Oral Public Comments

IACC Strategic Plan Update Workshop

November 15, 2013
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November 15, 2013

Subject: IACC Oral Testimony of Lisa Joyce Goes, Delivered by Megan Davenhall

Good Morning. My name is Lisa Joyce Goes. I am co-author of The Thinking Moms’ Revolution book, co-founder of The Thinking Moms’ Revolution, social thought movement, a contributing editor to Age of Autism, and a human rights panelist for The Academy of Excellence in Learning in the south suburbs of Chicago. Most importantly, I am a wife and mom to three kids, one of whom suffers the tragic effects of iatrogenic autism.

My friend Megan is here today, like many of my colleagues, to deliver testimony about my son, [PII redacted]. But unlike them, she will be sharing his life from the perspective of my father-in-law. Unorthodox I know but, his observations need to be documented for the public record, so that all American citizens may be privy to the reality of iatrogenic autism and how it directly impacts our society and culture.

As a deacon in our community, my father-in-law was tasked with the job of writing a homily about what it means to be a true disciple; a man of honor and integrity, who puts the welfare of others before himself and truly serves his fellow man in the present.

After thoughtful reflection, he decided to speak about our dear family friend, the good Dr. Andrew Wakefield. Dr. Andy has been instrumental in helping us find proper medical care for our son [PII redacted], who, upon receiving the correct diagnosis of autistic enteritis and esophagitis and receiving appropriate gastrointestinal care for his illness, was finally potty trained in a matter of weeks. This normal milestone for most families experienced during the toddler years came with much celebration in ours. Not just because we were a household that no longer had to pay the monthly cost of diapers, but, also because after 6 long years of searching for answers to the painful yellow grainy, hot liquid that would pour from our sons bowels, at times, 20 times a day, leaving large raised painful rashes in their wake—we finally had a real diagnosis that lead to viable treatment, rather than the repeatedly documented, untreated and ignored “toddler diarrhea associated with autism.”

So, along with my immediate family, my parents and in-laws journeyed with us through [PII redacted] treatment, and grew to know the Good Doctor Andy quite well. Now, I knew the huge risk my father-in-law took deciding to speak about Dr. Wakefield in this manner. I asked him, repeatedly, if this was something he really wanted to address from the pulpit. But he stood firm, knowing Dr. Andy to be a man of character. So, I sat in the congregation the day he delivered our family’s truth, and spoke to a church that serves over 7,000 parishioners, about the Good Doctor and his extraordinary sacrifice, from a Catholic perspective. My heart quite literally felt as though it might pound out of my chest as he recounted the litany of facts that lead us to meet Dr. Andy in the first place. Tears began streaming down my cheeks when he spoke of autism as a “scourge” and told the very real unpopular truth about how incredibly difficult our lives have been since our precious [PII redacted] was diagnosed. In great detail, he explained Dr. Andy’s unwavering commitment to our family and so many families who suffer as mine does. Next he addressed his unrivaled humility, genuine smile and peaceful demeanor in the midst of a career destroyed a country and reputation stolen not just from him, but his beloved family, as well. Personally though, the moment I heard my father-in-law utter “MMR” all I could think about was what would inevitably happen to him. I mean, everyone knows vaccines cause autism...at least everyone who has the sense to read the
package inserts...but no one actually talks about it in public! As the mother of a vaccine-injured child who repeatedly presents viable repeatable science to doctors and researchers in the mainstream medical community I am no stranger to condemnation, scorn and ridicule. But, my father-in-law worked four long years at his own expense, to become a servant in this church community. This was his calling, and I believed by taking this risk he was essentially ending his tenure as a deacon. After mass I practically ran to the back of the church, ready to defend him with my list of memorized studies, medical facts, and lists of references, books, conferences and the names and numbers of families who’ve successfully recovered their children from autism as the result of Andy’s findings. But, I was not needed. When I finally reached the narthex, I couldn’t get near him. Lines of grandparents, mothers, fathers, brothers and sisters, godparents, aunts and uncles, nieces and nephews of those suffering with autism stood between me and my father-in-law. I watched as emotional parishioners, one after the other after the other, tearfully thanked him for having the courage to tell the truth. They shook his hand, grabbed his shoulders, looked into his eyes and hugged him.


Now, I am telling you this today, because I know who you work for. Megan is here, to tell you who I work for. I work for my son, [PII redacted], who works harder than anyone I have ever known. I work for my family and for the children of this country. I work for those who have been harmed by the food and drug industry and those who WILL be harmed by the food and drug industry, because you refuse to follow up on the expert testimony of scientists and doctors like [PII redacted] and [PII redacted] who have the courage to speak up about the chronic auto-inflammatory illness plaguing the most vulnerable consumers in this country, our precious children.

Now, YOU KNOW the mothers and fathers of this country know what is happening to our children. You know we are intelligent and thoughtful and now that we are 1 in 28, we are everywhere. We are presenting the truth, studies performed outside the legislatively protected labs of the pharmaceutical industry, to the medical field. We are holding special meetings with our children’s teachers, explaining to them why our children behave as they do and how it happened. We are talking to other parents and community servants. We are contacting our local and state representatives. While we do not have the power to write large checks, as your benefactors do, we are infinitely powerful in influencing the market, by simply sharing the truth about our children with our fellow citizens. Who, as I mentioned before—already know. I encourage you to listen with open ears to this testimony that is now a matter of public record. I encourage you to READ the package inserts on vaccines for yourselves.

I encourage you to revisit your job description. You are public servants. Megan, all the educated parents here, and I look forward to the positive changes you will be making and the great strides in autism treatment and care we can look forward to as you take this information back to those with the actual power and thoughtfully implement a meaningful Standard of Care for autism. Because at this juncture, autism affects more children than cancer, diabetes, AIDS and leukemia...combined! Yet, in a country that prides itself on exceptional medical care...there is absolutely NO standard of care for autism. No protocol to follow. No instruction for hospital employees to follow for the most common illness in our country. I am so sorry, given your advanced titles and accomplishments that a simple housewife via proxy, has to be the one to educate you. Autism. Is. Medical.
You are now empowered to do something about it. Because knowledge is power. Every autism diagnosis from this day forward, that is not thoroughly investigated from a medical perspective, is your burden to bear. I, along with my legions of educated and thoughtful friends, will be watching.

Thank you.
Carolyn Gammicchia

November 15, 2013

Carolyn Gammicchia’s presentation can be viewed here. (PDF – 382 KB)
Linda Varsou

November 15, 2013

Subject: “Is IACC in denial of DENIAL?”

At the 4/9/13, IACC meeting, I introduced the serious issue of **parental chronic denial** (usually from fathers, rarely from both) of their child’s autism and/or the extent of its severity, which has devastating effects on the entire family, the child (or adult) with autism being the ultimate victim. By researching “denial of autism” and by adding the keywords “resolution, acceptance, non-resolution, non-acceptance”, besides some dissertations, an Original Paper reported the prevalence of a parent to be in chronic denial of autism in Israel as high as 53%. (“Resolution of the Diagnosis Among Parents of Children with Autism Spectrum Disorder: Associations with Child and Parent Characteristics”, by Shahaf Milshtein, Nurit Yirmiya, David Oppenheim, Nina Koren-Karie and Shlomit Levi, published in the J Autism Dev Disord (2010) 40:89–99).

Professionals in the field of autism estimate the prevalence of Parental Chronic Denial, i.e. permanent resistance of acceptance or resolution, or the attitude of “flight instead of fight”, close to 45% in the US and 50% in Europe, but not official research data are available.

The reasons of the widespread high prevalence of denial in autism in many countries worldwide can be explained, besides the disability’s stigma, prejudice, lack of awareness, stereotyping, discrimination, etc., by the fact that autism is also characterized as an “unseen” disability compared to others, often parents belong to the Broad Autism Phenotype themselves and by the impact of raising a child with autism. Sadly, the issue of **chronic denial of a child’s autism**, at least from one of the parents is so frequent, that its seriousness becomes only second to the diagnosis of autism, due to its many deleterious side-effects: Children miss the crucial early intervention and decisive earliest positive professional help. Collaboration among parents and professionals, educators, etc., which is of utmost importance, fails. Any amount of effort, services and funding provided for children with autism cannot prevent a parent’s denial and the child doesn’t get the benefit of these. The parent who recognizes all the implications of autism has the additional heavier burden of having to deal with the other parent’s denial and the child with autism pays the ultimate price of the family’s conflict. (Family dramas, divorces, abandonment, lack of support, lack of collaboration between parents, blaming mothers as the cause of autism, etc.)

Unfortunately, advocates, professionals, researchers and parents active in the field of autism, due to the fact that “by definition they are not in denial themselves”, have the tendency to ignore or to underestimate the existence, the significance and the impact of the deleterious effects **chronic denial** has on autism. Even the excellent and comprehensive study from Israel mentioned above, has the bias of the voluntary nature of parents’ participation, i.e. those not in total denial, expecting the actual prevalence to be higher.

Before any social problem becomes officially recognized by the scientific community as a serious issue, the press, the blogs and the parents bring up some hints to light. The only “data” to emerge are found on the internet, from autism awareness groups and parents’ blogs reporting their dramas and all desperately seeking help on the issue of denial. As a result, IACC must include in its Strategic Plan research to evaluate the prevalence and the impact of denial in the US.

I would propose **low-cost, fast** research protocols and a meta-analysis, to investigate the issue of denial, its extent and consequences, as well as measures to deal with the problem and prevent family dramas, as follows:
1. From now on, any type of research on autism must include and evaluate the factor of parental denial in each individual case. There are already available protocols and questionnaires easy to apply.
2. For all ongoing research protocols, there is still time to incorporate the evaluation of the factor of parental denial.
3. For past, older or longitudinal autism studies, if access to data is still available, it is possible to go back and add the factor of denial, leading to a new updated publication. It is possible that denial could be a confounding factor altering the past results.
4. A meta-analysis could give an accurate estimation of the prevalence and degree of parents’ denial in the US.
5. Based on solid scientific data, IACC and Autism Organizations could propose the much needed mandatory changes at all levels, including judiciary changes to Family Court legislation, considering “denial” as serious as child abuse and the act of abandoning a child with autism.

I am willing and available to help anyone from the IACC Committee in many different ways due to my scientific background in epidemiology and autism, because relevant scientific literature is sadly wanting right now. My extensive personal data from the literature, the blogs, and autism groups, etc., are available to anyone upon request.

In conclusion, I would like to see IACC within its Strategic Plan addressing this particularly devastating question of “denial”, so as to show its support and commitment to every family and person struggling with autism in the US.

By Dr. Linda (Angeliki) Papadimitriou-Varsou, PhD, MPH, DABCC, Asst. Professor, interested person representing herself.

Mother of a 28-year-old college student son with autism, advocate for the Rights and Strengths of People with Autism, and a fervent supporter of the concept: “An Autism Friendly Society will benefit us all”.

Contact: [PII Redacted] Baltimore, MD [PII Redacted]
Note: Personally Identifiable Information (PII) has been redacted in this document

Michelle M. Guppy

November 15, 2013

Thank you for allowing me the opportunity to share with you today.

I believe there must be two separate and distinct branches of the IACC so there is no wasted time in the constant bickering of who wants to be cured and who doesn't. One branch addressing and supporting the needs of those who have higher functioning Asperger's Syndrome and who can speak for themselves. The other branch addressing and supporting the needs of those affected by "PDD & Autism" who cannot speak for themselves because of how they are so severely affected by "born with it" autism, regressive autism, or as is the case with my son, vaccine-induced autism. So many of the children in this classification of autism live in such pain, such frustration. Their mothers most definitely doing all they can to recover them. And yes, cure them. I want that for my son. The debate must not be one or the other. This committee must equally serve both.

To that respect, I am here today as the mother of my son [PII redacted] who is significantly affected by autism. I am here to represent him and the thousands like him who cannot read, write, speak, or live independently. I am speaking for my son who at times must endure such pain and frustration from his myriad of biological disorders and his inability to even share with us what is hurting and where.

This video shows the autism I am representing today. My son is the last person shown. This is Autism [PII redacted] was born after a perfectly typical pregnancy. His Apgars were 9 and 10. He was perfect. The only issues our Pediatrician was ever concerned about were that he was not hitting developmental milestones on time. But even in that, he was a happy, smiling baby with personality. And he did progress. Just a bit slower than a chart indicated he should. I have attached to this document pictures of him before and after autism. I beg of each of you to indeed look at those pictures. Those pictures say more than I ever could be speaking before you today.

Our son was babbling, than saying typical first words. He had a vocabulary of 6-8 words around his first Birthday. It was soon after that when he regressed into autism. [PII redacted] had received multiple vaccinations too close together while he had been sick and on antibiotics. In fact, the day we went in for a round of multiples, he had a fever and was diagnosed with otitis media. It was after that, between the time he was 12-18 months when he lost all language and froze in time cognitively. He began having chronic diarrhea and losing weight. He went from that beautiful smile in the pictures to that blank stare you see in those pictures. He was no longer social and happy, he preferred to sit alone and bang his head on the wall. He would scream when I touched him and laugh when he fell and cut himself. The only words of help I received from my Pediatrician after the formal diagnosis of autism at around the age of 2 years old were "Go home and love him, he will most likely need to be in an institution one day."

When I look back at his medical records, I see signs of vaccine damage. After each round of vaccinations I had brought him in for thrush. Rashes. More thrush. More rashes. Chronic ear infections and then more
thrush from the damage all the antibiotics caused. For nearly a decade my son lived with the pain and frustration of 10-12 daily bouts of burning diarrhea that would literally peel the skin off his behind leaving it bleeding. Yet from specialist to specialist at the major medical center and Children's Hospital I live just 30 minutes from -- all I could ever get was, "It's just autism."

No, it's not just autism. I finally found a specialist 2.5 hours away who understood that autism is biological. That chronic diarrhea is "not just autism." He scoped him and saw horrendous damage. He treated that damage medically and finally after all those years my son was able to be healed from that chronic diarrhea. He was thriving again. He gained weight. No more constant pain.

My son developed seizures as he neared puberty. The Grand Mal, Atonic, and Myoclonic kind of seizures. Often all of them at the same time. Still living 30 minutes from a major medical center with a highly regarded Children's Hospital, I could still get no help in that. All Neurologist wanted to do was give medicine upon medicine. We have tried them all and have been on many at once, to no avail. No Neurologist would explore yeast issues, viral issues. If lab tests came back normal, it was just autism. If EEG's came back normal, seizures were then "just a behavior" or "merely my imagination." Finally when I found a doctor, this time 16 hours away who listened to my yeast, viral issues concern, and treated them, my son had his longest seizure-free streak in 4 years. When I went back to that major medical center 30 minutes from my house and shared the news of what we did, there was no excitement. No sense that they wanted to talk to that doctor and learn more on how to help others like me.

That is how our entire journey has been. Vaccine damage, medical neglect, no support. Absolutely no help of any use from any medical center or Children's Hospital. The only things they want to do is give drug upon drug to mask the symptoms. Doing nothing to treat and heal the cause of the symptoms. When I seek out new doctors, it is most often me educating them.

The things that have helped my son most are natural supplements, herbs, and organic foods. Gluten Free, Casein Free, Soy Free diet. Real food free of preservatives, chemicals, colors, fillers.

Unfortunately insurance and state services only want to cover drugs. They will pay 100% for doctors who do nothing, and not a dime for any way out of network or out of state doctors who actually help, and heal. We have gone through many life savings in the treatment of our son, leaving nothing to help with future needs, future care.

These issues and many more must be addressed by this committee. I went to Washington, D.C. in 2000 for the 1st Congressional Hearings on Autism. From then until now I have been nothing but disappointed in anything coming out of any committee. My son was around 6 years old then, he is now 19 years old. There are still no medical centers that can properly address the myriad of medical and biological issues of autism. My son is VACCINE damaged. PHARMA has not helped him, only further hurt him. To even begin to address the needs of the adult population once they age out of public school, is something that needed to be started a decade ago. Committees such as this one are still working on diagnosing and tracking, when there's an entire generation like my son reaching adulthood and who have absolutely no where to go that their aging/dying parents can afford. Once we are retired, our children, our ADULT children will need a lifetime of care that begins at around $5000.00 per month. Who on a retired income can afford that? Not us.

And that scares me. I live in such fear. Fear of what new vaccine will be forced upon me when vaccines are what caused his autism in the first place. Fear that if I don't comply, I will lose the precious few services I
do get, or worse yet, lose custody of my son in someone else determining they know what best for me better than me, his mother, and my God-given Mother’s Instinct. I live in fear that he will wander off and no one will help find him. Fear of where he will live when I can’t care for him any longer or am dead. Fear of the abuse, neglect, murder that is so rampant in state supported institutions. Fear of what he will be drugged up with, how long he will have to lay soiled before someone cares enough to clean him. Fear that he will have no freedoms, no time to be outside, no choices, No rights other than those that someone will determine for him. Based on staff and availability of funds. No mother should ever have to live in such fear.

This committee has a duty to be independent. You must each listen to us parents and communicate with us as to what must be done. You must properly and independently pursue all potential causes and triggers of autism, no matter how unpopular those may be. You must follow the truth wherever it leads, or you must give up your seat on this committee to a parent like me who is brave enough to do just that. Parents like me have nothing to lose, unlike the CDC, the Vaccine Industry, Pharma…. who have everything to lose. You should not be on this committee to protect any sacred cow of vaccine policy, to gain a more prestigious post, or to have it as something on your resume. You are on this committee to help the 1 in 50 who have an Autism Spectrum Disorder.

It was an extreme sacrifice for me to be here. I have no respite care, no help. My husband had to take vacation just so I could be here because I felt it was that important to be here. Someone paid my ticket to be here because I couldn't afford even that.

I am scared at what the future holds for my son.
I will be watching to see what this committee does.
I will be waiting for true action.

I would love to speak with any of you more, there is so much more I would love to share. I want to be part of the solution.

Respectfully submitted,

Michelle M. Guppy

[PII Redacted]
Cypress, TX
[PII Redacted]

[Photos redacted]
Carol Fruscella

November 15, 2013

I would like to thank the panel today for listening to my comments. As a parent, of two on the Autism Spectrum, I can certainly say, AUTISM affects every child differently. My One son is 'recovered' and is now in College. One of my many fears is that my other son, will have to leave his chosen career path to care for his much more severe brother.

I placed my oldest son, [PII redacted], on the 'Ohio County Wavier List For Housing', July, 23rd 2004. At that time, he was only 12 years old. His number given to him that day, placed him in line for 'services'. His number was 198. Today at age 22, with a Mother who is 49, his Wavier Housing Number, 'unless', it is emergency based (as in the moment, I may drop dead) Is 134. That means 64 PLACEMENTS, have been made in a County 30 Minutes from Cleveland, Ohio and another 30 Minutes from Akron, Ohio. On AVERAGE, that is 7 residential placements made a year. (SEVEN for all different forms and DX's and Different Disabilities)

Using this average, It will be, 19 MORE YEARS, before my son is placed in a residential setting. Something tells me, that it will indeed be too late to enter the Career of my choosing. I will be 68. That is only providing the fact, the NONE of the 1 in 88, with Autism who now are age 13, do not require EMERGENCY placement before my son. Sadder yet, my son was DX as one of the 1 in 2500 with Autism, So what is your 'plan', to deal with the 1 in 88 DX per the CDC in 2012 with Autism. The 1 in 88 will be '18' years old in 5 More Years.

In the last 20 years, I have watched Autism, be an unknown word, Grow into a National Crisis. I have nothing, 'new' to tell the families that will call me personally for support next week, than what I had to use 20 years ago! You do not receive those calls, I do. I have a farm property in Pennsylvania left to me by my Parents. I would like to Build a Residential Center for my son and others like him there. There is just 'one' problem with that. My Son's "Ohio Wavier", WILL NOT TRANSFER to PENNSYLVANIA. So if we were to move, next week, My Son who has Wavier Services in Ohio, would be moved to the bottom of the Housing List in Pennsylvania.

Autism, is hard enough on families, frankly, it tears most families apart. My son, received his First Respite Hours this summer. For his first three respite times, I was working on his Transition Papers for Work.

My son was in the Cleveland Clinic Hospital last fall. He was DX with having 'Spells'. Not Seizures, 'Spells'. The discharge Case Manager told me to call the County Board and they could refer me where to go next. The 4th Ranked Hospital in the nation, referred 'Spells' to a 'serving center'. My son, was admitted to a Medical Hospital for Medical Issues. His 'issue', was not resolved. His 'spells' remain.

Autism has a VERY MEDICAL side. As my son is aging in 'his way', I contacted "No Fewer' than 9 doctors who out right said, they knew 'little to nothing' about Autism, so they did not 'wish' to see my son, as an Adult Family Practice Patient. Is an ear infection, still not an ear ache? Is an ingrown toe nail, not ingrown in the exact same manner on a typical 'normal' Patient.
There is no medical model that exists anywhere in the United States that allows patients with autism to seek emergency medical treatment with a simultaneous medical delivery model to treat psychiatric, behavioral and co-morbid medical conditions that may be causing the behavioral symptoms. Patients can receive ONLY One or the Other. If their behavior is out of control they can be sedated with medication but the underlying cause of the behavior - brain inflammation, gastrointestinal distress, other pain, remains untreated! Masking these patients' symptoms with sedation is not providing healthcare treatments that would allow them to return home more quickly to their families.

Medicaid Wavers must be reformed in this country to allow for portability among states! Children will remain on the list for years before they are even able to receive benefits through Medicaid Waiver program. This does cause their parents to be landlocked when their children become adults and need continuous care. The parents cannot seek better jobs in other states or move closer to be with family members. No one knows this more than our Military Families who move constantly and stay at the bottom of these lists, never obtaining the help and services their children with autism require. WE must Do Better!

Carol J. Fruscella  
Legal Guardian for [PII redacted]
Dawn Loughborough

November 15, 2013

My name is Dawn Loughborough and I am the mother of three great children, one who has regressive autism. I am here to today to discuss health strategies for regressive autism. If we are to truly serve the child with regressive autism we are going to have to re-think the face of autism from a “psychiatric behavioral condition” to a “response to the environment condition”. I want to bring to your attention several studies that shine some light on this.

Recent independent research has shown a detrimental effect of insecticides as well as GMOs (Glyphosates) and vaccination can all cause oxidative stress within the mitochondria which seems to have a link to autism with more than one of these risk factors and we now see children given food saturated with insecticides, GMO dairy, soy and corn and multiple vaccinations. At the same time, this generation of children are perhaps more vulnerable and not excreting toxins well.

Regressive autism is the most “visible” child impacted environmentally, but by no means the only affected children in our society. We are seeing 54% of children in the US with chronic illness such as asthma, allergies, learning disorders, and other chronic illnesses directly correlated with exposures to chemicals, pesticides, PCBs, and toxins.

Second is a CDC study about aluminum. Aluminum is all around us and is a causative factor in neurological diseases and autoimmune responses in particular for populations that may not excrete Aluminum well. This is very important to note as it may explain that mitochondrial disorders can be caused by environmental toxins leading to autism rather than aggravating a pre-existing condition.


Vaccination exposure, now in utero as promoted by the CDC, with the CDC’s internal knowledge that the earlier exposure to mercury in Thimerosal increases the risk of regressive autism. Thimerosal is included in vaccines given to pregnant mothers with no FDA approval for vaccines in pregnancy and more importantly, no safety studies for vaccines in utero - only post surveillance data which is non-preventative and inconclusive at best. As the IACC, it would be imperative to recommend that pregnant mothers not be given vaccines containing aluminum and mercury until the risk of regressive autism is ruled out.

(Please reference the Price et al study from 2010 that shows increased risk in regressive autism from Thimerosal vaccine exposure in pregnant women. Also, please note that the IOM was told to exclude Thimerosal in its 2007 vaccine safety study, and last please note that the lead investigator on over 20 vaccine safety studies at the CDC is under investigation bringing all of the body of evidence safety studies into question for validity).

In utero exposures will make it very difficult to study regression in autism and measure the health outcomes since it may appear that regressive autism in these cases is genetic, when, in fact, it could be regressions caused by exposure in utero.

Next, research coming from Japan is showing that vaccination is leading to autoimmune dysfunction. This is particularly important to note the correlation to regressions at the same month intervals as the vaccine schedule, in particular at two and four months of age.
Our finest institutions (such as CARD at Kennedy Krieger Institute) studying autism are noticing babies who regress as indicators of early autism identifiers. These children exhibit the same regression and failure to thrive as those in studies published at the University of Pittsburgh in the late 90s on baby primates who were administered the childhood vaccine schedule demonstrating the inability to suckle and feed, to grasp, loss of gross motor skills and ability to control the head were all shown to be results of regression following exposures.

The 2009 study from Japan about antigen response in over-vaccinated populations showing an increase in autoimmune diseases. At some point there may be a diminishing return on using an antigen stimulatory approach. The authors of the Kobe University Japanese study concluded:

“Systemic autoimmunity appears to be the inevitable consequence of over-stimulating the host’s immune ‘system’ by repeated immunization with antigen, to the levels that surpass system’s self-organize criticality.” PLOS One Open Journal, 2009

Next, we have to talk about food, lack of nutrition and toxicity and health outcomes. The standard American diet is over processed and lacks robust nutrients and is laden with toxins and shelf life preservatives. Research shows a correlation of increased glyphosates and neurological diseases, including autism from genetically modified corn and soy crops. Genetically engineered plants have been consumed by most American since the late 1990s. These plants are resistant to insecticides and not only are they genetically modified and contain insecticides in the seeds that have not undergone health safety studies, they are heavily sprayed during the growth cycle with glyphosates (Roundup) which correlate with increased diseases of the organs, endocrine disruption, cancers, and neurologic damage.


If we are going to get into resolving regressive autism and preventing the increase in prevalence, we have to move beyond dancing on the surface at the behavioral and social levels and go to the underlying medical underpinnings that result in regressive autism.

Environmental surveillance requires independence and integrity but it is no means impossible to measure via exposure studies. If autism continues in its current progression patterns, prevalence may be 1 in 26 for babies born today. We have to proceed with measures that evaluate the environmental concerns as they impact the health of our children and future generations. The cost of not doing so is too much to pay. Everyone in these health fallout families is affected. It is financially not viable.

I declare a break down in this agency’s environmental initiatives and in particular as they have related to causation of regressive autism. I implore NIH look to fund a separate organization headed by physiological medical and scientific leadership rather than autism as a psychiatric behavioral disorder. Regressive autism has origins of physiological impacts and triggers. Autism can also become treatable when these assaults are identified.

It is not uncommon that in the quest for solutions to one problem we find out years later are lending causes to new problems. New approaches have to be strategically considered. This IACC has not adequately addressed environmental causation and medical issues related as the medical underpinnings of regressive autism. We have to do better for our nation.