Written Public Comments

IACC Full Committee Meeting

July 16, 2010

List of Written Public Comments

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

Jack Russell

April 30, 2010

Subject: Regarding: Secretary Sebelius Appoints Five New Members to the IACC

Ari. Are you kidding me?

[offensive language redacted]. We'll do it ourselves.

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

Todd Gastaldo

April 30, 2010

*Subject: Birth crime and *preventing* 'neurological diversity' (e.g., autism spectum disorders)*
BIRTH CRIME AND *PREVENTING* "NEUROLOGICAL DIVERSITY" (e.g., autism spectrum disorders)

Massive Obstetrics and Gynecology (OBGYN) birth crimes may be causing some cases of "neurological diversity" including autism spectrum disorders.

Hopefully those suffering neurologic disabilities will help stop the massive OBGYN birth crimes - regardless whether the OBGYN birth crimes are causing autism spectrum disorders.

ARI NE'EMAN says "the goal of autism advocacy should NOT be a world without Autistic people," as in,

"The Autistic Self Advocacy Network...seeks to organize the community of Autistic adults and youth to have our voices heard in the national conversation about us...seeks to advance the idea of neurological diversity, putting forward the concept that the goal of autism advocacy should not be a world without Autistic people. Instead, it should be a world in which Autistic people enjoy the same access, rights and opportunities as all other citizens."

OPEN LETTER archived for global access; see below. Ari Ne'eman
President
Autistic Self Advocacy Network NEW MEMBER IACC:
"Today the Department of Health and Human Services announced that Secretary Sebelius appointed five new public members to the Interagency Autism Coordinating Committee (IACC)...The five new members include a person with ASD..."
http://www.hhs.gov/news/press/2010pres/04/20100430a.html (IACC Note: URL is not valid.)

Via [PII redacted] Ari,
I see what you are saying - but I urge you to mobilize adults and youth with autism spectrum disorders to help stop the ongoing massive birth crimes - regardless whether they are in fact causing autism spectrum disorders.

Congratulations on your appointment to IACC.

No one on IACC ever acknowledged my having sent info about retired OBGYN [PII redacted]'s claim that the practice of immediate cord clamping - mass temporary baby asphyxiation accompanied by permanent amputation of up to 50 percent of baby blood volume (routine in cesarean (c)-sections and cord blood banking births) is causing some cases of autism. See below and see [PII redacted]'s website www.cordclamp.org.

Neither did anyone on IACC ever acknowledge my having sent info about the mass birth-canal-closing crime of OBGYNs possibly causing some cases of autism. See below.

Of course both massive OBGYN crimes should end immediately regardless whether they are causing cases of autism.

Would you please acknowledge receipt and share with your fellow IACC members? Thanks.
Sincerely,
Todd

Dr. Gastaldo
Hillsboro, Oregon
United States of America
[PII redacted]

PS Having trained as a chiropractic physician, my focus is ending the mass birth-canal-closing/SPINAL MANIPULATION child abuse crime of OBGYNs...

As I wrote to University of California (UC) Berkeley just now...

Mass child abuse by Western OBGYNs is rampant - and sometimes fatal...

[PII redacted] and his OBGYN co-author [PII redacted] blithely state the obvious crime then promote it with illustrations:

"Lying on your back...[the most widely used birthing position]...collapses the diameter of your pelvis a half inch to an inch..." ([PII redacted] and [PII redacted] *YOU: Having a Baby: The Owner's Manual to a Happy and Healthy Pregnancy*. New York: Free Press 2009:234,327)

Harvard Med specifically promotes the birth-canal-closing, lying-on-your-back SEMISITTING delivery position. See below.

In the estimated one in 10 births when babies get stuck and Western obstetricians pull with forceps/vacuums, they KEEP women semisitting/dorsal - keep the birth-canal-closed up to 30 percent - sometimes pulling so hard they rip spinal nerves out of tiny spinal cords.

Some babies are DYING and Western OBGYNs are LYING to cover-up. See below...
-----Forwarded Message-----
Subject: Birth crime in China? Are Chinese OBGYNs aping American OBGYNs? BIRTH CRIME IN CHINA? ARE CHINESE OBGYNs APING AMERICAN OBGYNs?

Has Chinese medicine adopted the bizarre/criminal Western obstetric practice of placing women semisitting or dorsal at delivery thereby senselessly closing birth canals up to 30 percent?

Has Chinese medicine adopted the bizarre/criminal Western practice of KEEPING birth canals closed up to 30 percent when babies get stuck?

Mass child abuse by Western OBGYNs is rampant - and sometimes fatal...

[PII redacted] and his OBGYN co-author [PII redacted] blithely state the obvious crime then promote it with illustrations:

"Lying on your back...[the most widely used birthing position]...collapses the diameter of your pelvis a half inch to an inch..." ([PII redacted] and [PII redacted]. *YOU: Having a Baby: The Owner's Manual to a Happy and Healthy Pregnancy.* New York: Free Press 2009:234,327)

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Some babies are DYING and Western OBGYNs are LYING to
cover-up. See below...
FIRST THIS - ANOTHER instance of Western MDs lying to cover-up. Western MDs are using human immunodeficiency virus / acquired immune deficiency syndrome (HIV/AIDS) to stay out of prison and cover-up a "lesser" ongoing mass child abuse crime...

[PII redacted]
Vice Provost for Academic Affairs and Faculty Welfare UC Berkeley
Via [PII redacted] Also via [PII redacted] UC Berkeley Assistant
Provost via [PII redacted]

I write regarding your November 18, 2009 now-publicized-on-"[PII redacted]'s Blog" PERSONAL AND CONFIDENTIAL letter notifying [PII redacted] that the University received allegations that he "engaged in conduct that may be in violation of The Faculty Code of Conduct..."
http://www.flickr.com/photos/[PII redacted]/4511515586/sizes/l/ (IACC Note: URL is not valid.)

Are you aware that a man calling himself [PII redacted] wrote on "[PII redacted]'s Blog" on April 12th, 2010 at 4:28 pm:

"to this day I have not received evidence from University of California Berkeley or elsewhere to support these allegations..."

http://www.blog.[PII redacted].net/2010/04/11/academic-horror-story-uc-berkeley-2 (IACC Note: URL is not valid.) If this post was indeed from [PII redacted], this is incredible - an "academic horror" to quote the blog of UC Berkeley Emeritus Prof. [PII redacted].

[PII redacted], if you have not yet offered [PII redacted] evidence to support your allegations, you should do so immediately or retract your allegations.

I support [PII redacted] in his efforts to offer an alternative to the HIV/AIDS hypothesis.

But I have always wondered why [PII redacted] has been silent about an obvious HIV/AIDS hoax from 1987-8 - an obvious HIV/AIDS hoax that perpetuates the infant screams of American medicine's STILL-NO MEDICAL- INDICATION most frequent surgical behavior toward males - mass infant [offensive language redacted] - euphemistically known as "routine infant circumcision."

TALK ABOUT "ACADEMIC HORROR"...

Back in 1987 I exposed American medicine's phony "babies can't feel pain" neurology immediately after which - in effect - American medicine responded with - assuming [PII redacted] is right - phony "antibody means fatal disease" immunology (the HIV/AIDS hypothesis).

Regardless whether [PII redacted]'s alternative Drug-AIDS hypothesis is correct...

I am hoping you will break the silence about the obvious HIV/AIDS hoax and report the related mass child abuse crime - and urge others to report.

Here is something I wrote about the obvious HIV/AIDS hoax back in 2007...

(NOTE: HIV/AIDS itself may be a hoax - this is [PII redacted]'s point as I understand it. But - sorry to repeat myself - I am talking about an instantly obvious HIV/AIDS hoax that perpetuates infant screams. Again, the hoax was perpetrated by American MDs in 1988 immediately after I exposed American MDs using phony "babies can't feel pain" neurology.)

http://groups.google.com/group/misc.kids.pregnancy/msg/f3c427d00019844a

National Institutes of Health (NIH)-SUPPORTED AFRICAN [offensive language redacted]
According to the World Health Organization (WHO),
"[T]wo further randomized controlled trials, currently ongoing in the Rakai region of Uganda and the Kisumu region of Kenya, are supported by the National Institutes of Health of the United States...The current position of WHO is that safe circumcision should be provided where people want it but that a policy decision on whether to promote it should wait until the results of the Kenya and Uganda trials are available."
--Bulletin of the World Health Organization. Volume 84, Number 7, July 2006, 505-588
http://www.who.int/bulletin/volumes/84/7/news10706/en/

DR. GASTALDO'S PREDICTION
The NIH-supported Kenya and Uganda [offensive language redacted] trials will confirm what American MDs ANTI- SCIENTIFICALLY declared in 1988: [offensive language redacted] prevents transmission of HIV/AIDS (California Medical Association Resolution 305-88).
NOTE: California Medical Association Resolution 305-88 was an obvious hoax foisted onto the American public immediately after American medicine's phony "babies can't feel pain" neurology was exposed in 1987.

Soon after I exposed the phony "babies can't feel pain" neurology and called for an end to the obvious mass child abuse by MDs...

I CALLED FOR A RELIGIOUS EXEMPTION FROM THE CHILD ABUSE LAWS FOR THE ANCIENT JEWISH RITUAL THAT LEAVES MOST OF THE FORESKIN ON THE PENIS.

America's pediatricians immediately called for NO religious exemptions- and for anonymity for PERPETRATORS of child abuse...

See HIV: Keeping MDs out of prison: [PII redacted], American Academy of Pediatricians (AAP) and infant circumcision revisited
http://groups.google.com/group/sci.med/msg/43c7261a4aafff5a

Immediately after the phony "babies can't feel pain" neurology was exposed, the California Medical Association (CMA) House of Delegates ignored the CMA's own Scientific Board and by voice vote (no science) abruptly changed "no medical indications" mass infant [offensive language redacted] into "an effective public health measure" - "confirmed" in Africa to prevent transmission of HIV/AIDS.

Immediately after that, the AAP (led by California physician [PII redacted], MD) did a yearlong "potential medical indications" song and dance for the media that created headlines suggesting that AAP was now promoting the mass infant [offensive language redacted]...

But there was no science so AAP issued a clarification: MEDICAL TRIBUNE 30:16 (8 June 1989) FORGET THOSE HEADLINES ABOUT CIRCUMCISION AAP IS AGAINST ROUTINE CIRCUMCISION http://www.cirp.org/CIRP/news/1989.06.08%3aMedicalTribune

Simply stopping the obvious mass child abuse would have been tantamount to admitting it. THAT'S why the CMA ignored its own Scientific Board and why AAP created/stimulated those bogus AAP pro-circumcision headlines that had to be corrected.

American MDs wanted to stay out of prison.

American MDs STILL want to stay out of prison: They desperately need a medical indication for their obvious "babies can't feel pain" mass child abuse.

The NIH-supported Kenya and Uganda [offensive language redacted] trials will offer American MDs a WHO-rubberstamped retroactive "medical indication" to help keep them out of prison for their ongoing mass infant [offensive language redacted] crime.

See again: HIV: Keeping MDs out of prison: [PII redacted], AAP and infant circumcision revisited
http://groups.google.com/group/sci.med/msg/43c7261a4aafff5a

Thanks for reading.

Sincerely,
Todd

Dr. Gastaldo

[PII redacted]
PS According to a WHO PRESS RELEASE - March 28, 2007:

"WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) announce recommendations from expert consultation on male circumcision for HIV prevention...Based on the evidence presented, which was considered to be compelling, experts attending the consultation recommended that male circumcision now be recognized as an additional important intervention to reduce the risk of heterosexually acquired HIV infection in men...There is now strong evidence from three randomized controlled trials undertaken in Kisumu, Kenya; Rakai District, Uganda (funded by the United States National Institutes of Health); and Orange Farm, South Africa (funded by the French National Agency for Research on AIDS) that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60 percent."

http://www.who.int/mediacentre/news/releases/2007/pr10/en/index.html

The WHO and UNAIDS experts likely did not include the fact that American MDs stand to go to prison for their phony "babies can't feel pain" neurology and mass infant [offensive language redacted]. Failure to disclose obvious bias renders the WHO and UNAIDS-convened experts' recommendation highly suspect.

END Dr. Gastaldo's 2007 post...
[PII redacted]...
THERE IS **MORE* (AND WORSE) MASS CHILD ABUSE BY MDs....

MDs at the University of California are committing a mass TEMPORARY BABY ASPHYXIATION child abuse crime that involves amputating up to 50 percent of baby blood volume.

University of California MDs write about it in an obstetrics text.

University of California, Los Angeles (UCLA) police are looking the other way - ignoring my child abuse reports.

For an account of my reporting the mass child abuse to UCLA police - and being ignored... See http://www.punditguy.com/stop-the-tape/
MORE MASS CHILD ABUSE BY MDs...
Very likely, MDs at the University of California are committing ANOTHER easily-prevented mass child abuse crime - semisitting/BIRTH-CANAL-CLOSING child abuse - in most births.
Harvard Medical School PROMOTES the semisitting/birth-canal-closing crime...
BEGIN excerpt of A startling massive birth crime (Aussie complicity?), slightly edited.
http://health.groups.yahoo.com/group/chiro-list/message/5275

BIRTH CRIME AT HARVARD

ATTENTION HARVARD University POLICE

ATTENTION SUFFOLK COUNTY District Attorney (DA) [PII redacted] (via [PII redacted] and via Boston City MAYOR [PII redacted] via [PII redacted]):

MEDICAL EMERGENCY.

MASS OBGYN CHILD ABUSE - SOMETIMES-FATAL - EASILY PREVENTED...
By using semisitting and dorsal delivery (most births), OBGYNs are closing birth canals up to 30 percent. WORSE: OBGYNs are KEEPING women semisitting/dorsal thereby keeping birth canals closed up to 30 percent when babies get stuck (one in 10 births).

[PII redacted] and his OBGYN co-author [PII redacted] blithely state the obvious crime then promote it with illustrations:

"Lying on your back...[the most widely used birthing position]...collapses the diameter of your pelvis a half inch to an inch..." ([PII redacted] and [PII redacted]. *YOU: Having a Baby: The Owner's Manual to a Happy and Healthy Pregnancy.* New York: Free Press 2009:234,327)

Harvard Med specifically promotes the birth-canal-closing, lying-on-your-back SEMISITTING delivery position. See below.

OBGYNs are lying to cover-up - even as they indirectly ADMIT on video they KNOW they are routinely closing birth canals up to 30 percent.

Surely all can agree that OBGYNs should not be KEEPING birth canals closed when babies get stuck as they pull with forceps/vacuums. IMPORTANT NOTE: The American College of Obstetricians and Gynecologists (ACOG) indirect video admission of the birth-canal-closing crime was ruled exempt from the hearsay rule in [PII redacted] v. [PII redacted], MD, PC, 203 F. 3d 164 - Court of Appeals, 2nd Circuit.

http://scholar.google.com/scholar_case?case=8777082126942104150&hl=en&as_sdt=2&as_vis=1&oi=scholarr

Obviously, the crime of KEEPING birth canals closed when babies get stuck and forceps/vacuums are used to pull (one in 10 births) can be ended immediately.
THE PROBLEM...

Various law enforcement agencies are dragging their feet (three successive US Attorneys for the District of Oregon (two acting, via [PII redacted]) and Yamhill County DA ([PII redacted]) are two such child-abuse- perpetuating law enforcement agencies; see below.)

END excerpt of A startling massive birth crime (Aussie complicity?), slightly edited.
http://health.groups.yahoo.com/group/chiro-list/message/5275

[PII redacted],

Even though law enforcement is looking the other way...

Please REPORT the mass medical child abuse crimes - and bring the crimes to the attention of UC faculty and urge UC faculty to report.

In doing so, you can help end mass child abuse being taught by some UC faculty and in doing so help

expose the **obvious** HIV/AIDS hoax (see above) that [PII redacted] has been mysteriously silent about for all these years.

JUST THINK: By helping to protect babies from bizarre child abuse practices taught by some UC faculty, you might help [PII redacted] expose the HIV/AIDS hypothesis itself as a hoax.
Thanks for your immediate attention to this matter.
Sincerely,
Todd

Dr. Gastaldo
[PII redacted]

PS [PII redacted], PhD

"[PII redacted], Ph.D., is a professor of psychology at Tsinghua University in Beijing and a professor emeritus of psychology at the University of California at Berkeley..."
http://sethroberts.net/about/index.html

I'll copy the author of "[PII redacted]'s Blog" which exposed the UC Berkeley "academic horror" discussed above... [PII redacted]
SETH,

My bet is that the gruesome birth-canal-closing "obstetric science" discussed above has spread to China. I urge you to look into the matter.

I'll copy (cc) some Tsinghua University medical faculty members in hopes that they will do the same...
Thanks for your blog entry about the "academic horror" being inflicted on [PII redacted].
I hope you'll talk to [PII redacted] and urge him to finally speak out about the obvious HIV/AIDS hoax that makes infants scream through an "academic horror."

It is possible that the obvious HIV/AIDS hoax has Chinese MDs [offensive language redacted] of Chinese infants - with no medical indication - just like American MDs.

Could you check into this
too? Thanks.
Sincerely,
Todd

Dr. Gastaldo
[PII redacted]

PS BACK TO [PII redacted], PhD...I see that [PII redacted]'s academic interests include the Chinese, as in, cross-cultural work values" and "decision making, in particular how individuals process information prior to making decisions" and "the work values of Chinese employees, with particular emphasis on the differences in work values among different generations of Chinese workers."
http://psychology.berkeley.edu/faculty/profiles/[PII redacted].html (IACC Note: URL is not valid.)

Hopefully, [PII redacted] will study whether Chinese OBGYN workers are aping the "work values" of

American OBGYN workers.

FINAL NOTE: I am also interested to know whether the Chinese are doing anything to stop Western chair imperialism - the Western practice of forcing children to sit in chairs for prolonged periods thereby robbing them of their innate, comfortable, prolonged flat-footed squatting ability.

Many chair dwellers can no long squat flat-footed - they fall over backwards. Most cannot do so for prolonged periods.

I call it The Great Squat Robbery.

The Great Squat Robbery was blamed for The Great Birth Robbery (discussed above) in British obstetrician [PII redacted]'s "randomized controlled trial of squatting during second stage" - where nobody squatted.

See [PII redacted]'s 'Birth Cushion'/Warning about Certified Nurse Midwives (CNMwives)
http://groups.google.com/group/sci.med/msg/8398343c0aeb515b

This post will be archived for global access at: http://health.groups.yahoo.com/group/chiro-list

Alternate archive: http://health.groups.yahoo.com/group/chiro-list3

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Martha Binkley

April 30, 2010

Subject: Suggestions for IACC Member

As a parent of a severely afflicted child with autism I would like to respectfully request that the IACC consider adding to the board a professional who has significant experience in Immunology. Since we now have numerous scientific studies indicating brain inflammation and evidence of a possible systemic wide abnormality in immune function I believe a credible Immunologist would prove very valuable in the current research into the biological processes that may be behind the disorder. I also believe that it would be beneficial to actively seek out scientists who are currently working in the field of epigenetics to also regularly give advice to/ or serve on the IACC board as well. We would also appreciate more research into various methods for working with the subset of children who respond much more poorly to applied behavioral analysis (ABA) and some of the more common therapies. Particularly, can we, and how do we help these kids to become literate. Isn't written communication a viable alternative to spoken language? We appreciate the effort that you are making on the behalf of our child and all of the children with autism. Please consider my request and I thank-you.

Sincerely,
Martha Binkley
[PII redacted]

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Marian Dar

May 5, 2010

Subject: Meeting + Announcement RESPONSE: SECRETARY SEBELIUS

Congratulations to everyone on this great effort and the momentum surrounding it.

I wanted to offer some short background and follow-up to consider as these initiatives are drawn up and move forward.

I am the parent (mother) of a 22 year-old young adult with autism. In the presentations on Friday (April 30) gastrointestinal (GI)-related issues came up repeatedly as a top-ranking symptom observed. The significance of diet, its influence and efficacy, was also a big issue.

I have always been of apparently excellent health + no allergies, sensitivities, etc.; for a decade lived (conceived and delivered two sons) in third-world countries; etc. However, asymptomatic, I was diagnosed at age 48 with celiac disease and more recently (age 56) with non-alcoholic fatty liver disease.

The current issue of NATURE Magazine has an abstract that may be of interest. Question: are symptoms that autistic offspring manifest an earlier and more "colorful" variant of a subclinical family (metabolic) vulnerability?

Marian Dar

Review
Nature Reviews Gastroenterology and Hepatology **7**, 251 264 (May2010) |doi:10.1038/nrgastro.2010.41

Subject Categories: Liver **|** Nutrition

The role of fructose in the pathogenesis of Non-alcoholic fatty liver disease (NAFLD) and the metabolic syndrome

Jung Sub Lim, Michele Mietus-Snyder, Annie Valente, Jean-Marc Schwarz & Robert H. Lustig

Abstract

Nonalcoholic fatty liver disease (NAFLD) is the most frequent liver disease worldwide, and is commonly associated with the metabolic syndrome. Secular trends in the prevalence of these diseases may be associated with the increased fructose consumption observed in the Western diet. NAFLD is characterized by two steps of liver injury: intrahepatic lipid accumulation (hepatic steatosis), and inflammatory progression to nonalcoholic steatohepatitis (NASH) (the 'two-hit' theory). In the first 'hit', hepatic metabolism of fructose promotes *de novo*lipogenesis and intrahepatic lipid, inhibition of mitochondrial β-oxidation of long-chain fatty acids, triglyceride formation and steatosis, hepatic and skeletal muscle insulin resistance, and hyperglycemia. In the second 'hit', owing to the molecular instability of its five-membered

furanose ring, fructose promotes protein fructosylation and formation of reactive oxygen species (ROS), which require quenching by hepatic antioxidants. Many patients with NASH also have micronutrient deficiencies and do not have enough antioxidant capacity to prevent synthesis of ROS, resulting in necroinflammation. We postulate that excessive dietary fructose consumption may underlie the development of NAFLD and the metabolic syndrome. Furthermore, we postulate that NAFLD and alcoholic fatty liver disease share the same pathogenesis.

Author affiliations

J. S. Lim, M. Mietus-Snyder, A. Valente, J. -M. Schwarz & R. H. Lustig
Department of Pediatrics, Korea Cancer Center Hospital, [PII redacted]
(**J. S. Lim**). Department of Pediatrics, University of California, San Francisco, [PII redacted] (**M. Mietus-Snyder, A. Valente, R. H. Lustig**). College of Osteopathic Medicine, Touro University, [PII redacted] (**J. -M. Schwarz**).

Correspondence to: R. H. Lustig, [PII redacted]

Published online 6 April 2010

Bob Moffitt

June 19, 2010

Subject: Requests for Public Comment

I don't know why the IACC requests "public comments" when the IACC never seems to follow through on those comments or suggestions?

I am confident that numerous comments have strongly suggested the IACC begin URGENT research regarding what many parents believe to be overly aggressive childhood vaccine policies in the United States.

Obviously, SOMETHING has "caused" the Centers for Disease Control and Prevention (CDC) to report that **one in every six American** child suffers some type of chronic autoimmune disorder, such as, autism, allergies, asthma, juvenile type 1 diabetes, juvenile rheumatoid arthritis, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), on and on…and...chronic autoimmune diseases that were far less common in ALL previous, less vaccinated generations.

Can someone possible explain to me why the United States, arguably the wealthiest, most technologically advanced nation in history…ranks 41 in "infant mortality survival rates"? Why is a child more likely to survive the first five years of life in other…less developed countries…than the United States?

Here's a clue ... THOSE COUNTRIES DO NOT VACCINATE THEIR CHILDREN AS AGGRESSIVELY AS DOES THE UNITED STATES.

There is only ONE… ONE… ONE… study that MUST be done… and that study is an independent, scientific study of "vaccinated vs. unvaccinated" populations to ascertain if BOTH populations have suffered the same, inexplicable, dramatic increase in chronic childhood autoimmune diseases. To date, the reasons given by public health officials for not doing this critical study are ludicrous... creating the obvious perception that public health officials are fearful of what such a study may show regarding their vaccines and the vaccine policies THEY approve and recommend.

But... then... I am wasting my time. The IACC would much prefer to continue wasting critical time .. researching "genetics"… or for that matter… researching ANYTHING other than vaccines as a possible contributing factor to what has become the "new normal" childhood diseases… which I have already listed above.

BOB MOFFITT
SLOATSBURG, NEW YORK

Donna Young

June 19, 2010

Subject: Summary of Conference call June 18, 2010

I am a birth researcher, since 1998. I am published in contributions with my name on them, on the home page of www.medicalveritas.com

These are free of charge and they all state references of my personal studies, that I am not sharing new information, but information doctors ought to have been taught, or knew about, before licensing them to practice medicine. This will be found in the ethics and standards of midwives, medics, or Emergency Birth Dispatchers, to the surgeons.

I also have a petition of interest on line, by looking up "Protect Babies and Mothers, Too.

I would be pleased to have any private or public Autistic Group have their executives sign the Petition for support for prevention of the medical allowance of harvesting babies, worldwide, weakening them. The babies may be the waste product that causes other professional groups to have spin off in trying to then cure them of internal injuries, caused them soon after their birth - in the after birth care. The babies are knowingly being caused a testable anemic condition. This is only preventable by truth in education by such groups like your own and your associates you may work with.

Do you have any connection to a Canadian agent for Autism Research?

There seems to be a number of foundations or organizations that have non-profit status for Federal receipts for tax purposes. But they all do not have a Questionnaire on prevention. While they state causes, they cannot be sure of the many complications of X-rays of both male and females, even at the dentist's office. The females only are protected when getting an X-ray of their teeth, and only if they are pregnant. Male sperm may be endangered by X-rays, or their use of chemicals, street or prescribed drugs. Diets too may be a factor and living habits, or environment.

But there is one common cause that may be a connecting problematic cause, all families have of the autistic child. This is one question that has received bias not to be asked as to the education of both the mother and father to ask for prevention of causing medically caused anemia.

In 1939, Dr. William F. Windle, in his report on anemia noted it was being caused by seeking for storage the placenta blood. Measurements of fact by the hospital's labs indicated from each placenta, the blood trapped there by early umbilical cord clamping, measured from 50 cubic centiliters (ccs) to over 150 ccs of whole blood. The whole blood was then separated into various components of the suspensions of the blood and store in public and private blood banks. Dr. Windle begged the experts not to clamp off the inflow of the placenta blood until after the placenta was birthed and all pulsation in the umbilical cord ceased. The time period he confirmed to wait for the completion of the third stage of labor was from 12 to over 20 minutes. There is no rush to hurry the third stage of labor, by early umbilical clamping, then the cosmetic removal of cord cutting.

Today, elective choice of the doctor, that is their own discretion, is given policies of early and instant

umbilical cord clamping. The doctors who choose to be a stakeholders in the selling of the placenta blood they trap in the placenta-bag, then syringed or drained off, is documented by private cord blood banks to be a whole blood collection sent to them to be from 80 ccs to 250 ccs. In fact, most of the placenta plastic bags or syringe tubes hold up to 250 ccs of the whole blood.

The placenta whole blood is put into the containers with a chemical to prevent the blood from clotting up to 36 hours. The most common used chemical to keep the blood thin, is Heparin. It is man-made, a mouse poison.

The babies can be all factual tested to be found anemic by a simple blood test. They may remain in the anemic state for days, weeks, months, even years, even up to and over two years of age. The most common health factor of youth today is anemia. It is being medically caused, not of the inherited kind, like the sickle cell anemia, by the hasty umbilical cord clamping. This is all discretion choice or elective choice of all medical persons when they clamp off a firm, red, and pulsating umbilical cord, and clamped off before they wrapped the child, head to toe to prevent hypothermia from setting in. If the child is chilled by not keeping the infant warm, the blood infusion is lessened. Also, if the baby is held above the placenta, like in most Cesarean (C)-section births, the blood in the baby or at least in the umbilical cord may drain back into the placenta, increasing the amount of the placenta blood to be in this natural-blood-bag that ought to have been inside the baby's body.

The more the red cell count, the more the proper volume and pressure to all cells, is the lesser risk the child will develop brain cell injury or injury to the central nervous system.

This is not new information of how to cause a weaker infant because Dr. Erasmus Darwin, wrote of this concern, how to cause a weaker infant, not how to kill the child, back in 1801. Since and even before that time, doctors were to be educated in an Oath of standards of care - do no harm.

This has not been the policy or the duty of most hospitals who have been a stakeholder is seeking the placenta blood, they have profited by selling it as residual blood, waste blood, or extra blood. Nothing could be further from the truth. They have allowed by their own private institution policies to take away the civil protection of privacy by allowing others to have the genetic information of infants, by their blood types, their sex, and their race and color, or mixture of race. They have not had true informed consent, or allowed a signed birth contract that all infants must be revived on the untied umbilical cord. Or no allowance for demonstration purposes or experiments in the finger-thumb cord compression on the pulsating cord, for 10 to 60 seconds of the discretion of the doctors showing the renewal of infusion of placenta blood. But this time delay of cord compression, the choice of the doctor, has caused or may have caused heart shrinking. If the heart muscle is caused to shrink, what of other brain cell or central nervous cells damage, even death to these cells cut off of the fetus, yet circulation system of refreshed oxygen in the proper quantity and quality of red cells. The red cells are the special cells to carry oxygen to all cells and to carry away wastes. The fetus circulation may continue until the placenta becomes a flat cake and then is expelled, almost, empty of placenta blood. It then becomes its name, a flat cake.

Early cord clamping keeps the placenta engorged, like it is often then bigger than the baby's head. This is an unnatural state, medically caused. The mother when birthing the engorged placenta is subjected to more birthing pain, and the placenta may leak causing any future conceptions to likely be at risk to rH factors, the prior infant's blood now mixed with her own. That the fetus of the next conception may abort early, or have blood issue problems.

The one question to reveal the mothers were not told of the importance of full placenta blood infusion, is "When was the umbilical cord clamped off, tied off, or finger-thumb squeezed off?" This will be the one question that will be found the parents had no knowledge to leave the cord alone, and all revival on the untied umbilical cord.

The duty is in truth in education, from Kindergarten -12 to advanced education courses in the prenatal classes. The strongest and healthiest of babies will be all those of the primal and natural birth control groups. Those control groups of no clamped infants are not allowed to be compared to experimental studies of active management (AC). The AC control groups are the infants who were experimented on various types of drugs and who were all early clamped before the pulsation in the umbilical cord ceased, and before the placenta was natural birthed. The natural birth is patience in waiting for the placenta to birth in 12 to 20 minutes or more time period, without the use of the abortion drug, Oxytocin

(Pitocin). This man-made drug often has additives in it that may cause thyroid problems in both the mother and the infant, some 8 to 12 years later. The thyroid is then either too active or too sluggish.

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

Sandra Barwick

June 21, 2010

Subject: Requests for Public Comment

I'm not even a United States (US) citizen. I'm English, with an Asperger's son. But what the US does matter so much. Please focus on the physical side, not the genetic. What are the clues to the environmental triggers - the conditions in the womb? The mother's condition? What sort of diseases are associated with autism? What kind of conditions do autistic people die from?

Sandra Barwick
[PII redacted]

Kerry Lane

June 24, 2010

Subject**:** IACC Public Comments due 7 12

PUBLIC SUBMISSION

Docket: Food and Drug Administration (FDA)-2009-N-0138
Joint Meeting of the Drug Safety and Risk Management Advisory Committee, Nonprescription Drugs Advisory Committee, and the Anesthetic and Life Support Drugs Advisory Committee; Notice of Meeting. **Comment On:** FDA-2009-N-0138-0001
Joint Meeting of the Drug Safety and Risk Management Advisory Committee, Nonprescription Drugs Advisory Committee, and the Anesthetic and Life Support Drugs Advisory Committee; Notice of Meeting - Notice of Meeting
Document: FDA-2009-N-0138-0005
Kerry Scott Lane MD - Comment

Submitter Information
Organization: St. Mary's Medical Center, West Palm Beach, Florida

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General Comment
Acetaminophen, Glutathione Depletion, and Regressive Autism

Acetaminophen toxicity in the liver is well established. One of the known toxic effects of this commonly used drug is depletion of the most important antioxidant, glutathione (GSH). Disease states linked to depletion of glutathione and excessive amounts of oxidized glutathione, versus reduced glutathione, include Diabetes, Atherosclerosis, acquired immune deficiency syndrome (AIDS), Alzheimer's, Pregnancy Induced Hypertension (PIH), and others.

Regressive Autism is a condition that has defied a definitive pathobiology to date. The attachments enclosed reveal that acetaminophen, by exacerbating an already depleted glutathione antioxidant system due to a preexisting condition, triggers autism in the peri-vaccination period by reducing glutathione levels to below a critical level. Adequate glutathione levels are crucial to the effective functioning of the Metallothionein (MT) System. The MT system is involved in metabolism of metals, as is glutathione. However, the MT system is especially critical to the metabolism of Zinc in the brain. In states of depleted glutathione and excess oxidized glutathione, free Zinc is released in brain cells. This free zinc is toxic to the mitochondria, causing cellular hypoxia and a generalized neurological malfunctioning that we now recognize as Autism.

It appears acetaminophen alone is not enough to cause Autism. The co-morbid pathobiology is due to the creation of a state of abnormal gastrointestinal biology due to antibiotic administration to the infant. This allows the replacement of the normal gastrointestinal (GI) flora with yeast overgrowth by Candida species and others. Many yeasts and fungi produce mycotoxins which have been shown to be pathological
to man and animal alike.

Recently interest has focused on a mycotoxin known as Gliotoxin which has been shown to be immunosuppressive, by killing cluster of differentiation 4 (CD4) cells, along with a multitude of other deleterious effects. Gliotoxin has been shown to form adducts with glutathione, essentially removing it from the pool of bioavailable antioxidants. Over fifty per cent of Candida species have been shown to produce Gliotoxin. If we envision a sequence of events that results in an undesirable yeast in the GI tract, causing a depletion of glutathione and generalized oxidative stress, followed by a vaccination that includes a metal adjuvant (mercury or aluminum), followed by the administration of acetaminophen (antipyretic) to an infant- at a critical period of neurodevelopment- we can envision the pathobiology of Autism. The enclosed attachments from peer-reviewed articles are a roadmap to the above described pathobiology. I suggest the FDA act with all due haste to make this material public so the autism epidemic can be properly managed. Additional focus should be directed to the AIDS syndrome, which also involves depletion of glutathione. It would seem acetaminophen is inappropriate in this setting, and possibly in most settings.

Kerry Scott Lane MD
St. Mary's Medical Center
June 6, 2009

Kerry Scott Lane's presentation can be viewed here. (PDF – 4 MB)

Katie Wright

June 25, 2010

Subject: Requests for Public Comment

The agenda, priorities and scope of discussion suffers tremendously format the lack of environmental science expertise. Environmental science is the most promising and emergent subject of study re autism. Whereas it has taken decades to it identify just 3 percent of of 1, of possibly 100s of variants of autism, short term targeted research into pesticides, Polychlorinated biphenyls (PCBs) and adjuvants could give up important answers so much faster.

If reducing even a small percent of autism or a percent of potential triggers, could be done by urging families to use nontoxic plastics and fertilizers that is immediately doable! What are we waiting for- such research should be a top priority.

When the study of vaccine adjuvants was taken off the table by Dr. Insel the scientific process was shamefully short circuited. At this point in the exponentially rising # of children suffering w/ autism and the almost total lack of causation factors - we cannot afford such myopic partisanship. There are 25 untested adjuvants in vaccines. We have no idea how these substances interact w/ each other and their effects on an infant's developing brain.

Please put your fears and biases aside and think of the disaster unfolding around us. If even a small percent of ASD, again, could be prevented w/ safer adjuvants or fewer combinations, multidose vaccines you have an ethical and moral responsibility to listen to the overwhelmingly number of public comments you have received asking for this research to be done.

Also it has been disheartening hearing how few IACC members are actually reading these comments. There is absolutely no discussion of the content of commentary and the summaries of public content are poorly written. Rather than paraphrasing comments just print them as they are.

When Dr. Jennifer Johnson announced that it was "too hard" to get through the comments I was astounded. If parents and professionals can take the time to write thoughtful and meaningful requests and you "can't get through them" why are you even on the committee? I read all 25 pages of comments in an hour- it isn't that difficult Dr. Johnson. If anyone on the committee does not have the time, interest or energy to put their best efforts (and show up) in to IACC, please resign and give the seat to someone who really cares about our children.

Matt Carey

June 28, 2010

Subject**:** Public comment for the upcoming IACC meeting

When I look over the research already accomplished and the research laid out in the Strategic Plan I see two major gaps that I feel deserve increased attention. The first involves autism together with those who are non-verbal and, specifically, apraxic. The second involves epilepsy.

Apraxia and autism is poorly understood. This was made clear in a recent workshop at the National Institute on Deafness and Other Communication Disorders, the National Institutes of Health (NIH) Workshop on Nonverbal School-Aged Children with Autism. I've included the summary webpage for that workshop below. The 2010 Strategic Plan increased the research focus on people who are non-verbal and autistic. A new objective was added:

Support five studies that associate specific genotypes with functional or structural phenotypes, including behavioral and medical phenotypes (e.g., nonverbal individuals with ASD and those with cognitive impairments) by 2015. *IACC Recommended Budget: $22,600,000 over 5 years.*

First, it is amazing that this wasn't in the first Strategic Plan. Second, the above objective only singles out nonverbal individuals as a possible avenue for research. There is no hard objective to study nonverbal individuals. Further, and very importantly, this is a goal on classification only. There are still no objectives on improving the life of non-verbal individuals. There are no objectives discussing therapies or supports for nonverbal individuals. I feel that this should change. Focus should be placed on research which could improve the quality of life of autistic individuals who are nonverbal.

In regards to epilepsy: there are multiple papers published this year which have pointed out again the connection of epilepsy and autism. As with apraxia, this is perhaps one of he most well established co- occurring condition with autism. As with apraxia, epilepsy only made it into the Strategic Plan in 2010:

Launch three studies that target the underlying biological mechanisms of co-occurring conditions with autism including seizures/epilepsy, sleep disorders and familial autoimmune disorders by 2012. *IACC Recommended Budget: $9,000,000 over 5 years.*

As with the objective on nonverbal individuals, there is no objective on improving the life of individuals with both autism and epilepsy. Some epilepsy medications can cause anxiety or increased aggression or other behavioral difficulties. Some are toxic. There is no clear preferred medication and no way to know in advance which individuals may respond—positively and negatively—to any given medication. There isn't even good data on what fraction of individuals will respond negatively, or whether individuals with autism respond differently than those without autism.

Another key question: does epilepsy result in a change in developmental trajectory for some group of individuals with autism? Is there perhaps a reason to screen autistics for epilepsy before the onset of visible seizures?

Epilepsy and apraxia are two co-occuring conditions with autism which are well established and which have a serious effect on quality of life. I urge the IACC to apply research resources into these areas with a focus on improving quality of life.

Respectfully submitted,
Matthew J. Carey, Ph.D. San Jose, California

From http://www.nidcd.nih.gov/funding/programs/10autism/
NIH Workshop on Nonverbal School-Aged Children with Autism

April 13 – April 14, 2010 Rockville, Maryland Sponsored by: National Institute on Deafness and Other Communication Disorders (NIDCD) National Institute of Mental Health (NIMH) Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

In April 2010, the National Institutes of Health (NIH) convened a multidisciplinary workshop to discuss the state of the empirical knowledge about, and research opportunities regarding, the substantial subgroup of children with autism spectrum disorders (ASD) who have not developed functional verbal language by five years of age. The discussants reviewed the current state of scientific knowledge, highlighted critical gaps in our knowledge, and identified research opportunities to address knowledge gaps. A series of presentations and group discussions addressed the three major topics of the workshop.

Topic 1: *Who are these children? What do we know about their developmental trajectories?*
This is a highly variable population, with no single set of defining characteristics or patterns of strengths and weaknesses. As a result, it is a very significant challenge to assess these individuals with traditional standardized instruments. Our current measurement tools have relatively low reliability and validity for this population. The presence of even one word, or some echolalic speech, appears to be a significant predictor for the acquisition of spoken language after five years of age. In both research and treatment planning, it is important to distinguish whether children are nonverbal (i.e., no spoken language), preverbal (i.e., younger children who have not yet developed verbal language), or non-communicative (i.e., having neither verbal nor nonverbal communication skills).

Topic 2: *How can we assess their skills and knowledge across different domains, with special reference to those abilities relevant to language acquisition (e.g., verbal comprehension, sensory and motor skills, apraxia)?*

Standard assessment approaches have significant limitations in this population. Implicit measures of behavior (e.g., eye-tracking) or brain activity (e.g., magnetoencephalogram [MEG] or electroencephalogram/evoked response potentials [EEG/ERP]) may be useful in revealing children's knowledge of language, and for uncovering differences in speech/sound processing. Sensitive assessments may be critical in guiding treatment planning and the development and testing of novel interventions. Work on these methods is just beginning, and there is a need for research demonstrating the validity and reliability of these approaches.

Topic 3: *What treatments/interventions are effective in improving spoken language and communication in these children (augmentative and non-augmentative methods)?*

A series of presentations focused on interventions that directly teach spoken communication skills, and alternative augmentative communication (AAC) interventions that utilize non-speech means for expressive and/or receptive communication. Most of the research on interventions to teach spoken language has been conducted in younger (i.e., preschool) children. Toddler/early intervention studies have demonstrated the benefit of interventions that target joint attention or social engagement and symbolic play. While there is evidence of the utility of behavioral interventions, response to treatment is quite variable. Predictors of positive response to treatment include higher levels of engagement with objects, the presence of some verbal behavior, and less socially avoidant behavior. There is a need to better understand how to individualize treatment approaches, with a focus on school-aged nonverbal children. Research has shown that children with ASD can learn to use AAC (e.g., pictures, signs, speech-generating devices), although many studies are limited in their descriptions of study participants. Current research does not support a common fear that using AAC methods will hinder the development of spoken language. There is a need to expand the empirical evidence on the utility of AAC to include better-characterized participants, a broader range of language functions targeted by the interventions, facilitating use of these methods in the home and community, and long term outcomes.

Research Gaps and Opportunities

The working group identified a number of research gaps and opportunities. For example, we need novel methods for assessing cognition and language comprehension in non-speaking children with ASD, using a range of neural and behavioral approaches. We also need studies designed to elucidate the underlying mechanisms that explain why some children do not acquire spoken language by school-age, in spite of exposure to evidence-based interventions. Potential areas of investigation include oral-motor skills, auditory/speech processing, social attention mechanisms, and fundamental impairments in intentional communication. Comprehensive treatment studies focusing on non-speaking school-aged children with ASD should address active ingredients of the intervention and moderators of treatment response.

For more information, please contact Judith Cooper, Ph.D., Deputy Director of the NIDCD and Director of the Division of Scientific Programs at the NIDCD.

Clifford Zimmerman

July 2, 2010

Please help me to get this new technology medically/scientifically tested.

Breakthrough Technology In The Treatment Of Autism Spectrum Disorder And Related Neurological Disorders

My name is Cliff Zimmerman. I'm 56 years old, born and raised in Brooklyn, New York. I now live in Atlanta. My degrees are in both Music Education and Early Childhood Education.
Here is why I am contacting you...

I have spent the last five years developing and patenting a breakthrough technology in the treatment of Autism Spectrum Disorder. I have already conducted an extremely successful clinical trial for Hypertension, at Emory Johns Creek Hospital. Every single test-subject's blood pressure was lowered, some by as much as 49 points. The compelling factor was that, when the systolic number needed adjusting, but the diastolic number did not, that is exactly what happened, the same for the reverse. This is because of the direct cause-and-effect on the NTS (Nucleus Tractus Solitarius). Data and details form this trial are available upon request.

Please be assured that this is not any type of "new age" nonsense, it is a completely unique and totally science-based, the only technology that has ever utilized specific frequencies that are purposely all mathematically divisible by each other, resulting in the technology which I have patented, "Prolonged Sympathetic Resonance Vibration." The United States (US) Patent is titled "Harmonic and Overtone Audio Therapy For Autism Spectrum Disorder and Regulated Emotional and Psychological Disorders." The result is the most optimum form of Neuro-Plasticity, the brain's ability to literally heal itself. This has never been tested on the human brain before. By employing "The Scientific Method," (double-blind studies, placebo studies, etc.), and utilizing (functional magnetic resonance imaging) fMRIs, positron emission tomography (PET) scans, blood and chemical analysis, etc., the goal is to prove its scientific and medical efficacy. Some of these benefits will include - but are not in any way necessarily limited to - increases in Serotonin levels, increases in Dopamine levels as well as decreases in Cortisol levels. The ultimate goal, "The Holy Grail," so to speak, is to stimulate and thereby generate tremendous improvement in the Autistic brain's limbic system, enough to process at least somewhat properly, resulting in a dramatic improvement in alleviating symptomatic Autism Spectrum Disorder. This is because of the effect that it has on the brain's Neuro- Transmitters, on a sub-atomic level, because all matter, is composed of quarks, strings, and ultimately, vibration. This is the vibrational equivalent of Higgs Boson, otherwise known as "The God Particle."

Please understand, on so many technical levels, the magnitude and significance of this historic recording, the first and only one of its kind in existence. First, in the one-hundred-plus years of audio engineering, there has never been a recording as "technically pure" as The Sound Therapy CD. The frequencies are accurate to within five decimal places. I have US Trademarked the phrase: "The Perfect Recording Of The Perfect Sound," because that is, in fact, exactly what has transpired. Second, the pure frequencies from absolutely pitch-perfect tuning forks are incorporated into a tuning known as "Justified" or "Justification" tuning, which, for the very first time in audio and recording history, enables a pure Perfect fifth (P5), also known as an "Open fifth," in the exact and precise ratio that

Pythagoras formulated: [3 to 2] or [1.5 to 1]. This is uncommon and rare in Western Music and Western Civilization, which utilizes "Tempered" Tuning, in which the polar opposite is true, the frequencies are specifically not mathematically divisible. Therefore, the concept and process which I have the US Patent for, Sympathetic Resonance Vibration, is not technically, mathematically or scientifically possible. Third, the correct terminology is actually "Prolonged Sympathetic Resonance Vibration." This is because normally, when a tuning fork vibrates, the frequencies will continue to vibrate for two - three minutes. It has taken almost five years, and thousands of hours, in order to technically, scientifically and mathematically, stretch those frequencies for 30 minutes. In this process, the "integrity" of the harmonics and the overtones - wherein lies the therapeutically medical value

- has been maintained. Again, this has never even been attempted before, let alone successfully accomplished, in the entire history of recording and audio engineering. This is a monumental technical achievement, and these are the specific resulting patented scientific and technical reasons for the many therapeutic benefits consequently derived upon the human brain. This is the only recording which, through this patented process, achieves maximum Neuro-Plasticity, for the very first time. The resulting benefits for maximum Neuro Health are nothing short of astonishing for the Autistic brain.

My company, Sound Therapy International Inc., is incorporated in Delaware as a "C" (Closed) Corp., and my Federal Tax ID # is [PII redacted]. My web-site is: www.SoundTherapyCD.com Although it reads "under construction," scroll-down on that home page to see a picture of me with my daughter Farrah and some of the babies that I have worked with. On the upper left-hand corner, the following links are fully operational: 1.) Clinical Data - my research, and please be advised that this is not actual clinical data, per se, but it is not written for the lay person. Also, please scroll-down to read my 'Bio'. 2.) Links & Literature - some newspaper Op-Ed articles that I have authored. 3.) Contact Us – [PII redacted].

These clinical trials that I am proposing will only take 2-3 months and therefore will not involve typical high costs. For any individual/hospital/medical research facility wishing to be associated with this project, the benefits are extraordinary, because, together, we will be testing the most compelling, cutting-edge scientific new technology available in the treatment against Autism Spectrum Disorder, Hypertension, Clinical Depression, Parkinson's Disease and Alzheimer's Disease as well. The financial benefits for any such facility will prove to be more than worth any initial expense. Surely this deserves serious consideration. Perhaps you know, and/or may very well have access to, research facilities that I do not. Pharmaceutical and Bio Tech firms should pay particular attention to the fact that there are strong indications that existing medications will function with greater therapeutic effectiveness. Again, this will be proven with control- group Scientific Method clinical trials.

I am represented by the law firm of [PII redacted], [PII redacted], [PII redacted] and [PII redacted], here in Atlanta, and my personal attorney is retired Emory Law Professor [PII redacted]. I can be reached by E.Mail at: [PII redacted] and by phone at: [PII redacted]. I look forward to hearing from you at your earliest convenience. Thank you for your time and your consideration.

- Clifford N. Zimmerman

Attachment #1 to Clifford Zimmerman's July 2, 2010 Submission

Hypertension Study - Clinical Trial Test Results
Emory University Hospital at Johns Creek
Sunday, May 18, 2008
Observed by: Dr. N Gupta, Owner / Director Diabetes & Hypertension Center [PII redacted]

12 adult male and female participants.
Please Note the Following:
Each and every participant registered an improved score on the hospital's own calibrated blood pressure machines. Readings taken prior (resting rate) and post, at the 14 minute, 30 second mark (purposely overlapping 30 seconds, thus preventing the possibility of any "down time" or lapse in a completely accurate reading), after listening with headphones to the 15 minute recording of the patented and trademarked Sound Therapy CD, owned, produced and engineered by Clifford N. Zimmennan. What is so compelling and worth noting about the results Is that, again, in each and every case, when the systolic needed an Improvement/adjustment, but the diastolic did not, that is exactly what happened. Too, when the diastolic needed an adjustment/improvement, but the systolic did not, that is also exactly what happened. Speculation is that, through the patented technology utilized in the mechanism, the NTS (Nucleus Tractus Solitarius) is sufficiently stimulated by the sympathetic resonance response to regulate and adjust its control. Verification will be observed through fMRI, PET Scan and blood and chemical analysis.

Systolic & Diastolic Improvement - By Points (pts.) and Percentages (Pct.):

	Systolic -Pts. / Pct.	**Diastolic – Pts. / Pct.**	**Total -Pts. / Pct.**
1.	15 / 10.94	7 / 9.58	22 / 20.52
2.	6 / 5.21	10 / 14.23	16 / 24.44
3.	11 / 10.89	2 / 2.98	13 / 13.67
4.	22 / 15.27	12 /12.76	34 / 28.03
5.	16 / 11.67	5 / 5.81	21 / 17.47
6.	39 / 20.41	10 / 11.49	49 / 31.9
7.	20 / 15.03	1 / 1.16	21 / 16.19
8.	18 / 7.76	1 / 1.51	19 / 9.27
9.	8 / 4.96	5 / 6.02	13 / 10.98
10.	13 / 8.72	1 / 1.4	14 / 10.12
11.	10 / 10.52	1 / 1.81	11 / 12.33
12.	25 / 12.88	16 / 13.5	41 / 26.43
Average:	**16.91 / 11.18**	**5.91 / 7.27**	**22.83 / 18.46**

Eileen Nicole Simon

July 7, 2010

Subject: Comments for the IACC meeting July 16

Attached to this email is a research proposal I put together as an assignment for a course I took five years ago in Cognitive Neuroscience. I continue to believe that auditory system dysfunction should be investigated as a factor in developmental language disorder, and that the auditory system is susceptible to injury by all of autism's many etiologies.

The inferior colliculi are among the brainstem structures fully myelinated and functional before birth [1, 2]. Myelination of the temporal and frontal language areas follows a consistent schedule during the first three years after birth, which correlates with the normal stages of language development [3]. Growth of axons toward developing targets in the cerebral cortex depends upon orderly neurotransmission from brainstem structures [4]. Impairment however slight, within structures like the inferior colliculi cannot be dismissed as "minimal."

Landau et al. (1955) and Sokoloff et al. (1977) found that blood flow and aerobic metabolism are higher in the inferior colliculi than in any other area of the brain [5, 6]. In research on glucose uptake in the brain Sokoloff et al. commented:

"The highest values were clearly in the structures involved in auditory functions with the inferior colliculus the most metabolically active structure in the brain." [6, page 912]

In research with monkeys on asphyxia at birth, Ranck and Windle (1959) discovered the inferior colliculi to be most prominently affected [7]. Faro and Windle (1969) observed disrupted maturation throughout the brains of monkeys kept alive for many months or years [8]. The areas of the brain affected in monkeys can be compared to the finding of defects of neurogenesis and neuronal migration observed in the brains of people with autism [9, 10].

The inferior colliculi have been found to stand out brightly in functional magnetic resonance imaging (fMRI) scans [11, 12]. This is due to the "blood oxygenation level dependent" (BOLD) signal, the result of high blood flow in these small midbrain structures [12].

The inferior colliculi are susceptible to injury from toxic substances [13-16]. This has always been reported as a surprise finding. As Morgan et al. (2004) commented:

"Although the posterior colliculus is not typically examined in standard brain survey sections, a fortuitous section in one animal indicated severe necrosis." [16, page 136]

I could be wrong, but until evidence to the contrary can be provided, perinatal damage of the inferior colliculi should be a focus of research, and added to the IACC strategic plan.

The obstetric protocol of clamping the umbilical cord immediately at birth should be changed. Until the mid 1980s obstetric textbooks taught that the cord should not be clamped until the newborn infant is breathing. Most infants appear to withstand early termination of placental respiration, but I believe those who don't may account for the increased prevalence of autism.

References:

Yakovlev PI and Lecours A-R. The myelogenetic cycles of regional maturation of the brain. In A. Minkowski (Editor), *Regional Development of the Brain in Early Li*fe (pages 3-70). Oxford: Blackwell

Scientific Publications, 1967.

Moore JK, Perazzo LM, Braun A. Time course of axonal myelination in the human brainstem auditory pathway. *Hearing Research*. 1995 July;87(1-2):21-31. Erratum in: *Hearing Research*. 1995 November;91(1- 2):208-9.

Pujol J, Soriano-Mas C, Ortiz H, Sebastian-Galles N, Losilla JM, Deus J. Myelination of language-related areas in the developing brain. *Neurology*. 2006 February 14;66(3):339-43.

Friauf E, Lohmann C. Development of auditory brainstem circuitry. Activity-dependent and activity-independent processes. *Cell Tissue Research*. 1999 August;297(2):187-95.

Landau WM, Freygang WH, Rowland LP, Sokoloff L, Kety SS. The local circulation of the living brain; values in the unanesthetized and anesthetized cat. *Transactions of the American Neurological Association*. 1955- 1956;(80th Meeting):125-9.

Sokoloff L, Reivich M, Kennedy C, Des Rosiers MH, Patlak CS, Pettigrew KD, Sakurada O, Shinohara M (1977) The [14C]deoxyglucose method for the measurement of local cerebral glucose utilization: theory, procedure, and normal values in the conscious and anesthetized albino rat. *Journal of Neurochemistry*. 1977 May;28(5):897-916.

Ranck JB, Windle WF. Brain damage in the monkey, Macaca mulatta, by asphyxia neonatorum. *Experimental Neurology*. 1959 June;1(2):130-54.

Faro MD, Windle WF. Transneuronal degeneration in brains of monkeys asphyxiated at birth. *Experimental Neurology*. 1969 May;24(1):38-53.

Wegiel J, Kuchna I, Nowicki K, Imaki H, Wegiel J, Marchi E, Ma SY, Chauhan A, Chauhan V, Bobrowicz TW, de Leon M, Louis LA, Cohen IL, London E, Brown WT, Wisniewski T. The neuropathology of autism: defects of neurogenesis and neuronal migration, and dysplastic changes. *Acta Neuropathologica*. 2010 June;119(6):755-70.

Bauman ML, Kemper TL. Neuroanatomic observations of the brain in autism: a review and future directions. *International Journal of Developmental Neuroscience*. 2005 April-May;23(2-3):183-7.

Budd TW, Hall DA, Goncalves MS, Akeroyd MA, Foster JR, Palmer AR, Head K, Summerfield AQ. Binaural specialisation in human auditory cortex: an fMRI investigation of interaural correlation sensitivity. *Neuroimage*. 2003 November;20(3):1783-94.

Baumann S, Griffiths TD, Rees A, Hunter D, Sun L, Thiele A. Characterisation of the BOLD response time course at different levels of the auditory pathway in non-human primates. *Neuroimage*. 2010 April 15;50(3):1099-108.

Squier MV, Thompson J, Rajgopalan B. Case report: neuropathology of methyl bromide intoxication. *Neuropathology and Applied Neurobiology* 1992 December;18(6):579-84.

Cavanagh JB, Nolan CC. The neurotoxicity of alpha-chlorohydrin in rats and mice: II. Lesion topography and factors in selective vulnerability in acute energy deprivation syndromes. *Neuropathology and Applied Neurobiology*. 1993 December;19(6):471-9.

Husain K, Whitworth C, Hazelrigg S, Rybak L. Carboplatin-induced oxidative injury in rat

inferior colliculus. *International Journal of Toxicology* 2003 September-October; 22(5):335-42.
Morgan DL, Little PB, Herr DW, Moser VC, Collins B, Herbert R, Johnson GA, Maronpot RR, Harry GJ, Sills RC. Neurotoxicity of carbonyl sulfide in F344 rats following inhalation exposure for up to 12 weeks. *Toxicology and Applied Pharmacology*. 2004 October 15; 200(2):131-45.

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Conrad Simon Memorial Research Initiative

ATTACHMENT

Proposed Research on Developmental Language Disorders

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

Eileen Nicole Simon

July 11, 2010

Subject: More comments for members of the IACC

I found a paper by Dr. Michael Ganz on the lifetime costs of autism, and would like to ask for discussion of a suggestion I made at the IACC meeting on April 30:

Could the IACC recommend to law-makers that mandatory long-term care insurance be required for all citizens, from birth, to cover the huge cost of life-span care for people with developmental disabilities?

In his paper on lifetime costs of autism, Dr. Ganz suggested, "that physicians and other care professionals should consider recommending that parents of children with autism seek financial counseling" [page 343 & page 348].

At almost every autism conference I have attended lately, the financial counselors are there, but our family does not have the $100,000 or more amount to invest in a plan. Every suggestion is just beyond our means.

Our son, who by his teens appeared to have totally recovered from his developmental disabilities, is now 47 years old and living in a group home with locked, alarmed doors. Last year he ran away from this home and was found seven weeks later in Harvard Square. Some people have suggested that maybe that was better than the group home - certainly when he was found, though fatter than when he ran away, he had a normal blood glucose level (Hemoglobin (Hgb) A1c). I have since demanded that his psych meds be stopped, and some improvement in his "metabolic syndrome" is evident. He should be working. He is capable of doing useful work. Right now he is working for me, writing his memoir, and feeling very up- beat that someone might be interested in reading it. His writing is an amazing revelation of his Asperger's syndrome: concrete details about concrete events recalled with day, month, and year accuracy. I am glad I set him to work on this, and hope it might be useful to someone someday.

Sincerely,
Eileen Nicole Simon, PhD (Biochemistry), Registered Nurse (RN)
conradsimon.org
[PII redacted]
--
Conrad Simon Memorial Research Initiative
To seek understanding of brain system impairments in autism. http://conradsimon.org/

Lori Kay

July 12, 2010

Subject: Forward: Requests for Public Comment

The IACC's strategic plan allocates 5 percent of its budget to "what the future holds" (adults with autism).

This is clearly inadequate and hugely disappointing to families of people with autism who will soon be adults. As most people know, autism is NOT currently cureable, thus the vast majority of children with autism will grow up to be adults with autism and require programs and support. Please consider this.

Thank you.

Kathy Blanco

July 12, 2010

Subject: comment

Please look into the following!

The newly discovered Xenotropic murine leukemia virus-related virus (xmrv) (gammaretroviruses seen by Whittemore Peterson Institute (WPI) and the National Institutes of Health (NIH) and the Food and Drug Administration (FDA) get into the bits of deoxyribonucleic acid (DNA) that regulate genes. They act as gene manipulators. They dont "like" any old genes but much prefer genes that regulate lots of other genes. In particular genes that regulate the XMRV. In simple terms XMRV type viruses hide in the DNA and act to leave the immune system **switched on in a dysfunctional way** leaving inflammatory cytokines elevated. One of these is interferon gamma. This would have a consequence in utero development of the brain, as well as life from age 0 to 3 years of age and or beyond, the exact time we vaccinate children excessively without question or screen which would cause FURTHER HARM. Such children should be tested for this virus, and withhold vaccines until further investigations are made into their immune status, and or contraindicated and or they are on antiretrovirals, especially taking into account parental diagnosis of neuroimmune/immune problems. This newly discovered neuroimmune retrovirus, may have been in our population now for about forty years, exactly replicating the fact the increases in neuroimmune diseases such as attention deficit hyperactivity disorder (ADHD), Autism, Depression, chronic fatigue syndrome / myalgic encephalomyelitis (CFS/ME), Alzheimer's, Niemen Picks, Parkinson's, multiple sclerosis (MS), etc. Prevalances of these diseases cannot be underestimated. Most of these cases are either not properly diagnosed, and or, they are told they are hopeless cases which may continue through the generations because it's just an infection. When in fact, they may be quite treatable. The neuroimmune system of such populations should be tested, funded fully to Whittemore Peterson Institute which found the virus, and discovered before we spread this infection to an estimated 14 million. This would also affect our blood supply.

Plasma increase of interleukin-12 and interferon-gamma. Pathological significance in autism
Vijendra K. Singh1
Received 29 September 1995; received in revised form 12 December 1995; accepted 19 January 1996. ... See More

Abstract
Immune factors such as autoimmunity have been implicated in the genesis of autism, a neurodevelopmental disorder. Since autoimmune response involves immune activation, the plasma levels of interferon-alpha (IFN-α), interferon-gamma (IFN-γ), interleukin-12 (IL-12), interleukin-6 (IL-6), tumor necrosis factor-alpha (TNF-α), and soluble intercellular adhesion molecule-1 (sICAM-1) were measured in autistic patients and age-matched normal controls. The levels of IL-12 and IFN-γ were significantly ($P \leq 0.05$) higher in patients as compared to controls. However, IFN-α, IL-6, TNF-α, and sICAM-1 levels did not significantly differ between the two groups. Because macrophage-derived IL-12 is known to selectively induce IFN-γ in T helper type-1 (Th-1) cells, it is suggested that IL-12 and IFN-γ increases may indicate antigenic stimulation of Th-1 cells pathogenetically linked to autoimmunity in autism.

“An observant parent’s evidence may be disproved but should never be ignored” —*Lancet* 1:688, 1951, Anonymous

KATHY BLANCO
Beaverton Oregon

Sharon Howell

July 12, 2010

Subject: IACC Meeting

As a parent of a child with Autism ask you to please put more funding to environmental triggers of autism instead of putting all the money into genetic research. It is clear to serious scientist that this cannot be a genetic epidemic. Please fund projects looking at environmental triggers.

Regards,

Sharon Howell Katy,
Texas

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

Steven Kossor

July 12, 2010

Subject: An effective community-based treatment model for children with autism and other serious behavioral challenges

I will be presenting four posters at the Training Institutes in Washington on July 16th regarding the community-based mental health treatment model for children (including children with autism spectrum disorders) that I've been refining for the past 20 years and will be at the conference from July 14th through July 18th. Two different independent research studies have shown that I have developed a model that is viable and can be implemented in all 50 states with an expectation of comparable success. I've attached two brochures that I will be distributing at the Institutes and would be happy to meet for lunch while I'm in Washington if that's something officials at the IACC would like to consider.

Steve Kossor
Executive Director, The Institute for Behavior Change
[PII redacted]

Steve Kossor's attachments can be viewed here:
Attachment 1 (PDF – 229 KB) | Attachment 2 (PDF – 241 KB)