Written Public Comments

IACC Full Committee Meeting

July 10, 2012

List of Written Public Comments

Marian Dar

September 21, 2011

Subject: RE: Upcoming NIH Workshop: Ethical, Legal and Social Implications of Autism Research

My autistic child: Putting Ezra first by Tom Fields-Meyer

Gene Bensinger

September 21, 2011

Subject: Highly Troubling Public Statements from an IACC Public Member

As you are no doubt aware, the Combating Autism Reauthorization Act (CARA) is currently winding its way through the difficult process of becoming law. This legislation controls the very existence of the IACC and the excellent work the body has done to coordinate the critical Federal response to the autism crisis in America today. The Obama administration and the vast majority of legislators in Congress support this Act and the work it mandates, although passage is not assured.

That is why I am very troubled that a Public Member of the IACC, Mr. Ari Ne'eman, has quite vocally and publicly voiced his opposition to the CARA's passage (quotes below). I find these statements outrageous, given that fact that he personally occupies a seat on the body (and the responsibility it entails) representing all public stakeholders in the autism community, including me. I'm strongly requesting that you and your colleagues invite Mr. Ne'eman to resign his seat on the IACC and its committees, in favor of someone who supports the existence and work of the body. Clearly he does not if he is calling for the defeat of a bill that enables the IACC to exist.

Disagreements about autism policy within the IACC are expected and even welcome, but opposing CARA because it doesn't contain provisions that he personally, or as a representative of a narrow advocacy organization, would like to see is not an acceptable reason to oppose the very existence of the IACC. Thank you for your attention to this issue.

Gene Bensinger, Parent of a teen with autism and advocate.

"The Combating Autism Act has failed to provide for the direct needs of families and individuals with autism," said Ari Ne'eman, president of the Autistic Self Advocacy Network.
http://www.disabilityscoop.com/2011/09/21/senate-republicans-derail/14080/

But not everyone is on board. The Autistic Self Advocacy Network is strongly opposing the legislation, arguing that the current bill focuses too little on services for individuals with autism and pays almost no attention to adults with the developmental disorder.

"It tells adults and all those families waiting for services that they're just going to have to wait for three long years," says Ari Ne'eman, president of the self-advocate group.
http://www.disabilityscoop.com/2011/05/27/groups-split-autism-act/13186/

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

Brenda Weitzberg

September 27, 2011

ASPIRITECH NFP
1950 SHERIDAN ROAD, SUITE 206
HIGHLAND PARK, IL 60035

Have you heard about Aspiritech? We were recently featured in an AP article: and video. This is not the first time we have been in the news. As the only company in the U.S. to harness the strengths of autism to provide training and employment in software testing, we have received wide coverage from msnbc.com, NPR's Morning Edition, UJA, Chicago Tonight and more. Check these out at http://www.aspiritech.org/news/.

We believe that our business model could work throughout the country. Indeed we are continually flooded by emails and calls from individuals on the spectrum, family members and their service providers. They want to know if there are any similar programs in their areas or whether they could work for us from home and what they can do to bring an Aspiritech to their community. It is truly heartbreaking at times to respond; we have far too little to offer -there is little good news. In Chicagoland, we have more than 100 applications on file in addition to hundreds of documented inquiries from across the country.

The overwhelming majority of autism resources go toward medical research. While research is a very worthwhile investment, it leaves little resources for services and opportunities geared toward the thousands of adults living on the spectrum. And we are not doing enough to build comprehensive, supportive systems to meet the needs of these capable yet challenged individuals as they transition into adulthood.

I understand that IACC is working on this by holding workshops such as"Building a Seamless System of Quality Services & Supports Across the Lifespan." Unfortunately, I was out of the country and couldn't attend.

We at Aspiritech would be very interested in having members of IACC visit Aspiritech to view our operations and also come present what we have learned in our two years of full operations.

Brenda Weitzberg
Executive Director
Aspiritech,
312-945-TEST (8378)
cell [PII redacted]
www.aspiritech.org

Trudy Sutherland

October 31, 2011

Subject: The Autistic is an Artion. There is something about the way life moves that you do not understand completely.

This communication is understanding something to the CDC area about what you understand to call "wandering" within what has been named ICD-9 coding. It can be understood together with life interested in how they will sit around understanding together all the time.

There is something about the way life moves that you do not understand completely.

There is something about the way life understands a conduction of communication to it according to what it is doing that you do not understand completely.

There is something you do not understand completely about the way life is at the experience of communication together.

There is something about the awareness of lines of communication and who is aware at what line that you do not understand completely. Who is aware of which line is determined by whether a given existence is preoccupied with a misunderstood interest within emotion that is non preferred or understanding their interests as they exist always, doing what they can continue to do with emotion that is good and placed continuously. Interest understood as always are interests that will be built upon.

There is something about the experience of fear and loss and the communication that "there is something happening that humans are doing that is not supposed to be happening" that will be the life of perpetual "do something different" for this experiencing area. Aware life designed to understand information to truth understands and experiences free of it.

Portions of this communication that you do not understand, you can move over to an activity that is experienced as something you can continue to do and understand areas of it again at unity with an activity place that will be naturally relating to you and this content in a way that appreciates.

María Luján Ferreira

November 23, 2011

Subject: Re: Upcoming: Bioinformatics and Computational Approaches to Integrate Genes and Environment in Autism Research - Durham, North Carolina

Thank you for the public inquiry but my opinion is that other kind of translational research is urgently needed.

AS the mom of an autistic child of 11 years with 9 years in biomedical treatment with huge gains in cognition/language and communication, is very disappointing the path that the environmental research in autism is being done in the most powerful country, with all the resources available that other countries cannot even dream.

There are multiple gastrointestinal, nutritional, metabolic, biochemical, mitochondrial, immune, autoimmune and infectious conditions (fungal, parasitic, viral and bacterial and their consequences, even auto immune) reported in the open literature in different subgroups of ASD. The kind of research proposed is simply not enough (not enough in terms of translacional medicine in practice to be of real help to autistic children /teens and adults around the world) and it is not enough in face of the challenges and the importance of the problem.

In the meanwhile extremely valious resources and time are being involved in this kind of extremely basic research, around the world the prevalence is increasing enromously and no answers (not even one of practical nature) is being given a parents of autistic children around the world with the problems I cited above confirmed in high level labs; left them alone and abandoned to get the best medical help they can get. And the problems of xenobiotics management, impact of pediatric management tools first three years and key topics of adquired susceptibility due to immaturity + combination of stressors first 3 years of life+ use of pediatric tools without the considearation of individuality are being piling up.
M.L. FErreira
Argentina

From: NIMH IACCPublicInquiries (NIH/NIMH) <iaccpublicinquiries@mail.nih.gov>
To:
Sent: Wednesday, November 23, 2011 5:24 PM
Subject: Upcoming: Bioinformatics and Computational Approaches to Integrate Genes and Environment in Autism Research - Durham, North Carolina

Bioinformatics and Computational Approaches to Integrate Genes and Environment in Autism Research

November 29-30, 2011
Marriott at Research Triangle Park,
Durham, NC

The **Office of Autism Research Coordination** is pleased to be sponsoring a free live public webcast of the upcoming Bioinformatics and Computational Approaches to Integrate Genes and Environment in Autism Research meeting hosted by the **National Institute of Environmental Health Sciences**. The meeting will

bring together experts in bioinformatics, computational biology and small molecule screening paradigms with key researchers in the genomics, epigenomics, and neurobiology of autism to discuss the possibilities for applying new bioinformatics and screening tools and approaches to advance research on environmental contributors to autism and needed resources to enhance the use of these strategies.

To access **Day One** of the live webcast (November 29, 2011 from 8:15a.m. - 5:00p.m.), please click on the following link: http://nih.granicus.com/MediaPlayer.php?view_id=7&clip_id=410

To access **Day Two** of the live webcast (November 30, 2011 from :30a.m. - 12:10p.m.), please click on the following link: http://nih.granicus.com/MediaPlayer.php?view_id=7&clip_id=415

For more information about the meeting, please visit http://www.niehs.nih.gov/about/visiting/events/pastmtg/2011/bioinformatics/ or http://iacc.hhs.gov/non-iacc-events/.

The webcast will be archived for future viewing on the Non-IACC Events web page at: http://iacc.hhs.gov/non-iacc-events/.

If you experience any technical problems with the webcast, please e-mail OARC's technical support team at IACCTechSupport@acclaroresearch.com or call the OARC Technical Support Help Line at 443-680-0098.

Faith Hopkins

December 9, 2011

Subject: RE: An Old Drug Finds a New Use - Treating Autism and Fragile X

Good morning,

My name is Faith Hopkins and I am working with the company Confluence Pharmaceuticals. I thought it important to first introduce us and second, to make you aware of their efforts to find solutions that alleviate core symptoms for individuals with Autism and Fragile X Syndrome.

Confluence Pharmaceuticals is currently developing a novel therapeutic medication to treat core social and communication impairments for individuals with Autism Spectrum Disorders (ASD) and Fragile X Syndrome. Their therapeutic is based upon a discovery originally made by Dr. Craig A. Erickson and his team at Indiana University's School of Medicine. While his work was far from definitive, they have continued to acquire positive data that suggests this discovery has real potential as a "First-Line" therapy for both children and adults with ASD and Fragile X.

Please refer to the attached document for more information. If you have some time, we would like to share more details of what we are trying to accomplish. Thank you.

Sincerely,
Faith Hopkins, Dakich Law

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

Pam Rockwell

January 27, 2012

Subject: Comments for the IACC about Maternal Autism Associated Antibody and blood product safety

I have comments about the IACC Strategic Plan. I would be glad to come speak to you personally at the next IACC meeting about these concerns:

I am concerned that autism research has linked maternal antibodies that bind fetal brain cells to the development of regressive autism, and that blood products that contain these antibodies could cause autism if administered to pregnant women or infants. I am concerned that the wider autism research community is not taking this research seriously, or even considering the possibility that autism could be transmitted through medical interventions. I think that the medical community should be taking steps to screen blood products for antibodies that are connected to autism, even if the research about the nature of this connection may not be completely understood for many years.

Your committee, the NIMH Interagency Autism Coordinating Committee (IACC), releases a strategic plan for autism research each year. In the IACC 2011 Strategic Plan the concern of maternal antibodies is mentioned only briefly,

> ***"A few hypotheses regarding how disruptions of the immune system might contribute to ASD and other neurodevelopmental disorders have emerged in recent years. Some recent findings suggest that the immune system differences of parents and their children may affect early brain development and the onset and fluctuation of symptoms in some children with ASD*** *(Pardo, Vargas & Zimmerman, 2005)**. For example, some research indicates that maternal autoantibodies directed at fetal brain tissue could interfere with normal brain development*** *(Braunschweig et al., 2008)**. While such medical symptoms may not be entirely specific to ASD, treating them may have significant impact on quality of life, symptom severity, and level of functioning."***

This research has been conducted since the early 2000s in research labs at the MIND Institute at UC Davis and at the Kennedy Krieger Center at Johns Hopkins. Both labs identified antibodies in the sera of mothers of children with regressive autism that binds to human fetal brain cells. Both labs tested the human derived sera on pregnant animals and demonstrated symptoms of autism in the offspring exposed prenatally to sera from mothers of regressively autistic children. The Kennedy Krieger team used mice, and the MIND team used rhesus monkeys (Martin, et al., 2007). In other words, this research showed that ***autism could be transmitted to animals by exposing them prenatally to the tainted blood of the mothers of regressively autistic children.***

In 2005, David Amaral and Judy Van de Water of the MIND Institute filed a patent for their test for the presence of maternal autism associated antibodies (MAAAbs), but this test is still not publically available. The MIND Institute is conducting a longitudinal study to see if levels of MAAAbs are predictive of autism in subsequent pregnancies, but these tests will take 4-5 years to complete. Research continues in labs on both coasts to determine how many different antibodies are involved and what their binding sites are. But there is no urgency to discover how prevalent the MAAAbs are in the general population. There is no study to see if men also make these antibodies, or to see if these antibodies are commonly

present in blood supplies or blood products. Researchers refer to these antibodies as "maternal auto-antibodies," but there is no thought that these may be cross reacting antibodies triggered by common diseases or vaccines, and so there is no search for a possible trigger that generates these MAAAbs.

I do not understand why there is not more concern about the potential for the transmission of these antibodies. I know that regressive autism only accounts for less than 10% of all cases on the spectrum of autistic disorders, but these are the kids who will require lifelong care, so even a small increase in the number of these children will adversely affect medical and special education budgets. We need to start screening blood products to make sure that we are not adding to these numbers through these possible medical interventions:

- Pregnant women who do not have the same blood type as the fathers of their child are routinely given ***immunoglobulin collected from human plasma donors*** (like RhoGAM) during their pregnancies to prevent an immune reaction to their unborn child. Pregnant women who are potentially exposed to certain viral infections (like chicken pox) are also given immunoglobulin collected from immune plasma donors to prevent disease. What if one of the donors that contributed to a batch of these medications was also making MAAAbs?

- ***Transfusions*** are also a common treatment during childbirth. What if the newborn is exposed to MAAAbs in a transfusion that the mother is receiving before the baby's blood supply is separated from the mother's? What if these antibodies still cause damage if they get transmitted by breast milk?

- The IACC 2011 Strategic Plan reports that, "neurodevelopmental disorders are more common in infants born prematurely and that preterm infants are at increased risk of developing autism (Johnson et al., 2010b)." The study cited reports an ASD rate of %8 of males born with <26 weeks gestation compared to %1 in the general population. But what if this increase is due to ***neonatal administration of blood products*** containing MAAAbs rather than merely the conditions that caused preterm birth?

I know that it is considered to be backward and uneducated to suggest that a vaccine might be implicated in any form of autism, but I think that the presence of MAAAbs implies that some infectious agent might trigger the development of cross reacting antibodies. So we need to consider the possibility that some vaccines might also make unwanted antibodies. If a cross reacting infectious agent can be identified, then recombinant vaccines can be made to this infectious agent that do not contain the cross reacting epitope, but still allow the subject to make antibodies to the rest of the organism.

For instance, autism is a common result of prenatal exposure to rubella, but it is not understood how the pathogen actually causes autism. If autism is not caused by the pathogen itself, but instead is caused by cross reacting maternal antibodies to rubella that bind and damage the fetal brain, then inoculating girls against rubella will still cause them to make the offending antibodies, but will make it hard to see the connection between rubella antibodies and the future brain damage suffered by their offspring. But if the binding site of the offending antibody on the rubella virus is located, then girls can be vaccinated with a recombinant rubella vaccine that has been developed without the offending epitope. Then, if they are ever exposed to real rubella virus, they will make antibodies that their immune systems remember from the recombinant virus, eliminating the invading pathogen before they develop any new antibodies to the offending epitope. So hopefully they will never develop MAAAbs.

Even if the pathogenic trigger is an organism that is not currently vaccinated against, it is important to identify possible triggers for the production of MAAAbs, because we have the technology to create a

recombinant vaccine that eliminates the trigger without actually producing the offending antibodies. But this is particularly important if the offending organism is influenza, since we currently recommend that pregnant women be vaccinated against influenza. Influenza A has a prominent antigen on its surface: the M2 proton pump. This proton pump is blocked by the medication amantadine. But amantadine is also used by neurologists to treat Parkinson's disease because it also binds to glutamate receptors on human neurons and glial cells. In theory, an antibody that binds the influenza M2 proton pump could inadvertently bind human fetal glutamate receptors at the amantadine binding site. If MAAAbs turn out to be triggered by M2 proton pumps, it would make sense to make flu vaccine that did not contain any antigen shaped like an M2 proton pump.

This is why I think it is essential to test all vaccines to make sure that they do not inadvertently produce maternal autism associated antibodies (MAAAbs) – especially vaccines given to pregnant women. There are easy ways to test for this. You can check to see if MAAAbs bind the organism and the vaccine itself. You can check the blood of vaccine test subjects for MAAAbs. And you can use women who make MAAAbs and are past child bearing years to test new vaccines and see if their titers of MAAAbs increase when they are exposed to the new vaccine. All of these technologies are available right now. The only new things we need to answer these questions are money and determination.

I know that NIH is funding some studies to repeat previous experiments that show that antibodies in the blood of mothers of regressively autistic children can cause autism-like symptoms in the offspring of pregnant monkeys and mice. I also know that looking for MAAAbs in children with autism and their relatives has become a small part of several large studies that look at all of the possible environmental triggers and biomarkers for autism, as well as part of the US Army's attempt to validate blood spot analysis as a tool to look back at blood collected before specific tests are available. But I feel that the focus of these studies is to identify children at risk for autism so that they can receive early behavior therapy. Even the researchers who are working on these studies are not considering that identifying, disabling, and removing MAAAbs from the fetal environment could **prevent** a great number of severe autism cases. And no one seems to have even considered the possibility that MAAAbs might be transmitted by medical interventions routinely used on pregnant women in this country.

It is an obvious extension of this research that some day in the distant future the MAAAbs will be identified and immunoglobulin that blocks their actions in the pregnant woman will be developed to prevent autism before the disease develops, just as RhoGAM prevents blood diseases in the fetus. But while we wait, the test that looks for MAAAbs already exists and could be used as a prenatal screening tool. I do not understand why such a prenatal test is not already available in a doctor's office, since technology to make the test kits was patented in 2005. I know there is reluctance to address the possibility that some women will use such a test to decide whether to have an abortion. Even the IACC 2011 Strategic Plan mentions, "***There is a diverse range of opinions in the autism community on early screening for autism, ranging from strong support for developing biologic prenatal screening methods to concerns that such efforts may lead to selected terminations of fetuses showing genetic or other biomarkers of increased risk.***" Perhaps that is why the autism research community has not aggressively pursued the question of the link between maternal antibodies and autism.

I am disappointed that the medical research community has not already answered all of the questions I have about maternal autism associated antibodies. I hope it is not because they are afraid of the answers. I hope that it is not because they do not want to be drawn into a discussion of abortion or because they are not willing to take responsibility for potential side effects of transfusions and vaccinations.

In the book "And The Band Played On" (Penguin Books, 1988) Randy Shilts describes how physicians who recognized that their patients were developing AIDS after blood transfusions prevented many new cases of AIDS by inventing ways to recognize tainted blood as early as 1983 by testing for surrogate markers. At that time, the AIDS virus had not yet been identified, so there was no antibody test, and blood-banking professionals were not willing to recognize the depth of the problem. In January 1983, Thomas Spira and Don Francis of the CDC recommended that blood be tested for hepatitis antibodies, since hepatitis was also an epidemic in the same populations that had AIDS. In May of 1983 Edgar Engleman of Stanford University Medical Center began testing helper-suppressor cell ratios to screen out blood with AIDS symptoms. But most blood bankers did not follow these recommendations because, "***they did not want to believe their industry could be involved in AIDS, so they simply denied the problem existed***." It was a year later before AIDS was truly identified as being caused by a virus, and the blood-banking industry could no longer pretend that their products were not a source of the disease. Actual testing of blood products for AIDS virus did not begin until March of 1985. It is encouraging that some people were not exposed to AIDS because of the prescient actions of Spira, Francis, and Engleman, but it is sad to think of the hundreds of hemophiliacs and transfusion recipients in other hospitals who did get AIDS from blood products in 1983 and 1984, when a test of surrogate markers would have protected them from most of the tainted blood donations.

Like AIDS, the carriers of MAAAbs (mothers) do not show any symptoms while they pass on the disease to their children. Like AIDS, it takes several years after exposure to MAAAbs for symptoms of autism to develop, and so the truly definitive studies about transmission could take a decade. Like AIDS, we will not truly know if our blood supply is tainted unless we test it.

At the same time that the US Army was allocating $350,000 for the long term study of infants and MAAAbs through blood spot evaluation, DARPA was also awarding a 5.6 million dollar grant to infectious disease specialists so that given an outbreak of a new disease, they could develop a medical intervention (immunoglobulin or miRNA based drug) within ***seven days.*** The autism community has had ***seven years*** since the tests for MAAAbs have been patented, and the IACC still considers these old studies as "preliminary results." Perhaps the Army could test their new biological response timetable by seeing if they can develop rapid blood screening tests and immunoglobulin therapy for MAAAbs?

I know that we do not have every detail of maternal antibody associated autism nailed down scientifically, but while we figure it out, we need to act proactively. We do not want to be causing illness when we have the tools to prevent it. We need to make tests for MAAAbs part of regular screening for blood products and we need to test every vaccine for the production of MAAAbs. We need to identify each offending antibody, develop anti-antibody immunoglobulin against each one, and get these products out to the people who need them. We need to get tests for MAAAbs available for prenatal screening. We should not wait another seven years before we give parents and doctors the information they need to make reasonable family planning decisions. We need to move research on maternal autism associated antibodies to the top of the list because the solutions are in our grasp. I know this will not eliminate autism, but 0.1% of all children who will be born next year might develop autism because of maternal antibodies. How many years will that have to happen when we have the technology to stop it?

Please encourage the IACC to make identifying MAAAbs, making immunoglobulin that neutralizes MAAAbs, and screening blood products used in pregnant women and infants for MAAAbs a prominent

part of the 2012 goals for autism research. I do not really expect results in seven days, but please do not wait another seven years.

Thank you,

Pam Rockwell
[PII redacted]

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

William Morris

April 1, 2012

Subject: I CURED MY SON OF AUTISM

STORY BEGINS ON PAGE 9

[Photo redacted]

[PII redacted]

[Photo redacted]

POLE VAULT TRAINING
LEG-UPS-CORE

HIS FEET NEVER TOUCH THE GROUND FOR 10 REPS, BUT HIS TOES TAP THE GROUND ON THE WAY DOWN, THEN ON THE WAY UP HIS TOES WILL EITHER TOUCH HIS HANDS OR THE TOP OF THE POLE

[Photos redacted]

[Photo redacted]

POLE VAULT TRAINING

20 CHIN UPS FULL RANGE

[PII redacted] IS HOLDING HIS FULL WEIGHT WITHOUT SLIPPING, WHICH IS 215 POUNDS, HIS HAND AND ARM STRENGTH IS AWESONE, PLUS MAINTAINING AN "L" THROUGHOUT THE ENTIRE ROUTINE

STATS

[PII redacted]

SECOND YEAR IN HIGH SCHOOL

ON THE TRACK AND FIELD TEAM
THIS YEAR HE WILL PARTICAPATE IN THE FOLLOWING:
100 METER SPRINT
400 METER SPRINT
LONG JUMP
SHOT PUT
DISCUS

BENCH PRESSES 360-400 POUNDS
LEG PRESSES 1000 POUNDS
ARM CURLS 225 using Preacher Machine

[Photo redacted]

BY JUNE 2012

HIS TARGET STRENGTH LEVELS ARE:
BENCH PRESS 400#

LEG PRESS 1,250#

LEG HACK SQUATS 600#

ARM CURLS 300#

BENCH PRESS 225# 35 REPS

BENCH PRESS 315# 12 REPS

VERTICAL JUMP 40 INCHES

STANDING JUMP 11 FEET

40 YARD DASH 4.4 SECONDS

[Photo redacted]

HIS TARGET STRENGTH LEVELS BY JUNE 2014

BENCH PRESS 600# LEG PRESS 2,000#
LEG HACK SQUATS 1,000# ARM CURLS 400#
BENCH PRESS 225# 60 REPS BENCH PRESS 315# 35 REPS
BENCH PRESS 405# 20 REPS
VERTICAL JUMP 44 INCHES STANDING JUMP 12.4 FEET
40 YARD DASH 4.3 SECONDS

_____

[PII redacted] IS A WANT-TO-BE DECATHLETE

(Olympic Gold Medalist) BRYAN CLAY IS HIS TARGET

_____

The experts believe that [PII redacted] is capable of a world's record in the javelin and several other Olympic events

_____

[PII redacted] is also considering playing football as a middle linebacker, because his short term lateral running speed, is almost as fast as a sprinters forward speed, this is due to his javelin training, as the last steps are lateral, the lateral movement sets up the throw.

Next year [PII redacted] will be 16, during his 16th year [PII redacted] is going to attempt to beat the NFL'S entire SCOUTING COMBINE event records that have been established by 2011 Linebackers, the events, athletes and results are:

LINEBACKERS 2011 COMBINE RESULTS:

40 YARD DASH	[PII redacted]	4.49
BENCH PRESS 225# REPS	[PII redacted]	32 REPS
VERTICAL JUMP	[PII redacted]	38.0 INCHES
STANDING JUMP	[PII redacted]	10.6
3 CONE DRILL	[PII redacted]	6.70 SECONDS
20 YD SHUTTLE	[PII redacted]	4.00 SECONDS
60 YD SHUTTLE	[PII redacted]	11.15 SECONDS

CLAY MATTHEWS (linebacker for the Green Bay Packers)
IS HIS TARGET
[PII redacted]'S 40 YARD SPRINT TIME IS FASTER THAN CLAY'S
BY THE TIME [PII redacted] ENTERS COLLEGE, [PII redacted] WILL BE STRONGER
And faster than CLAY MATTHEWS, as well as any NFL professional player, which includes:
Quarterbacks
Running backs
Wide Receivers
Tight Ends
Safeties
Defensive and Offensive linemen

_____

"COACH [PII redacted] IS [PII redacted]'S COACH

_____

[PII redacted] will also be stronger and faster than JOHN SMITH from Ohio State and TRENT RICHARDSON from Alabama

William (Bill) Morris is the Founder, Chairman, CEO and Chief Creative Person of
All Things Good for Adults, Athletes, Kids and Grownups,
This narrative was prepared as there is interest in making a movie called the

[PII redacted] Story:

[PII redacted]'s nephew is Bill Johnson, Bill won a gold medal in downhill skiing in 84; he then had a movie made called the Bill Johnson story, which included some famous actors of today. The same studio wants to make a [PII redacted] Story movie, due to his coming out of a stoic state of Autism, then his achievements in Karate, Gymnastics and Track and Field in middle school.

All of this is tied to my family's background, beginning with my Grandfather, as he financed the inventor of Basketball Mr. Naismith and was an outstanding football and basketball player in his day, then my Father who was Johnny Weissmuller swimming training partner and Illinois State Tennis Championship, then me, I was 23rd in the world for the kilo on the cycling Velodrome, records were not kept in those days and the Russians and East Germans were not disclosing their times, as a result the 23rd may be wrong. I assisted in building the Velodrome in Encino, when I got out of the military service.

Bill Johnson my nephew, won a gold medal in the 84 Olympics; my oldest son has won over 30 California State Cycling Championships; now [PII redacted], who is determined to be a decathlete and compete in the 2016 games. In addition, he is equally determined to participate in the regional NFL COMBINE that will be held in Los Angeles next year, he will be 16 or 17 years old, as I do not know the dates. I am told that all of this is going to make a great story.

[PII redacted]

Want-to-be

DECATHLETE AND MIDDLE LINEBACKER

My son [PII redacted] was Autistic, [PII redacted] was stoic, he was a vegetable in the eyes of the experts, and he began speaking at the age of 5, right before he turned 6. My wife Elena and I have put thousands upon thousands of hours conducting our own research, and found it necessary to bypass the status quo of existing Autistic research.

According to me (Bill) the current Autistic research is great for statistics, exposure and the raising of money for the pockets of the so called do gooders, but scores negative as it pertains to results, results being cures.

Generally, Autistic characteristics' do not surface until around the age of 2.

One of the major problems of having an Autistic child is parental denial which causes the problem to go unchallenged for years and sometimes never.

Then when an Autistic child has been discovered by others, the parent often times, attempts to put blame on the child's most recent immunization shots; as a result, attempting to convince others that their child has been victimized and that they the parents are genetically pure. This is a tragic set of circumstances.

[PII redacted]'s **HAD** all of the documented characteristics associated with an autistic child, such as, walking on his toes, unable to cross the street by himself, hiding behind me in public, inability to make friends, unable to speak, he created an incomprehensible babbling language of his own, he was unable to look a person in the eyes, unable to accept change, had screaming fits over nothing, kick a door, or wall or anything that was in his way again over nothing.

He held the appearance of daydreaming for hours, in a frightening state of being completely-stoic; as well as **change**, in almost every circumstance in life as things change from day to day; [PII redacted] **WAS** unable to accept change.

One of the very difficult functions of life, as it pertains to [PII redacted] was his inability to put two things together; if two things were required to make something happen, then he would do the first step, then stop, then do the second, as the second now became the first. For example, he would take a glass out of the cabinet for a glass of water. The glass would come down; he would put the glass on the counter, then later come back and fill the glass up with water, then come back and drink the water. Gymnastics cured this.

Elena and I have taken [PII redacted] from Special Education in public schools to Main Stream in public schools, over a six year period.

In [PII redacted]'s second year of Special Education, [PII redacted]'s one & only objective, for the entire school year, was to learn how to draw a straight line and a circle, 7 years later he is now Main Stream and performing all the educational disciplines required of his age. [PII redacted] is now 15 years old.

[PII redacted] AGE 9

With a fist full of 6 blue ribbons

[Photo redacted]

[PII redacted] WAS training to be gymnast, [PII redacted] says a "world Class" gymnast. Each year for three consecutive years; [PII redacted] earned 6 first place honors out of 6 events. (High bar, parallel bars, rings, pommel horse, floor exercise and vault).

Further, [PII redacted] was becoming an accomplished pianist, earning honors in every residual attended. [PII redacted] has composed his own music, and played Mozart by memory.

On Sundays [PII redacted] and I, his Dad (BILL) ride and race our bikes. [PII redacted] won his first bicycle race, second place was not in sight. Many years ago I was ranked 23rd in the world in the velodrome event called the KILO; or one kilometer, which is 6.2 tens of a mile, which is considered a sprint. My cycling was weekends only, as my corporate life prevailed over my athletic life.

[PII redacted]'s cousin is Bill Johnson; Bill won a Gold Medal at the 1984 Winter Olympic Games for downhill skiing. In addition Bill won 3 gold's in 3 World Cup races.

[PII redacted]'s older brother [PII redacted] was on the USA Cycling Team and has won over 30 California/Nevada and Arizona District Championships. [PII redacted] was Manager Sportif for Yahoo's Cycling Team.

[PII redacted]

LEADING IN A MAJOR RACE

[PII redacted] is on a very strict disciplined program, which works; [PII redacted] Gymnastic training **WAS** for three hours a day for 3 school days, or 9 hours a week. [PII redacted] as dropped gymnastics in favor of Track and Field, because his current objective is to become a decathlete.

[PII redacted] no longer practices piano 4 days a week for 20 minutes each day and had one weekly 45 minute lesson, as time to play the piano is no longer available.

He has special scholastical tutoring with me, his Dad (Bill) for two hours 4 days a week. [PII redacted]'s mother Elena controls and administers his diet for every meal and his piano. I handle all of his school homework and physical training.

There are two activities that will never change; they are SPORTS and the PIANO, piano continues when time allows. These two MAJOR activities combined with all of the others have pulled [PII redacted] out of his autism, to become a normal child. Any disruption to his routine at this time has the potential of [PII redacted] reversing his progress and we cannot and will not allow that to happen.

Hence, our (Bill's and Elena's) techniques of Diet, Education, Sports, Gardening and Music, enhanced by perseverance, caring and love are the proven cures as they pertain to our son[PII redacted].

[PII redacted] TODAY-2011

It is the belief of several qualified individuals that our son [PII redacted] can achieve a new world's record in the 100 meter track and field running event; at the 2012 Olympic Games, or sooner, [PII redacted] will be 16, in 2012. But, the 2012 games will not happen, as he is not ready.

When [PII redacted] was 14, he ran a 100 meter sprint in 12.22 seconds, which puts [PII redacted] only 2.75 seconds from a world's record. His time of 12.22 was done in his last year of Middle School; this was accomplished without any formal training, in June 2010.

AGAIN, REMEMBER: [PII redacted] was Autistic, in his second year of Special Education School, his one and only objective was to draw a straight line and a circle; [PII redacted] is now cured, due to athletics, music, education and diet. [PII redacted]'s final grades in 8th grade middle school were 3 "A's", 2 "B's" and 1 "C".

He is now in his second year of High School; last year as a freshman he was the top freshman in the shot put; he stopped running to focus on the shot put.

His school is noted to be the best in track and field, in our area, for this reason is why [PII redacted] is going to this school.

Following are some pictures that may interest you:

[Photo redacted]

[PII redacted] showing off for his mother

In all of [PII redacted]'s competitions, he will be wearing OUR Track Shoes. His shoe laces will be colored in bright PINK, because [PII redacted] just lost his 40 year old cousin to breast cancer, she also had 5 children ages from 3 to 15.

Our entire shoe line will be called, BBGS (BIG BUFF GORILLA SHOES), [PII redacted] may be wearing ONE PINK BBGS Track Shoe.

We are going to see if we can get Lance Armstrong to assist in his endorsement, as it pertains to shoes; as a result, [PII redacted] will wear one PINK shoe and ONE YELLOW shoe. The Yellow is for Lance's foundation, "LiveStrong."

[PII redacted]'s objective for his athletic future is to be a decathlete, as well as participate in the 2016 Olympic Games, as a sprinter in the individual events, those being the 100, 200, 400 and the 4 by 400 meter relay, as well as a javelin participant and most important as a decathlete.

[Photo redacted]

This is one of [PII redacted]'s bazaar javelin training techniques. [PII redacted]'s javelin goal is to earn a world's record in the javelin event.

[PII redacted]'s career objective after the Olympics is to be involved in Police Science or Political Science. As it pertains to Political Science he wants to take the same path that Bob Mathais took, only a little better.

[PII redacted]

Shot put training with 16 pound ball, a 10 pound ball is used for his age.

[Photos redacted]

JAVELIN TRAINING WITH A POLE

The man in the red shirt asked [PII redacted] how many **years** has he been jumping? [PII redacted] said, **"three DAYS."**

BOX JUMPS

THE HEIGHT OF THE BOXES IN THE PICTURE IS 46 INCHES. AT THE TIME OF THIS PICTURE [PII redacted] WAS AGE 14 AND ONLY 5'7" IN HEIGHT; TODAY HE IS 15 YEARS OLD AND IS 5'9" AS A RESULT HE JUMPS 50 inches.

WITH EACH INCH OF BODY HEIGHT GROWTH, THEN WE ADD A NEW LEVEL, WHICH IS 2.5"

[PII redacted] is now 5'9" and weighs 215 pounds; he quit playing football and wrestling because he kept on hurting the players, the bottom line is, he really likes track and field.

Although, he is seriously considering playing football as a middle linebacker, because he can lateral run almost as fast as a half back can run straight. He is certain that he will be far superior than Clay Matthews

As of November 2011, [PII redacted] is benching 360-400 pounds, leg pressing 1000 pounds and arm curling 225 pounds.

By June of 2012 [PII redacted] will be benching 405/10 reps, leg pressing 1,250 pounds and curling 300 pounds.

The objective of his box jumps is to create a fast start or one second for every 10 meters up to 30 meters, and then [PII redacted] accelerates his sprint for the next 6 seconds to the finish, without leveling out. His goal is a 9.0 second time. The Track and Field experts are claiming that a time of 9.51 is the maximum speed a person can go.

This fact is a huge motivator for [PII redacted] to achieve a 9 second time.

[PII redacted]

HE IS ON HIS WAY DOWN FROM 46 INCHES IF YOU WANT A VIDEO OF HIS JUMPS, JUST LET US KNOW

[Photo redacted]

[PII redacted] enjoys hitting the BAG, as it is good for his endurance, he hits until he is out of breath

His upper-cut hits, allows him to get his arms moving as fast as possible, as this is necessary for his sprinting events.

_____

While he is in High School, over the next 3 years, his objective will be to beat **ALL** of the current High School records **AS WELL AS, ALL OF THE 10 DECATHLON RECORDS**.

Following are his target times **TO BEAT THE DECATHLON RECORDS**:

Day 1

100 meter run	10.20 seconds
Long jump	27 feet
Shot Put	63 feet
High jump	7 feet
400 meter run	45.50 seconds

Day 2

110 meter hurdles	13.45 seconds
Discus	184 feet
Pole vault	19 feet
Javelin	265 feet
1500 meter (mile) run	3 minutes 50 seconds

Following are his world record target events so far, because [PII redacted] has three coaches (running, jump and throws) until [PII redacted] meets with the jump and throws coaches he will not know his potential:

100 meter sprint
200 meter sprint
400 meter sprint
Javelin (his javelin training is being done at home, because the school does not teach the javelin)
JAVELIN TRAINING

[PII redacted] simulates the exact same movements as if he was throwing a javelin. Currently he is using a 45# dumb bell and twirling the dumb bell 25 times without stopping.

As soon as he reaches 30 twirls he will upgrade to 50 pounds and target 30 twirls. This method of exercise/training is the foundation of his world record Javelin attempts.

[Photos redacted]

It is my belief that: Family, a Good Diet (no sugar), Daily Exercise, no Smoking, Clean Living, taking your Vitamins and Minerals, a good night's Sleep and a little Religion mixed in.
These are the pillars of

GOOD HEALTH:

Kindest Regards & Stay Healthy,

/s/ Bill

William Morris
Founder, Chairman, CEO and Chief Creative Person

EMAIL: [PII redacted]

María Luján Ferreira

April 2, 2012

Subject: Re: Announcing the 2011 IACC Summary of Advances

With a shocking 1 in 88, the selection of the "best" research is completely unacceptable. I, living outside USA, can mention several manuscripts by far more useful and important than these, especially from the improvement of the qol. This was a quick search; the reported ones only reflect the strong bias on genetics that contaminates the official position in USA. This is profundly disappointing.

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Front Genet. 2011;2:84. Epub 2011 Nov 22.
Epigenomics in environmental health.
Christensen BC, Marsit CJ.

http://www.ncbi.nlm.nih.gov/pubmed/22303378
Environ Health Perspect. 2011 Dec;119(12):A524.
Hormone impact: BPA linked to altered gene expression in humans.
Barrett JR.
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Question 2: How Can I Understand What Is Happening?
Toxicol Environ Chem. 2011 May;93(5-6):1251-1273. Epub 2011 May 20.
The plausibility of a role for mercury in the etiology of autism: a cellular perspective.
Garrecht M, Austin DW.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3173748/?tool=pubmed

J Inorg Biochem. 2011 Nov;105(11):1489-99. Epub 2011 Aug 23.
Do aluminum vaccine adjuvants contribute to the rising prevalence of autism?
Tomljenovic L, Shaw CA.

http://www.ncbi.nlm.nih.gov/pubmed/22099159

Lupus. 2012 Feb;21(2):223-30.
Mechanisms of aluminum adjuvant toxicity and autoimmunity in pediatric populations. Tomljenovic L, Shaw CA.
http://www.ncbi.nlm.nih.gov/pubmed/22235057

J Neuroimmunol. 2011 Mar;232(1-2):194-5. Epub 2010 Nov 13.
Oxidative stress may mediate association of stereotypy and immunity in autism, a novel explanation with clinical and research implications.
Ghanizadeh A.
http://www.ncbi.nlm.nih.gov/pubmed/21075458

Autism Res. 2011 Aug;4(4):242-9. doi: 10.1002/aur.194. Epub 2011 Apr 19.
Autism spectrum disorders are associated with an elevated autoantibody response to tissue transglutaminase-2.

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Question 3: What Caused This To Happen and Can It Be Prevented?

Genetic heritability and shared environmental factors among twin pairs with autism – Hallmayer J, Cleveland S, Torres A, Phillips J, Cohen B, Torigoe T, Miller J, Fedele A, Collins J, Smith K, Lotspeich L, Croen LA, Ozonoff S, Lajonchere C, Grether JK, Risch N. *Arch Gen Psychiatry.* 2011 Nov;68(11):1095-102.
Psychiatr Pol. 2011 Sep-Oct;45(5):759-68.
[Obsessive-compulsive symptoms, tics, stereotypic movements or need for absolute consistency? The occurrence of repetitive activities in patients with pervasive developmental disorders--case studies]. [Article in Polish]
Bryńska A, Lipińska E, Matelska M.
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Biol Trace Elem Res. 2011 Nov 30. [Epub ahead of print]
Increased Markers of Oxidative Stress in Autistic Children of the Sultanate of Oman.
Essa MM, Guillemin GJ, Waly MI, Al-Sharbati MM, Al-Farsi YM, Hakkim FL, Ali A, Al-Shafaee MS.

http://www.ncbi.nlm.nih.gov/pubmed/22127832
J Am Coll Nutr. 2011 Oct;30(5):348-53.
Autism rates associated with nutrition and the WIC program.
Shamberger RJ.

http://www.ncbi.nlm.nih.gov/pubmed/22081621

Question 4: Which Treatments and Interventions Will Help?

Sci Rep. 2011;1:129. Epub 2011 Nov 3.
Infantile zinc deficiency: Association with autism spectrum disorders.
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Effect of a vitamin/mineral supplement on children and adults with autism.
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Children with autism spectrum disorders (ASD) who exhibit chronic gastrointestinal (GI) symptoms and marked fluctuation of behavioral symptoms exhibit distinct innate immune abnormalities and transcriptional profiles of peripheral blood (PB) monocytes.
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http://www.ncbi.nlm.nih.gov/pubmed/21803429
Metab Brain Dis. 2011 Sep;26(3):237-40. Epub 2011 Jun 4.
Peripheral immune challenge with viral mimic during early postnatal period robustly enhances anxiety-like behavior in young adult rats.
Konat GW, Lally BE, Toth AA, Salm AK.
http://www.ncbi.nlm.nih.gov/pubmed/21643765

Front Psychiatry. 2011;2:27. Epub 2011 May 13.
Aberrant NF-kappaB expression in autism spectrum condition: a mechanism for neuroinflammation.
Young AM, Campbell E, Lynch S, Suckling J, Powis SJ.
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Question 5: Where Can I Turn For Services?

- Post-high school service use among young adults with an autism spectrum disorder – Shattuck PT, Wagner M, Narendorf S, Sterzing P, Hensley M. *Arch Pediatr Adolesc Med*. 2011 Feb;165(2):141-6.

Question 6: What Does the Future Hold, Particularly for Adults?

- Epidemiology of autism spectrum disorders in adults in the community in England – Brugha TS, McManus S, Bankart J, Scott F, Purdon S, Smith J, Bettington P, Jenkins R, Meltzer H. *Arch Gen Psychiatry.* 2011 May;68(5):459-65.
- Autism spectrum disorders in older adults: Toward defining a research agenda – Piven J, Rabins P; Autism in Older Adults Working Group. *J Am Geriatr Soc.* 2011 Nov;59(11):2151-55.
- Emerging new practices in technology to support independent community access for people with intellectual and cognitive disabilities – Stock SE, Davies DK, Wehmeyer ML, Lachapelle Y. *NeuroRehabilitation*. 2011;28(3):261-9.

Question 7: What Other Infrastructure and Surveillance Needs Must Be Met?

- Trends in the prevalence of developmental disabilities in US children 1997-2008 – Boyle CA, Boulet S, Schieve LA, Cohen RA, Blumberg SJ, Yeargin-Allsopp M, Visser S, Kogan MD. *Pediatrics*. 2011 Jun;127(6):1034-42.
- Prevalence of autism spectrum disorders in a total population sample – Kim YS, Leventhal BL, Koh YJ, Fombonne E, Laska E, Lim EC, Cheon KA, Kim SJ, Kim YK, Lee H, Song DH, Grinker RR. *Am J Psychiatry.* 2011 Sep;168(9):904-12.

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

Parrish Hirasaki

April 5, 2012

Subject: High rate of defective ultrasound devices.

A main theory of the cause of the autism epidemic expressed on my website (www.ultrasound-autism.org) is damage from vibration and heating during prenatal and neonatal ultrasound.
I have come across two studies done in Sweden that show imaging ultrasound devices in hospitals there to be malfunctioning at a high rate – 40% and 30%:
ehjcimaging.oxfordjournals.org/content/10/3/389.full.pdf
www.ncbi.nlm.nih.gov/pubmed/19786915

Adding this information to facts such as used ultrasounds for sale on eBay, I hope you will support my request that the FDA conduct a quality and control assessment of ultrasounds being used for prenatal and neonatal scans.

If we are subjecting developing and migrating fetal brain cells to poorly controlled vibration and heat, it could explain the latest CDC rates of 1 in 54 boys having autism and 1 in 6 children having development disabilities. And, if we stopped, the epidemic might just end.

This inspection of operating ultrasound units seems a reasonable and prudent step for the FDA to take.

Thank you,
Parrish Hirasaki, MSME
[PII redacted]

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

Lori Muir

April 9, 2012

Subject: Have you considered Fructose Malabsorbtion decreasing FOLIC acid in the Mother's of Autistic Children?

HI,

I just want you to leave no stone unturned in the search for the cure of Autism.

I have done much research, having found out that I suffer from Fructose Malabsorbtion, after 12 years of being misdiagnosed with mystery syndromes, all of which disabled me….I would urge HHS to insist on labeling of all food for fructose –glucose ratios. Or … LF for low fodmap, or HF for high fodmap;

Here is a study I came across that may be helpful:

Fructose Malabsorption Is Associated with Lower Plasma Folic Acid Concentrations in Middle-Aged Subjects
Maximilian Ledochowski,
Florian Überall,

1. Theresia Propst and
2. Dietmar Fuchs

http://www.clinchem.org/content/45/11/2013.full
UP to 36 percent of white populations are FM's. This should NOT go unnoticed. The reason there is an increase in my opinion is due to the increase in the amount of processed foods available that contain many hidden forms of fructose, such as INULIN, just to name one that will sicken me for days, even in gluten free products they use this… the pitfalls for me to stay well are huge.

I had suffered with depression on and off throughout my life, but did not actually develop IBS, and other major symptoms, until I was in well into my 30's.

It caused me to gain weight quickly, even though I was having diarrhea a lot… I read that obese mothers are a factor in Autism. I did take folic acid during my entire pregnancies; this may have spared my children from Autism, but not from gastric problems and ADHD…I had a sugar related issue during pregnancy, but with further testing found to be acceptable.

I am not only FM, but also gluten and lactose will affect me negatively. I eat no soft cheese and no products with gluten in them. I follow the low FODMAP plan, but even with that, this research is new, and foods listed as safe for me, are not, such any fruits except for banana or blueberry in small amounts. Bottom line is I must watch my total fodmap load at any one sitting. Many food additives such as the chemicals they pump into meats for tenderizing or whatever its for… will sicken me for days, even chemicals in GF products will sicken me.

Awareness to this issue is LONG over due. It has ruined my life. I feel better now than I have in years…light, in body and mind now, memory has improved as well as concentration and vision… better across the board, even lost 41 lbs in the first 8 mos eating low fodmap…but I will still sicken myself often as I am still learning what all the different chemical additives are in the foods we ear. I no longer eat out at all.

Sincerely,
Lori T. Muir
[PII redacted]

Amgad Salama

April 10, 2012

Subject: Respectful Comments

Thanks for your efforts in finding answers for the ever-increasing Autism epidemic. Both of my kids are impacted in different ways. It has been extremely difficult on my family on an hourly basis for the last 5 years since their symptoms appeared. I urge you to take all necessary actions professionally, ethically, and humanely to seek effective treatment for autism because of the millions of families suffering due to autism.

Respectfully,
Amgad Salama

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

Carol Lombardo

April 16, 2012

Subject: autism rising...

... this is an emergency, yet no one at your agency is sounding the alarm! WHY?

I have a 20 year old daughter who is autistic. She's not "better diagnosed" or "a different label that's now called autism." My daughter is classically autistic and would not be mistaken for anything else. When she was diagnosed at age 2 in 1993, the rate of autism was 1 in 10,000. Shortly after the rate was changed to 1 in 1,000. Every specialist from pediatricians to speech therapists to preschool teachers were seeing the increase in real kids, with real autism, not something that that was re-classified, but an epidemic called autism.

Growing up, I lived in a neighborhood filled with large families, and there wasn't a single child with autism. Really. Now, the prevalence is so great that every newly pregnant mother I know is worried. Will it be me, next? I hold my breath for the first year of a new birth, and smile through my panic when a young mother confides her concern about her toddler, is he alright? He seems to be quiet/crying/overly sensitive/hiding/no language, etc. And I'm filled with relief when I see their children a year or two later, and they (barely) are back on track. Whew, we all know he missed the bullet, but not by much.

This is a national outrage. The government has stayed peculiarly quiet about a serious disability that is reeking havoc on many families. The government has not formulated a response to the growing panic that these numbers imply. For 20 years the rate of autism has sky-rocketed, and yet and eerie silence from the government.

I remember a couple of years ago when something like the bird flu was infecting some people in China, and visitors were warned not to visit, and a few cases were reported in the US. It bemused me how the media reported on it daily, though only a hand full of people in this country were even affected. Why isn't this the case with autism, which is as serious as a heart attack? Actually, autism numbers in children are higher than every single childhood illness and disability combined!! If you aren't worried about that for your own family, then you've got your head in the sand. It will happen to you too, one day. Then you'll know why this is the national emergency that it should be!

Please do something big with autism,

Carol Lombardo
[PII redacted]

Michelle Heath

July 3, 2012

Subject: A waste of skin

If this man is such an advocate, why not put doctors that KNOW what this new autism is and at least know what they are talking about? Is he afraid that he'll loose all that money if he does something that goes against the American medical Association (AMA)? Most of us parents have been living with loved ones with autism for so long, we've seen it all. So, this idea of his is nothing new. However, he should have at least one or two doctors on this committee. Even a few regular doctors are seeing the truth of what we've been trying to tell them. A group of only politicians mean that they want the easy money, but not do the job the monies were earmarked for. That's a [derogatory language redacted], in my opinion. Let's let them live everyday with someone with autism and have little or no monies to pay for tests and research needed to help them. Then maybe they'll see just what all the fuss is really about. Most politicians couldn't handle that and would probably have the autistic member put away "for their own good" of course, but we all know it'll be more "for their own public image." Poor people, they just don't get it.

Mrs. Michelle L. Heath

Ken Smyth

July 3, 2012

Subject: IACC Comments

The Interagency Autism Coordinating Committee has not made sufficient progress in their charter of identifying ways to prevent and treat the autism epidemic. The sense of urgency is underwhelming. We need a Manhattan Project approach to this infant/child epidemic that is impacting 1% of children in America. And having a serious negative impact of families of these children. Polio was declared an epidemic when it was at a rate of 1-in 1,500 children. But yet the autism rate has not been made a high enough priority by Congress and the IACC. We need to see the roadmap plan of attack to address this national disaster and what recommendations should be made to the current vaccination protocol and studies that should be conducted with the bundling of vaccines such as MMR. And we need the IACC to add well respected researchers, doctors and advocates with impressive histories in autism expertise. and large followings I welcome an update.

Regards,

Ken Smyth

Julie Williams

July 3, 2012

Subject: Autism Research/ Thomas Insel

What a [offensive language redacted] it has been since the passage of the Combating Autism Act passed and Thomas Insel was appointed to lead the IACC in a coordinating effort to find ways to prevent and treat autism. He has held this position for approximately 6 years and has spent almost a million dollars and has yet to find any type of medical intervention or recommendation to prevent or treat autism. He threw out the idea of testing to see if there was a correlation between vaccines and autism. What is he and our government trying to hide. The rate of autism has doubled and families are struggling and now the definition of autism is changing to askew the numbers and make all the research done to date invalid. I understand that this past April he announced the new members of the IACC who consisted of purely political appointees, 4 of whom publicly stated that they do not believe that Autism should be prevented or medically treated. Why were respected researchers and doctors not chosen? What an atrocity! This past year when the number of diagnosis increased to 1 out of 88 it seemed that our government put out an onslaught of media coverage trying to blame it on everything but the truth. Until unbiased research is done by credible people this epidemic will keep increasing and this county has no plan and frankly we do not have enough bridges for all our loved ones with Autism to live under, which is where they may end up if we do not do something today!!!

Sincerely,
Julie Williams
Mother of a Child with Autism

Marsha Kendall

July 3, 2012

Subject: Autism

Your failure to develop or approve any biomedical treatments for autism is inexplicable given the growing number of cases of children being cured. Your failure to integrate these protocols into the mainstream, while promoting vaccines, which certainly contribute to the epidemic, is inexcusable. So long as you continue to approve the toxifying of our children, what future do you think is in store for America?

Sincerely,
Marsha Kendall

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

Raymond Gallup

July 3, 2012

Subject: FW: Feds Fail Autism Community, Demonstration, 7/10, Wash. DC

Dear Congressman Frelinghuysen,

As a taxpayer and a parent with an adult son with autism and aggressions in an out-of-state residential I refer you to the message below and ask that you save taxpayers money by getting rid of this organization or if it can't be reduced funding radically.

Apparently, this IACC is a WPA project that spends money and helps none of the kids with autism. Plus it wastes a lot of taxpayer money and with a deficit going on this is an area you can cut and save money by not adding to the deficit. This Combating Autism Act is a big waste of money along with the funding for the IACC.....please get rid of it.

Thank you.

Ray Gallup
[PII redacted]

-------- Begin forwarded message --------
Subject: Feds Fail Autism Community, Demonstration, 7/10, Wash. DC
Date: 7/3/12 12:46:41 PM
From: "Autism Action Network (A-CHAMP)"
To: "Raymond Gallup"

The Feds are Failing the Autism Community
More Info Demonstration at IACC, July 10, Wash. DC The IACC is failing the autism community.
Join us in protest on July 10th!! On Tuesday, July 10th at 9am, the Interagency Autism Coordinating Committee will be holding the first meeting of the newly empaneled members. The Autism community will be showing up to let them know they have completely failed in their responsibilities. In 2006, Congress passed the Combating Autism Act, giving the federal government almost a billion dollars to find ways to prevent and treat autism. The head of NIMH, Thomas Insel, was appointed to lead the IACC in coordinating that effort. Six years and almost a billion dollars later, Insel has not only failed to produce even one medical intervention or recommendation to prevent or treat autism, the autism rate has DOUBLED on his watch. Tens of thousands of reports of improvements and recoveries via biomedical intervention have been ignored and gone uninvestigated. He broke federal committee rules and strip vaccine research out of the autism research agenda. Every year the complaints of Insel's malfeasance have become louder and louder in the autism community. His abuse of his position came to fruition this past April when he announced the new members of the IACC. The authentic autism community that is seeking to bring an end to the autism epidemic had nominated well respected researchers, doctors and advocates with impressive histories and large followings, however Insel ignored every one of the nominations, and instead seated a panel consisting of purely political

appointees, ***four of whom publicly state that they do not believe that autism should be prevented or medically treated*** . That was when we reached our breaking point.

A coalition of advocacy groups representing tens of thousands of families held a press conference and demanded that Insel be fired, that the current mockery of a an IACC panel be disbanded, and that HHS Secretary Kathleen Sebelius meet with leaders of the coalition to chart a path forward to actually address the autism epidemic. The only response that we received was what amounts to a form letter signed by NIH chief Francis Collins, that was clearly written by a staffer, and that did not address any of the points made to Secretary Sebelius. We have had enough. Join us for a demonstration of our contempt for the health atrocity that is being waged on a generation of children, which is now fully enabled by the Department of Health and Human Services.

July 10th, 9:00am
L'Enfant Plaza Hotel
408 L'Enfant Plaza, SW Washington, DC 20024
Map and Directions
We will be telling the new committee that we believe that the IACC is a farce and a fraud during their public comments portion of the meeting mid day, followed by a demonstration in front of the Department of Health and Human Services in the afternoon. We strongly encourage you to give your own public comments. The procedure is as follows:
Notification of intent to present oral comments: July 3th by 5:00 p.m. Eastern
Submission of written/electronic statement for oral comments: July 5th by 5:00 p.m. Eastern Submission of written comments: July 5th by 5:00 p.m. Eastern E-mail: IACCPublicInquiries@mail.nih.gov
Details on the IACC meeting can be found here:
http://iacc.hhs.gov/events/2012/full-committee-mtg-announcement-july10.shtml
Bring your signs, your children and your righteous anger. More details coming soon.
If you no longer wish to receive e-mail from us, please click here.

Andrea Hammer

July 4, 2012

Subject: Recruit Scientists

The current IACC is not providing the support the public needs and is asking for. Hire scientists and doctors, not political [derogatory language redacted], to get to the bottom of autism intervention and prevention, or give back the taxpayers' billion dollars, and get out of the way!!!!

G. Campos

July 4, 2012

Subject: July 5 Rally

Thank you and your organization for being vigilant in matters that pertain to our children with Autism. As requested below is my written statement:

"It is appalling to hear how a committee created to help children with autism has squander the financial resources they were entrusted with. It is further disheartening to learn how this committee is composed of individuals who are insensitive to the challenges being faced by our children and their families. It is inconceivable how a committee who has no first hand or professional experience with this population can pretend to make decisions about their research, cures, or treatments. HHS Secretary Kathleen Sebelius, we call upon you make the ethical choice and disband the current committee and be open to recommendations from the autism community as to who is better able to serve in meeting the needs of our population. To do anything less is immoral."

Cordially,

G. Campos

Brooke Gorham

July 4, 2012

My daughter has been severely affected by autism. I am so grateful to organizations like yours and i will support you guys any way i can.Keep up the good fight for our children.THANK YOU!!!!!

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

Brooke Gorham

July 4, 2012

I would also like to send an e mail for possible submission to the crooks who have robbed my daughter. I had a normally developing child. She was perfect in every way. I had four other girls but [PII redacted] was our baby; our last child. Around her 12 month well baby visit we were bullied into vaccines. I had a bad feeling from the start.Why this feeling.I don't know, never had an issue with vaccines before. [PII redacted]'s dad and her Dr had me pretty much cornered about the vaccines.

My Dr had also told me people like me are whats causing a measles outbreak in Europe, that I would be putting her in danger, and she would never ask me to give my daughter something she wouldn't give her daughter. She also told me how the Autism activists are crazy and anyone can put anything in books and on the internet.Than you have [PII redacted] dad chiming in about how i should just get them over with. You see I saw it than.Something told me NO! I trusted the Dr and the system. Who the heck would intentionally hurt babies? I learned later greed would do that. How awful we live in a society that secrets are the norm, and parents outcry's are being ignored. So anyway my daughter went downhill fast after that, and im still fighting to get her back. Only a parent whos child has autism understands the gulit you feel. I want vaccines made safer. I want people to quit thinking im crazy. I know what happened to my child. Lets all fight together cause they've messed with our children and im ticked! The anger i feel is overwhelming. God bless all of us who know the truth being called crazy and everything else. Biomedical treatments do work! Pay attention to these children.We owe it to them.

Sincerely Brooke and [PII redacted]

Pat Carew

July 4, 2012

Subject: do the right thing!

Hey, people responsible for autism info: it's a horrible condition, affecting millions of kids (probably not yours). Do what you can/study it/test kids with it and without it/communicate any little or big thing that may shed light. Get on with it. Fire that guy at the top.

pc

Ana Morazan

July 4, 2012

Subject: I am a mom of two autistic boys

My name is Yancy Morazan, my oldest son (20 yrs old) is autistic, and also my youngest (9 yrs ols).

My 20 year old did not have any early intervention due to the lack of knowledge on this disability. My husband and I opted to change our way of life and put our son in a regimen schedule. He is a very well behaved, respectful and a sweet young man. He is in a community college, struggling through college. I wish there were some mentors to help him out to go into the world.

Why I am writing? My 9 yr old has had early intervention + knowledge we have thr our oldest son, and he is more main stream than my oldest son will ever be.

When I learn that IACCP is such a appointed-government agency which has never bother to contact me or any family who I know to find out when and how they can help us out, I find it appalled that this agency would spend a BILLION dollars and do NOTHING for our population. May God's judgement be with ALL of you!

Yancy Morazan, a sad mom in Elk Grove, California

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

Cindy Stimmler

July 4, 2012

Subject: Please don't fail the autism community!

Dear Secretary Sebelius,

It is my duty to inform you that you must take our Autism epidemic seriously!

It is up to you to be bold enough to stop the farce of the Interagency Autism Coordinating Committee and get them to address the problem, not just brush it under the rug while wasting tons of taxpayer dollars. The US can't afford this type of mockery!

Millions of Americans are now affected by Autism. Personally, I have a 15 year old nephew on the Autism spectrum who will NEVER lead a normal life it is very sad, expensive and didn't have to happen. He is an innocent victim of US health policy in the pocket of big pharma that made mistakes and should pay for them.

This is defining health issue of our times. Please be a leader in the solution to this crisis. Don't condemn another child to live less than a full life because of your inaction.

You are woman, you are strong! Go do the right thing - NOW - PLEASE. Another entire generation of Americans will be lost without your efforts.

Thank you sincerely,

Cindy Stimmler
[PII redacted]

Eileen Nicole Simon

July 4, 2012

Subject: Comments for Consideration by Members of the IACC

Following are five brief comment papers I would like members of the IACC to consider in planning research on autism:

--

LANGUAGE: The most serious handicap

Evidence has long been available on an impairment in the brain that can prevent a child's learning to speak.

Kety (1962) published a seminal paper on blood flow in the brain [1]. His research team at NIMH found that 60 seconds after injection of a radioactive tracer into the circulation of a cat, the highest accumulation was in nuclei of the auditory system of the brain. Budd et al. (2003) found on fMRI scans that blood flow is also highest in auditory nuclei of the human brain [2].

Windle (1969) subjected newborn monkeys to asphyxia at birth, and found severe ischemic damage in the brainstem auditory pathway [3]. Brain maturation did not proceed normally in the monkeys subjected to asphyxia at birth [4]. Friauf and Lohmann (1999) likewise reported disruption of brain maturation in laboratory rats with lesions placed in the auditory pathway [5]. Autism is not evident at birth. However, "under-connectivity" has been revealed in the brains of people diagnosed with autism in childhood [6]. Wolff et al. (2012) reported disruption of myelin formation, by 6 months of age, in the brains of infants who later developed autism [7]. Subcortical injury should be investigated as the cause of this failure to establish normal connections during early childhood. Kulesza et al. (2011) reported "malformation" of the superior olivary complex in the brains of 9 autistic subjects [8]. Lukose et al. (2011) reported the same malformation in laboratory rats exposed to valproic acid during gestation [9].

Children normally learn to speak "by ear" without any need of formal instruction. However, evidence of auditory system impairment in autism has been reported often [10-23]. How injury of brainstem auditory nuclei may prevent normal language development should be made a priority for research on the language disorder of children with autism.

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The autoradiographic image above shows that 60 seconds after injection of a radioactive tracer into the circulation of a cat, the highest accumulation (dark areas) is in nuclei of the auditory

system of the brain.
From Kety SS. Regional neurochemistry and its application to brain function. Bull N Y Acad Med. 1962 Dec;
38:799-812, online at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1804882/?tool=pubmed

TOXIC INJURY: The auditory system is most vulnerable

In my comment on language (the most serious handicap), I cited a seminal paper by Seymour Kety, former Chief of the NIMH [1]. This paper provides an autoradiographic image from the brain of a cat 60 seconds following injection of a radioactive tracer. The highest density of radioactivity is in nuclei of the brainstem auditory pathway, especially the inferior colliculi, the superior olivary complex, and the lateral lemniscal tracts that connect these auditory waystations in the pathway from the cochlear nuclei to the temporal lobes of the cerebral cortex. Budd et al. (2003) published human fMRI scans showing the inferior colliculi (IC) as tiny bright dots. Dr. Budd contacted me after finding my website, conradsimon.org, searching on the internet for any explanation he could find for high blood flow in the inferior colliculi.

High blood flow exposes the nuclei of the auditory system to more of any toxic substance that gets into the circulation. Many papers have reported damage to nuclei of the auditory system from exposure to toxic substances [3-6].

Autism has been reported in some children with fetal alcohol syndrome (FAS) and children exposed to valproic acid (Depakote) during gestation [7-10]. The association with fetal alcohol suggests that autism may also involve the well-known pattern of bilaterally symmetric damage of brainstem nuclei associated with alcoholism, Wernicke's encephalopathy [11-13].

Sokoloff et al. (1977) extended the method used to measure blood flow, using radioactive deoxyglucose, which enters the brain in the same way that glucose does but is not further metabolized [14]. The deoxyglucose method has been used extensively to investigate aerobic metabolism in the brain. Nuclei in the auditory system were found to have the highest rate of aerobic metabolism, and this metabolism is severely affected by alcohol, prenatal exposure to alcohol, and toxic substances [15-17].

Any non-natural substance should be considered to be possibly toxic to the brain, and especially the auditory pathway. Intact functioning of way-station nuclei in the auditory pathway is important for learning to speak in early childhood. Children exhibit a special ability to recognize stressed syllables [18]. This ability is lost by the teenage years, when a new language can no longer be learned without accent. Loss of hearing acuity is not readily evident because it is gradual, but as adults we have to admit difficulty hearing individual words in rapidly spoken foreign languages.

Gradual loss of auditory acuity with age may be due to all the toxic stuff we are exposed to in the environment. Extra care should be taken that children be protected from exposure to toxic substances from prenatal life, and at least through the years of early language development.

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GENETICS: Involvement of the Brain

Autistic traits are evident in many genetic disorders. Genetic disorders frequently (via faulty transcription) result in abnormal dysfunctional enzyme structures [1, 2]. Dysfunctional enzymes will (in many cases) introduce abnormal metabolites into the circulation. These abnormal metabolites can then

get into the brain, and have a toxic effect. Brain systems should be the first focus of genetic research, rather than how neurotransmitter functions are altered throughout the brain. Genetic disorders produce toxic metabolites that may affect some systems of the brain more than others. Blood flow is higher in nuclei of the auditory pathway than in any other area of the brain [3]. The auditory system is thus more susceptible to toxic insult than other regions of the brain, and this has been pointed out in several investigations of the effects of toxic substances [4-8]. The auditory system is important for language development in childhood, and should be a focus of research in autism [9]. Phenylketonuria (PKU) was the first genetic disorder to be understood, two decades before the structure of DNA was discovered [10]. Phenylpyruvic acid and other abnormal metabolites are produced by a defective enzyme in PKU [11]. PKU is not evident in an affected infant at birth, because during gestation the abnormal metabolites cross the placenta and are excreted by the mother. Limiting phenylalanine in the diet of an affected infant lessens production of metabolites that can damage the brain. It appeared that children who later became non-compliant with the low-phenylalanine diet suffered no ill effects, but this is not true [12,13]. A low-phenylalanine diet must be reinstated in women with PKU during pregnancy. PKU is caused by a recessive gene, but an unaffected infant of a mother with PKU suffers teratogenic disruption of fetal growth and development, including the brain, from high maternal levels of phenylalanine and abnormal metabolites, which are able to cross the placenta [14].
Autistic behaviors were associated with untreated cases of PKU in the past, and in the non-PKU infants of mothers without dietary restriction during pregnancy [15-18].

Adenylosuccinate lyase defect is a very rare genetic disorder, often associated with autism, but fewer than 60 cases have been reported [19]. Downs syndrome is another genetic disorder associated with autism in some cases [20-21]. Maturation of the brain does not follow a normal course in PKU, adenylosuccinate lyase defect, or Downs syndrome [22-24]. The neuroanatomical systems affected during gestation and the neonatal period should be the focus of research on genetic conditions associated with autism, and the course of brain maturation should also be followed. Conditions associated with cranio-facial and other organ dysmorphisms also are likely to include abnormal development of the brain during fetal development.

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OBSTETRICS: Dangerous protocols

Mistakes in perinatal medicine and obstetrics have had to be corrected in the past [1-3]. Administration of vitamin K to prevent “hemorrhagic disease” was begun in the 1940s. A synthetic form was extensively used from 1945 to 1961, but reports of kernicterus (bilirubin staining of subcortical nuclei) associated with the synthetic form led to its use being discontinued [1, 4]. Diethylstilbestrol (DES) was given to prevent threatened miscarriages, but when it was found to cause vaginal cancers in the daughters born from the salvaged pregnancies, its use had to be discontinued [5, 6].
Another error is increasingly being recognized, use of a surgical clamp on the umbilical cord as soon as possible after birth [7]. Mercer and Skovgaard (2002) described how clamping the umbilical cord

prevents normal transition from placental to pulmonary respiration [8]. It is truly beyond belief that the whole profession of obstetrics has so little understanding of fetal circulation and changes in the anatomy of the heart that must take place before a newborn baby can begin breathing on its own. Use of a clamp on the umbilical cord began about 100 years ago, and this practice has been condemned over the decades by many obstetricians and pediatricians [9-13]. I strongly recommend that members of the IACC look at George M. Morley's websites
http://www.autism-end-it-now.org/ and http://www.cordclamp.org/

The IACC should be in a position to mandate that clamping the umbilical cord be stopped.

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VACCINES: Effects on the brain
Following is a research strategy that I submitted for consideration by members of the IACC at the meeting held on February 4, 2009.
(1) A working hypothesis and plan for vaccine research is needed. I propose:
Working hypothesis -- vaccine injury may be similar to that caused by bilirubin.
Plan -- (a) Review existing evidence on brain injury from toxic substances [1-14].
(b) Design experiments with mice, rats, and monkeys

(2) Bilirubin staining is not uniform throughout the brain.
Vaccine components are likely also more toxic to subcortical areas of high metabolic rate.
From: Lucey JF et al. Kernicterus in asphyxiated newborn monkeys. Exp Neurol 1964 Jan; 9(1):43-58, showing that bilirubin staining occurred only in subcortical nuclei of high blood flow and metabolism - like the inferior colliculi of the midbrain auditory pathway (lower left).
(3) Not all children are injured by vaccinations, because injury likely results from two factors:
Note, not all children are injured by high bilirubin levels [15-17].
Bilirubin enters neurons following disruption of the blood-brain barrier [18-21].
(4) The blood-brain barrier is disrupted by ischemic anoxia [22, 23].
A baby slow to breathe at birth may suffer anoxic disruption of the blood-brain barrier.
The blood-brain barrier can also be disrupted by synthetic vitamin K, or antibiotics [24-27].

A baby treated with antibiotics may suffer toxic disruption of the blood-brain barrier.

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Victor Pavlovic

July 5, 2012

Subject: Dr.Insel IACC

I am the father of a 12 year old boy with autism that is outraged at the actions by the IACC as are thousands of other parents. Dr.Insel, the head of the organization appears dazed, clueless and not in acting in the interest of the autism community, we are not interested in genetic research, there is no such thing as a genetic epidemic, he should know that, yet they have intentionally spent 1 billion mostly on just that. Also, his appointees to the IACC are all political, many very qualified researchers were overlooked, how does that help our sick children? Another problem is HHS Kathleen Sebelius, she is in hiding and needs to come out of her shell, and meet with the leaders of the coalition to draw a solid plan that is acceptable to us, after all if we are not satisfied then just who are you representing.

Sincerely,

Victor Pavlovic

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

Jill and Bob Fenech

July 5, 2012

Subject: Tom Insel/direction of funding for helping kids diagnosed with autism

Well, how much longer do we have to wait? Ten years ago we were assured that a vaccinated vs. unvaccinated study needed to be done and would be done. So far, nothing. All I hear about are more studies of "genetics" and obscure studies about overweight mothers, older fathers, people living too close to the highway, etc., as the "reason" for this epidemic of autism. We have been in this for quite a long haul. My daughter is now 19 years old. Nineteen years old!!! Good thing we did not wait for you to help her. She would have been institutionalized. We used all our money to help her to talk and "habilitate" her to live in this world and not her stim world. She is about 75% recovered and still working her butt off to be a regular young woman (her words). In the meantime, our family has suffered greatly and now our son is in major therapy trying to get his life on track. It is not only the one with the autism who is affected.

Get your heads out of the sand. Tom Insel should be out. Any other company would have fired him long ago for lack of forward movement. All the great speeches come out to nothing for help for our kids. I am sick to death of "those who know" stating that the vaccine/autism connection has been proven. NOT. If you continue to listen to the likes of Paul Offit and those of the CDC who profit from vaccines, then that is who you are serving. You are certainly not serving my daughter and helping her in any way, shape or form. Now she has been denied SSI payments because she is "employable." She will be employable and happy to be employed after a few more years of job training - paid for by our school district/us taxpayers. Until that time, once again we are "out of luck." What is the actual job of the IACC and how have they REALLY helped anyone with autism? Better diagnosing? Earlier intervention? What intervention? If you continue to keep on the blinders that really show where autism came from (man-made), what intervention are you offering? What about those like our family who have had doors closed to them year after year and finally just decided that we would do the best we could on our own - and pretty doggone good, too. Why don't you listen to the parents of those kids who have been successful at recovering and ask them what they did? Not rocket science! Insel should be out. If you are not listening to the parents of the kids who are affected and have been around the block many, many times, WHO ARE YOU LISTENING TO?

Jill and Bob Fenech
[PII redacted]

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

John and Alexandra Ballantine

July 5, 2012

Subject: IACC 7/10/12 Panel Review Comments

We urge the IACC to reconsider the stewardship of Thomas Insel, who, we understand was named to lead the IACC effort to apply the taxpayer dollars towards autism research since 2006.

Since then he has performed in ways we cannot understand, most disturbingly by stripping vaccine research out of the research agenda and appointing new members of the IACC who claim autism requires no treatment or prevention.

We request you replace Insel asap with a professional who has the ear and the trust of the autism community, a request that seems pretty minimal given we are also taxpayers as well as family members and companions to those who suffer from autism.

Thanks for considering our views,

John and Alexandra Ballantine
[PII redacted]

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Mary Holland

July 5, 2012

Subject: RE: Request for Public Comment at IACC Meeting July 10

My name is Mary Holland. I am the Managing Director of the Elizabeth Birt Center for Autism Law and Advocacy (EBCALA), www.ebcala.org. And I am a co-editor of the book Vaccine Epidemic, exploring the relationship between vaccine injury and autism, among other topics. I am also the mother of a fourteen year boy with autism.

EBCALA is a legal advocacy organization, seeking to address the myriad legal needs of the autism community, including problems in the health care law, insurance law, criminal law, family law, special education law, vaccine injury compensation law and vaccine injury law. While autism appears with psychological and physical symptoms, law affects every aspect of this disaster.

And autism is surely a disaster. When I was growing up, I'd never heard of the word, let alone met someone with autism. Today, 1 in 88 children has autism and 1 in 54 boys. When this IACC first convened in 2006, the rate was 1 in 166; the rate has literally doubled in six years, although IACC seems uncertain about this. To me, these numbers mean continuing catastrophe unless we honestly look for the causes and address them.

There are no genetic epidemics. If the rate has doubled in just six years, the primary driver of this condition cannot be genetic. If autism remains on the same course, we should expect that in 2018 that the rate will be 1 in 44 children and 1 in 27 boys. Can we really afford to stay the course? What is this Committee doing to change course? Sadly, I have seen nothing to suggest that the Committee will change. On the contrary, it seems prepared to continue to deny the autism epidemic and to fail to fund the most necessary research.

Evidence suggests that early toxic exposures are especially likely triggers for brain damage manifesting as autism. Vaccine exposures should be rigorously studied, especially among the children who regress into autism. But these studies have not been done. This Committee elected to de-fund a vaccine study, arguing that IACC had a conflict of interest with HHS's posture in the Omnibus Autism Proceeding. If this panel cannot pursue science without conflicts of interest, then it should disband and let another body, outside of HHS, pursue such inquiry. That decision was wrong, and IACC seems unwilling or unable to correct its mistake.

Three other board members of EBCALA and I published a law review article last spring in the Pace Environmental Law Review, http://digitalcommons.pace.edu/pelr/vol28/iss2/6/, examining 83 cases of vaccine injury compensated by the federal government through the Vaccine Injury Compensation Program. In these cases, we found that the individuals compensated had autism, as well as their "compensable" injury, encephalopathy or seizure disorder. In many cases, the autism diagnosis was confirmed through medical records or through standard autism questionnaires.

In light of the Omnibus Autism Proceeding, where the Court of Federal Claims found no relationship between vaccine injury and autism, this finding of a strong association between vaccine injury and

autism was striking, and surprising. If, as HHS, DOJ and the Court of Federal Claims argue, there is no relationship between vaccine injury and autism, we should have found no cases among those compensated. Such cases should have been like unicorns – non-existent. But these cases are there. And tens of thousands of parents report their children's regression into autism after vaccination. These cases must be studied, not dismissed.

I join with other members of the grassroots autism community to ask for real steps to reverse the autism epidemic. As we wrote to Secretary Sebelius in April, and yet await a satisfactory reply, we ask for the following:

1. That autism be declared a national health emergency.

2. That this Committee bring on new leadership, acknowledging that it has failed to do anything to stem the tide of autism.

3. That Secretary Sebelius meet with representatives of the grassroots autism organizations assembled here today.

4. That the General Accounting Office study how the IACC research funding has been spent and why it predominantly went to fund genetic research.

5. That the Centers for Disease Control suspend its recommendation for day of birth vaccination against hepatitis B. Peer-reviewed scientific reports have established an association between this vaccination and the diagnosis of autism.

6. That the House of Representatives hold hearings on the conflicts of interest in federal activity on autism. These hearings should include inquiry into the Vaccine Injury Compensation Program that has been settling claims of vaccine injury associated with autism for 25 years.

New leadership, serious inquiry, and the precautionary principle – these are the things that will lead us out of the autism crisis. If we continue with more of the same, we can expect that by 2018, the autism rate will be 1 in 44 children. Our children and our country deserves better.

Mary Holland
[PII redacted]

Zoey O'Toole

July 5, 2012

Subject: IACC meeting

I do not have children with autism, but, as a Co-founder of the Thinking Moms' Revolution, I am in contact with many, many people who do. These are very good friends and I know their stories inside and out. I know the horrible medical issues they are or have been dealing with on a daily basis. I know how hard it has been to get medical people to listen and to try and help. I know that the vast majority of their children have been significantly harmed by vaccines. And I know that more and more people are joining their ranks every day.

One of the most important things that is all but ignored by mainstream medical people and the mainstream press is that people who are dealing with autism on a daily basis know MUCH MORE about what causes autism and who is the most susceptible to it than the average doctor. We know that MTHFR mutations are common. That methylation is difficult for most children who become autistic. That autoimmune issues run rampant in autistic children and their families. And we know that one KNOWN cause of many autoimmune illnesses is vaccination. Why is that doctors don't know these things? And why is that research is not being done to identify the vulnerable population, protect them, and treat them when damage happens? Because these are not palatable truths to the CDC or the vaccine manufacturers. But you should know the more the "powers that be" RUN from these truths, the less confidence there will be in the vaccine program as it stands. Already you are losing the PR war. And make no mistake, you DESERVE to lose it and you WILL lose it because we know the truth and we will not shut up. We will be outside your meeting with signs and T-shirts making it clear just exactly how much the IACC has failed the American people.

Respectfully,

Zoey O'Toole
Co-founder of the Thinking Moms' Revolution
ThinkingMomsRevolution.com

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

Veronica Tate

July 6, 2012

Subject: Autism Epidemic

How do you, IACC, explain failing to find the cause(s) of autism or at least advocate for Congress to make laws for the affordable and effective treatment of autism? I haven't yet tried any biomedical interventions but I think doctors need to put more emphasis on nutrition. I do think that chelation is dangerous. There needs to indepedent, double-blind placebo studies of vaccinated vs. unvaccinated children accounting for all known correlated risk factors (older fathers, mentall illness history of family, etc. etc.) How do conditions in the environment affect genetics? (Epigenetics)

Also, there needs to be lifesaving measures available in every community, not just in big cities, from help with household safety (even for kids without autism) to locating devices such as Lo-Jack? and Project Lifesaver.

Our three and a half year old son [PII redacted] has autism and so finding the answers to these questions affect us each and every day.

Sincerely, Mrs. Veronica J. Tate, Butler KY

http://us2.campaign-archive1.com/?u=b62698a50aececa2aded9f56b&id=c1a26b76ff&e=50432aa8ec