This is a medical secret; prevention is if the child is allowed full blood infusion, from their own natural supply, from the placenta.

There is no evidence when the medical persons interrupted the natural inflow or outflow of blood, to support their decision, why they did so, or were aided and abetted by an obstetric nurse or teach. All in the birth room, had an implied legal duty to stand before a criminal or civil court to explain their imposing false standards of care, causing bodily harm or the risk of it. And to stand for an accounting why they did not do the required reporting of the false policies, that can if followed damage any infant. The duty to report was to the local police as child endangering that in some cases, led to child destruction of the natural talents and abilities of the child.

False Policies in Canada are attributed to the Society of Obstetricians and Gynecologists of Canada (SOGC), Policy number 89 May 2000. This directed, falsely, as to false myths stated above, instant umbilical cord clamping. This included a reference involving the American College of Obstetricians and Gynecologists (ACOG), Bulletin 216, November 1995, I believe. The policy was outdated, and cancelled, but yet exists in the training of medical students at most universities, and the falsehoods have been taken internationally to developing nations. The duty after being informed is to act according in the reporting that these societies are held fully accountable for teaching myths, and reasons of interrupting the baby's inflow and outflow of blood. Any organizations that do not have means of having prevention part of finding a cure, ought to lose their status of being given a tax receipt exemption for donations, as a measure of keeping them accountable, to make sure their members are being ethical, and morally advised for prevention.

Thank you for referring my letter to those who have influence of change in your organizations, internationally.

Sincerely, Donna Young
Birth researchers, since 1998.

[PII redacted],
Urls: www.medicalveritas.com (See complimentary articles, How to have a healthy baby and twenty-one frequently asked questions.

www.lotusbirth.com (Search for a signed birth contract suggestions url, there)

www.cordclamp.com

Search the internet for other references of umbilical cord clamping, which may contain the earlier the better for collecting stem cells, from the placenta, robbing the baby of stem cells, and essentials of nutrients in the whole blood, that likely leads to brain cell death, and the probable common cause of Autism Spectrum Disorder, not curable if not related to toxins in the blood, but to brain and central nervous system damage caused at birth, as stated above.

Please reply at your earliest convenience. Donna Young

Note: Personally Identifiable Information (PII) has been redacted in this document

Donna Young

November 20, 2008

Subject: Correction, addition of 4th question. Re: Maybe Prayers mayhelp. What date is the conference and your speech planned?

My telephone: [PII redacted] BC, Canada. I am two hours behind your time schedule, I am on the same time as Alberta.

Feel free to correct for grammar errors. I typed this very quickly, just now finding out about your conference call, that I hope to link up tomorrow.

Reference:

http://iacc.hhs.gov/events/2008/full-committee-mtg-announcement-nov21.shtml

The fourth Question, should be, "Did the mother birth flat on her back." The mother should be always invited to birth to the best interest of herself, less pain, and to the safety of the child, by birthing forward sitting, squatting or forward leaning on her side. This opens the birth canal up to 30 per cent more, lessening the chance of birth injuries, or stuck children in the birth canal.

My information comes from a chiropractor, who may suffer (my own theory) in communication problems, himself, a form of autism, as to his past known verbal or written violence in communication, with others he gets in disagreements with. But he is absolutely a genius and is correct on harm to babies by false birth positioning. He must be credited for his efforts of prevention, that he has fought for so long for the advantageous of women to be aware and alerted to be in control of their own infant's birth, and I have added by a signed birth contract, not a plan, suggested. Doctors, then are the invited guests, to be at a birth, and only help if asked, by invitation, not in the power of control.

The rights of the female. It is a fact of law that mothers have a legal right to say "no" to a cesarean (c-section), even if they may die, or the infant or infants, or to any cutting of their body. Or to say "no" to any drugs, not being told of possible side effects to themselves and the fetus, and the newborn child, and risk of vaccinations, as well, to themselves, and to any conceived or newly born infant.

Right to say "no" to a c-section. This was ruled on as a right of choice in England, at the highest court of appeal. The facts of natural law are that any woman may make the choice, of what is done to her body, regardless, what may happen to her or the fetus, or fetuses. But a loving mother, while wanting an easier birth, will think of long-term consequences to the child, she will have to raise, and sometimes, alone. Birth is like a battlefield, we may die, and we may survive, and it is our choice, in most cases, to accept or reject conception, and what happens, thereafter.

This is [PII redacted], of the State of Oregon, licensed formally in California. He was also trained in midwifery, and delivered his own infants. He objects to false teaching of forcing the mother to birth on her back.

In former days, in my grandmother's day, and my parents, born of natural home births, have lived to celebrate 30 years of marriage, born in 1913 and 1914, married in 1938. The facts are, we child birthing women, did birth in bathtubs, that were nice and warm, some large enough to squat, and the mothers and babies did just fine, if no one pulled or pushed on the birthing fetus, child. Or, interrupted the inflow or outflow of blood by the dangers of cord tying and cutting. Leave well enough to nature, called, today, Lotus Birth. So this is an important question to be asked, what did they know of primal and natural birth rights, of the four questions to be asked, or ought to be allowed to be asked.

Note: Personally Identifiable Information (PII) has been redacted in this document

Todd Gastaldo

November 21, 2008

Subject: Autism and BIZARRE traumatic brain injuries [PII redacted])

[Offensive language redacted]

According to retired obstetrician George Malcolm Morley, Bachelor of Medicine and Bachelor of Surgery degrees (MB ChB), Fellow of the American College of Obstetricians and Gynecologists (FACOG)...

Obstetricians and Gynecologists (OBGYNs) are IMMEDIATELY clamping umbilical cords, thereby temporarily asphyxiating babies and [offensive language redacted], thereby contributing to the epidemic of autism. See Dr. Morley's web site: www.cordclamp.com.

ALSO: There is the matter of OBGYNs senselessly closing birth canals up to 30 percent, with one magnetic resonance imaging (MRI) study finding that 26 percent of vaginal births resulted in unexplained brain bleeds.

DR. [PII REDACTED]. See the postscript.

OPEN LETTER archived for global access; see below.

I see that the Interagency Autism Coordinating Committee is meeting today, November 21, 2008 "To finalize the Strategic Plan for Autism Spectrum Disorder (ASD) research and discuss services and supports for individuals and families affected by ASD."
http://iacc.hhs.gov/events/2008/full-committee-mtg-announcement-nov21.shtml

Please forward this email to Committee member Peter [PII redacted], MD who directs Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) which administers the Emergency Medical Services for Children and Traumatic Brain Injury program.
http://newsroom.hrsa.gov/biography/vanDyck.htm (IACC Note: URL is not valid.)

If you check your email during the Committee meeting, please call Dr. [PII redacted]'s attention to it.
Thanks.
Sincerely, Todd
Dr. Gastaldo
[PII redacted]

Post Script: DR. [PII REDACTED]: As indicated above, in addition to routine baby brain trauma via immediate umbilical cord clamping...

There is also routine [offensive language redacted] by OBGYNs.

"It is established obstetric teaching that a narrow pelvic outlet predisposes to a difficult vaginal delivery..."

--Ass-Ärztin Dr. Andrea Froschauer-Frudinger et al. via [PII redacted]
[Froschauer-Frudinger et al. British Journal of Obstetrics and Gynaecology 2002;109(11):1207-12]

By using semisitting and dorsal delivery, OBGYNs are senselessly narrowing birth canals/pelvic outlets up to 30 percent (most births).

For the simple birth-canal-closing biomechanics and clinical and radiographic cites from the medical literature - see Gastaldo TD. Letter.
BIRTH. 1992;19(4):230-1.
http://www.blackwell-synergy.com/toc/bir/19/4, FREE ACCESS.

According to Williams Obstetrics, closing the birth canal far LESS than 30 percent can KILL.

According to one magnetic resonance imaging (MRI) study, unexplained brain bleeds occurred in 26 percent of vaginal births (Looney et al. 2007)
http://groups.google.com/group/sci.med/msg/6746b6292cae7566

WORSE: When babies get stuck, OBGYNs are senselessly KEEPING birth canals closed the "extra" up to 30 percent (keeping women semisitting/dorsal) – [offensive language redacted].
STILL WORSE: OBGYN experts have been lying to cover-up. For the Four Obstetrics (OB) Lies (they are whoppers)... See "Dents in babies' skulls"
http://groups.google.com/group/misc.kids.pregnancy/msg/08abfc7ff242150e

OBGYNs indirectly ADMIT ON VIDEO that they KNOW they are routinely closing birth canals up to 30 percent. (ACOG's Shoulder Dystocia training video purports to show how to allow the birth canal to open maximally in the small number of cases when babies' shoulders get stuck - which is the indirect admission that OBYNs know they are routinely closing birth canals up to 30 percent.)

DR. [PII REDACTED]: Please speak out to stop BOTH routine brain trauma practices of OBGYNs - the birth canal closing and the baby blood robbery - regardless whether they are causing autism. Please email me when you do.

As noted above, you are meeting today, November 21, 2008 "To finalize the Strategic Plan for Autism Spectrum Disorder (ASD) research and discuss services and supports for individuals and families affected by ASD."
http://iacc.hhs.gov/events/2008/full-committee-mtg-announcement-nov21.shtml

Individuals and families affected by Autism Spectrum Disorder/ASD should be asked whether they were subjected to either of the traumatic brain injuries discussed above.

Please urge the Committee to make this part of the Strategic Plan. Please email when you have done this, too.

Thanks. Sincerely, Todd
Dr. Gastaldo
[PII redacted]

Note: Personally Identifiable Information (PII) has been redacted in this document

Todd Gastaldo

November 21, 2008

Subject: Dr. [PII redacted]: Let us report together... DR. [PII REDACTED]: LET US REPORT TOGETHER...
Peter,

OBGYNs are committing a massive [offensive language redacted] which is sometimes fatal. See below.

The harms of birth-canal-closing/spinal manipulation are obvious. Let us report together, as in:
"'Patient safety demands a greater collaboration between the medical community and other health care professionals, particularly chiropractors, such that we can investigate and report harms related to spinal manipulation together."

--Sunita Vohra, Fellow of the Royal College of Physicians and Surgeons of Canada (MD FRCPC) MSc et al. Pediatrics. 2007 January; 119(1):e275-83.

Epub 2006 December 18. PubMed abstract

Who knows - we might prevent some cases of autism. See below. Thanks.
Sincerely, Todd

Dr. Gastaldo
[PII redacted]

AUTISM AND **BIZARRE** TRAUMATIC BRAIN INJURIES (DR. [PII REDACTED])

Tiny brains are being injured by TIMING of trauma - to umbilical cords...

According to retired obstetrician George Malcolm Morley, Bachelor of Medicine and Bachelor of Surgery degrees (MB ChB), Fellow of the American College of Obstetricians and Gynecologists (FACOG)...

Obstetricians and Gynecologists (OBGYNs) are IMMEDIATELY clamping umbilical cords, thereby [offensive language redacted], thereby contributing to the epidemic of autism. See Dr. Morley's web site: www.cordclamp.com.

ALSO: There is the matter of OBGYNs senselessly closing birth canals up to 30 percent, with one magnetic resonance imaging (MRI) study fnding that 26 percent of vaginal births resulted in unexplained brain bleeds.

DR. [PII REDACTED]. See the postscript.

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(ASD) research and discuss services and supports for individuals and families affected by ASD."

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Please forward this email to Committee member Peter van Dyck, MD who directs Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) which administers the Emergency Medical Services for Children and Traumatic Brain Injury program.
http://newsroom.hrsa.gov/biography/vanDyck.htm (IACC Note: URL is not valid.)

If you check your email during the Committee meeting, please call Dr. Van Dyck's attention to it. Thanks.
Sincerely, Todd
Dr. Gastaldo
[PII redacted]

Post Script DR. VAN DYCK: As indicated above, in addition to routine baby brain trauma via immediate umbilical cord clamping...

There is also routine baby brain trauma via senseless birth-canal-closing by OBGYNs.

"It is established obstetric teaching that a narrow pelvic outlet predisposes to a difficult vaginal delivery..."

--Ass-Ärztin Dr. Andrea Froschauer-Frudinger et al. via [PII redacted] at [Froschauer-Frudinger et al. British Journal of Obstetrics and Gynaecology 2002;109(11):1207-12

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See "Dents in babies' skulls"
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Individuals and families affected by Autism Spectrum Disorder/ASD should be asked whether they were subjected to either of the traumatic brain injuries discussed above.

Please urge the Committee to make this part of the Strategic Plan. Please email when you have done this, too.

Thanks. Sincerely,
Todd
Dr. Gastaldo
[PII redacted]

Note: Personally Identifiable Information (PII) has been redacted in this document

Keith Marcum

November 21, 2008

I believe that the "Epidemic of Autism" is a myth created by many circumstances that must be addressed realistically. I dismiss the notion of the C.D.C. that all the factors have been taken into account when examining the Autism "epidemic". Although neurological anomalies seem to be on the rise, the disorder known as Autism truly is not. In the 1960s there were no major reports on television, radio, or in the news media regarding Autism. Most doctors and teachers knew nothing about autism.

In the New York metropolitan area there were no more than a dozen doctors who knew about autism including pediatricians. They barely knew who to refer families to for workup and diagnosis.

A diagnosis of autism came from experts, usually psychiatrists. In the '60s, '70s and into the '80s, the diagnosis of autism was the kiss of death. Many people with autism went undiagnosed and were hidden away, removed from public view. At the same time, many people with Autism went undiagnosed. During my career throughout those decades there were many people who would today be labeled autistic but who were then labeled mentally retarded.

Forty years ago a child had to demonstrate most if not all of the symptoms to a level that was seriously disabling in achieving normal daily functioning in order to be labeled as autistic. In most cases, other diagnoses were employed instead.

We must remember our own history here. The condition of autism was considered to be the result of parental behaviors akin to abuse. We cannot ignore the notion at the time that "Refrigerator Moms" were causing their children to become autistic. [PII redacted] misinformed the world about autism. Many psychiatrists were convinced that children with autism actually suffered from childhood schizophrenia and voluntary mutism. Let us not forget about "Dibs, In Search of Self" and many other similar books.

After the release of the films "Rain Man," "What's eating Gilbert Grape," and the TV series “Cost Elsewhere" with a supposedly autistic boy in the story line, the diagnosis of autism exploded. It was no longer an evil. World opinion began to change. Popular media such as magazines, TV, newspapers and the Internet are now reporting on autism on a daily basis. Public awareness has grown to a level of hysteria and panic. Celebrities have spoken out on TV and to popular magazines with full spreads on their "autistic" children. The Internet is abuzz with parent support groups convincing other parents that if they want good services to get their child labeled "autistic".

Parents are now far more aware than they once were. They're well informed, self-empowered and can utilize such tools as the Internet to inform one another of how to get a diagnosis, services and increase all treatments for their children. Parents realize that an "autism" diagnosis allows access to these services, such as a small classroom, and one-on-one teaching assistance. I recently had a conversation with a boy and his mother who had decided that he had autism because he got A's in all subjects except English where he got a D, so it just had to be a cognition and language deficit, and thus the term, "autism." They were hunting for a professional so he could get one-on-one tutoring.

Let me reiterate what I said in the beginning. Medical awareness, knowledge, acceptance and willingness to use the term "autism" has gone through nothing short of a revolution. The childhood mental health treatment industry has increased in size in the past three decades by an extraordinary amount. A staggering number of professionals now have professional credentials that did not even exist forty years ago. There simply are far more trained professionals everywhere. Today most mental health professionals consider themselves sufficiently knowledgeable about autism to make a diagnosis without hesitation.

We have broadened the diagnostic criteria limits of the definition of autism and by doing so have committed an error of inclusion. With less stringent adherence to very narrow criteria, the diagnostic net is including many children who were previously undiagnosed. Once, a person had to have all the symptoms to a level of severity that would profoundly impact daily functioning. Today the "spectrum" covers anyone who is different, peculiar or has unusual behaviors. The inclusion of Asperger's Syndrome within the spectrum was a decision based more upon popular opinion rather than on clinical judgment.

Generalized developmental delays occur in many people but every time we see a developmental delay it is not necessarily autism. I liked [PII redacted]'s term of Pervasive Developmental Disorder. It is a more accurate and useful diagnosis than the misused term "autistic."

The ratio of the diagnosis of mental retardation to that of autism has not, in my opinion, remained the same. If the rate of the diagnosis of mental retardation had kept pace with the rate of the diagnosis of autism, then one in every 50 children would be labeled abnormal. The number of children labeled as mentally retarded has clearly dropped in relation to the number of children labeled as autistic. The term "mental retardation" has now become the "bad" label.

Lastly, of course, Autism can't be an epidemic because it is not a disease. We will never cure autism. The reason for this is that autism is nothing but a syndrome, a collection of symptoms - nothing more. There is no disease called autism.

There is a very serious increase in brain disorders; what many wise specialists call global developmental disorders. But these are a variety of brain diseases caused by several different pathological conditions with vastly dissimilar treatments and prognoses. To label them all as "autism" does a great disservice to the parents of and children with autism.

We may someday look back at the hysteria of the "epidemic of autism" with much shame. Only a calm approach to providing a differential diagnosis to each of these diseases will help solve this dilemma. Using all the variant types of PET/CT, fMRI, SPECT, ELISA and the many diagnostic tools we now have available, we will identify what each of these separate and distinct diseases are and how best to treat them. We should work together to diagnose and name these neuro-developmental disorders in an appropriate manner in the near future.

Sincerely,
Dr. Keith Marcum, Ph.D.
A.S.c.P., Retired