Written Public Comments

IACC Full Committee Meeting

October 24, 2017

List of Written Public Comments

Peggy Helm-Quest **October 24, 2017**

Mr Robison is very correct - why do they flee on the spectrum and how the language is couched in the study; I would also challenge the issue of the use of the "School Aid" in preventing wandering and anxiety and the need to flee as many of these children do not have the verbal skills to tell the Aid that they need to leave - and then the child is restrained, escalating the anxiety. The child learns that when their anxiety goes up - they will be restrained. How would you feel in school if you are restrained in front of peers - - adult bullying, peer bullying, and we know that bullying heightens suicidality.

Issue of minority students and higher risk of wandering and suicide - no doubt is the issue of the social determinates of health/racism - with one more thing to cause stress/anxiety/trauma is having a disability and one that has at it's very essence is communication in ASD; being marginalized, being sidelined which leads to depression. Anxiety leads to escape from the thing that is causing you anxiety. Escaping puts you at further risk of injury and death.

SAMHSA - The causes of suicide are complex and determined by multiple combinations of factors, such as mental illness, substance abuse, painful losses, exposure to violence, and social isolation. I would state that having an ASD cause painful loses, additional exposure to violence (bullying restraints, charged reprimands for things you do (ie. stimming) or charged reprimands for things that you cannot do (id. eat the food you do not like) and social isolation.

Peggy Smith **October 24, 2017**

As the Grandmother of a Child with Autism I think and know that these Children and Adults need all the help they can get. My Grandson is on the Spectrum and is doing ok with this terrible Handicap that Steals their Childhood and Destroys their Adulthood. Something more has to be done to prevent this from happening and to help those that are diagnosed with Autism.

Sarah Williams **October 24, 2017**

Attached is a PDF that briefly outlines CIP's services serving transition age students with autism and other learning differences.

You are also welcome to visit our website www.cipworldwide.org

Thank you for distributing the information. Please let members know that they can contact me if they would like additional information.

CIP

CIP is one of the most comprehensive programs in the world for assisting young adults with learning differences to succeed in college, employment, and independent living.

Individually tailored services to best meet the individual goals and needs of our students

College

- Individual and Small Group Tutoring
- Liaison with College Disabilities Office and Faculty
- Assistance with Enrollment and Accommodations
- Study Halls

Employment

- Career Skills Assessments
- Career Workshops
- Career Counseling
- Internship Placement and Coordination
- Job Coaching
- Job Search Assistance
- Job Interviewing Preparation

Independent Living

- Individual Cooking Instruction
- Cooperative Cooking
- Menu Planning
- Culinary Classes
- Grocery Shopping
- Roommate Meetings
- Activity Planning

- Deep Cleaning Instructions
- Evening Safety Check
- 24-Hour On-Call Emergency Assistance

Social Skills

- Social Mentoring
- Individual and Group Sessions
- Relationship Development
- Interpersonal Skills
- Theory of Mind
- Student Council
- Coordinated Weekend Activities
- Mid-Term Trip
- Animal-Assisted Sessions*

Executive Function

- Individual Apartment Sessions
- Group Sessions
- Student Forum
- Wake-Up Assistance
- Reframing Class

Advising

- Person-Centered Planning (PCP)
- Individual Advising Sessions
- Weekly Self-Assessments
- Banking/Budgeting
- Advisor/Parent Updates
- Parent Progress Reports
- Progress Review Meetings
- Transition Services
- Comprehensive Assessments

Health & Wellness

- Individual Wellness Plans
- Individual and Group Sessions
- Medication Support/Check-ins
- Cognitive Behavioral Therapy

- Art Therapy
- Occupational Therapy
- Sensory Integration
- Equine Therapy*

Creative Arts

- Drama Classes
- Fine Art Classes
- Yearbook Club
- National Student Art Contest
- Literary Art Magazine
- Glee Club and Band*

**Options vary on a site-by-site basis*

CIP

Lee, MA
Melbourne, FL
Bloomington, IN
Berkeley, CA
Long Beach, CA

cipworldwide.org • admissions@cipworldwide.org • 877-566-9247

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

Caleb Anderson **October 24, 2017**

Hi,

Having had personal experience with addiction, I?ve seen how important it is to address mental health issues before they take control. I truly believe it?s lifesaving to nurture our innermost selves before mental health conditions become debilitating, whether it?s something as common as stress and anger or something as complex as depression or suicidal thoughts.

As part of my work with Recovery Hope, I?m sending you some articles that offer insight and support for those who may be struggling. I hope you?ll consider adding these to your site on this page or one like it (http://iacc.hhs.gov/meetings/iacc-meetings/2017/full-committee-meeting/july26/strategic-plan-q7-draft.pdf). Based on the information you have there, it seems you?re just as aware of how important it is for people to care for their emotional wellbeing.

A Checklist for Parents with Children with Mental Health Problems
http://www.rcpsych.ac.uk/healthadvice/partnersincarecampaign/checklistforparents.aspx

For Teachers: Children?s Mental Health Disorder Fact Sheet for the Classroom
http://www.bridges4kids.org/MHClassroomFactSheet.pdf

Promoting Mental Health at Home: How to Design the Perfect Meditation Room
http://www.homeadvisor.com/r/meditation-room/

Healthy Eating and Depression: How Diet May Help Protect Your Mental Health
https://www.getselfhelp.co.uk/docs/healthy%20eating%20depression.pdf

5 Ways to Use Feng Shui in Your Home Design https://www.redfin.com/blog/2014/11/5-ways-to-use-feng-shui-in-your-home-design.html

Drug Abuse and Addiction: Recognizing the Signs and Symptoms of Drug Addiction
https://www.helpguide.org/articles/addictions/drug-abuse-and-addiction.htm

Anger Management and Addiction: How to Take Charge of Anger Issues in Sobriety
http://www.swiftriver.com/anger-management-addiction/

Elderly Mental Health: How to Help Your Senior https://www.shieldmysenior.com/elderly-mental-health/

Coping with the Loss of a Loved One
https://www.cancer.org/content/dam/CRC/PDF/Public/6036.00.pdf

I truly thank you in advance for your support! If you?re open to working with me so that I can write an article for you that further explores the importance of mental health on our overall wellness, please let me know. Since this is a subject so close to me, there is no charge. (If you don?t want me to contact you again, please let me know that as well.)

Thanks,
Caleb

Caleb Anderson
[PII redacted]

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Donna Young **October 24, 2017**

To Whom It May Concern,

https://www.gopetition.com/petitions/stronger-babies-by-no-clamping-off-their-umbilical-cord.html

The babies are being deprived up to 60 percent placental blood volumn of oxygenated placental blood. REF. The Lippincott Nurses Practice.

This PUCC, Premature umbilical cord clamping, causes subtle to serious brain-cells' death injuries.

The PUCCed babies do look apparentally normal and do continue to grow normally. But many PUCCed children will experience Learning and Behaviour Problems.

Some PUCCed children may learn to learn and will become employable. Others may never be independent of parent's supervisory care, or may never live outside of a Group Home.

Thank you.

Ms. DONNA YOUNG
[PII redacted]

Helen McNabb **October 24, 2017**

Have you heard the term "Hyperesthesia"?
This word is helpful when explaining to others (medical personnel, police, etc.) "the abnormal increase in sensitivity to stimuli" that people with Autism experience.
Some doctors are familiar with this term. It would be good for anyone working with the public to know this. It helps us to be sensitive toward those who are sensitive to touch, sound, smell, etc. when giving needles, taking skin biopsies, ear cleaning, hair cuts, , etc. etc.
Thank you!
H. McNabb

Note: Profanity has been redacted in this document

John Best **October 24, 2017**

Dear Liars, You psychopaths have been inflicting autism on innocent babies by lying about how mercury in vaccines causes autism for a long time. I don't what causes people to become this evil so I'll simply say [profanity redacted] you.
John Best
Londonderry, NH

Dwight Zahringer **October 24, 2017**

My statement and public request of the IACC board is once again, being repeated to address my previous letters from the last FOUR meetings (that have still gone unaddressed).

I have a 6 year old moderate / severe ASD son with tics and PANs.

1.) IACC should speak with / survey parents more and focus research on their feedback. There is truth in the herd.

I request that the IACC facilitates a survey the parents of ASD children in the United States. I request that this survey is over 50 but under 100 questions pertaining an ASD child and overseen and co-managed by a third party foundation, or organization for Autism that is recommended and voted on by the public. I request that the IACC proposes and allocates funding for this study in the fiscal year of 2016 to be published no later than the spring of 2017.

Over the past 28 months since my son's official diagnosis we have invested all free time, over $100,000 out of pocket on ABA, OT, Speech, accessories, learning aids, medical tests and vitamins. In addition to 28-32 hours a week of ABA in-home he is also attending a special education class 5 days a week, 4 hours a day. We've done the EEG's, 4 rounds now of different gene testing as well.

23 months ago we finally gave in and had allergies, hair, stool and urine tested? My son is allergic to many items. He's off the charts in aluminum, copper, lithium, rubidium and cesium. Then he was diagnosed with PANs and had a scare of Lyme as well.

We immediately started natural chelation with nutrients. We went GF/CF/SF and eliminated all sugars. We went 100% organic and juice every day. All chicken is free-range, antibiotic free and expensive. All beef is grass fed, non-GMO and expensive. Every bit of food that enters his body is known to the source and purity.

Results::

- any gluten, any sugar causes extreme aggression and yeast flare
- any "normal" produce produces foul stool, changes behavior and increases stims

What I also learned:

My road has many miles to travel, but I've covered more ground with natural healing than I did with any Dr's 7 minute consultation or prescription reccommendation (what the hell is Marinol anyways and why would my child be prescribed this and not natural cannabis oil?) I'm not the only one. My path was paved by many, walked by thousands and is continously modified with new tests, strategies and nutrients.

Parents live autism. They see changes that are microscopic. They notice what causes changes. They talk to one-another and compare notes. Compare Dr's. Compare protocols. Compare results.

2.) Glyphosate. What are the affects on the human brain? What are the affects on the human ASD brain? Are there correlations, that have been studied between Glyphosate exposure and Autism Spectrum Disorders?

Why would a 5-½ year old child on the spectrum whop was breast fed for two years and ate a natural, healthy diet have over 3x the normal levels of Glyphosate in his blood? We do not live near a farm, he does not work in produce, nor a processing plant.

Can the IACC to investigate how Glyphosate is affecting children with ASD vs. Non-ASD in the fiscal year of 2016, now 2017 or 2018?

3.) The IACC makes a formal request to Congress to subpoena Dr. William Thompson at the CDC.

Since his admission of falsifying tests, at the request of his superiors on how children receiving the MMR vaccine before 36 months were 340% more likely to receive an autism diagnosis or develop tics. Dr. Thompson made admissions to Biochemical Engineer Brian Hooker in a series of phone calls and not only gave specifics on how to obtain the correct data but also expressed remorse in his cover-up.

I ask: why hasn't the IACC been concerned with this information? Why hasn't the IACC even asked for clarification from the CDC and response been made public?

I request that the IACC makes a public, formal request to Congress to subpoena Dr. William Thompson of the CDC.

I request that the IACC makes a public, formal request to Nancy Messonnier, MD at the CDC for a full debriefing of the study to be included in the next IACC Summary of Advances in Autism Spectrum Disorder Research: Calendar Year 2016 that Dr. Thompson authored and the allegations of the link between autism and the MMR.

I request that the IACC demand retraction of published study (PubMed 2004 Feb;113(2):259-66.) at the AAP of the MMR/Autism paper co-authored by Dr. DeStefano and Dr. Thompson.

Tom Hess **October 24, 2017**

One strategy to improve research participation from families on "difficult topics" (suicide and death) would be to focus on including "parents as partners" and improving family integration throughout the research process. Developing an ongoing and consistent relationship with families, and treating them as equal partners in this effort will ensure that families are always prepared and informed when research opportunities/needs arise. The Autism Speaks/ Autism Treatment Network has made great strides in this area of Family Integration. I wanted to also note, as the parent of a child with autism and research application reviewer, researchers should increase the focus on more severely affected people with autism rather than the ?higher functioning? people that I have seen included in many research proposals.

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Dr. Eileen Nicole Simon **October 24, 2017**

Eileen Nicole Simon, PhD, RN
[PII redacted]
Cambridge MA
[PII redacted]

Following are comments I would like to hear discussed by members of the IACC, at the meeting to be held on October 24, 2017:

1. Thank You

Dr. Amaral, thank you for discussing the comments I submitted for the meeting on July 26, 2017.

My first son suffered head injury and oxygen insufficiency at birth. His motor skills, lifting his head, rolling over, sitting, crawling, standing, and walking were severely delayed. He did smile at 5 weeks of age, but did not point to things around him. My grandmother in Florida called Children's Hospital in Boston, and made an appointment for Dr. Charles Barlow to see my son; he was 20 months old, and still could not walk.

"Your son has a mild form of cerebral palsy," Dr. Barlow told me. "He will never be quite the person he would have been."

Dr. Barlow's words still echo in my head. My grief remains as great as it was on that day in 1964. My son recovered from "cerebral palsy," but at age four he was diagnosed as autistic because of his problems learning to speak.

2. Seminal Research

I needed to know more. I went to the medical library to read everything I could find on cerebral palsy. I looked up papers Dr. Barlow wrote, and I attended many lectures he gave at Harvard.

Most significant for me was research he did on distribution in the brain of radioactive-labeled drugs: Roth LJ, Barlow CF. Drugs in the brain. *Science*. 1961 Jul 7;134(3471):22-31. Following injection into the blood-stream of laboratory animals, radioactivity in the brain was measured. Some drugs (like barbiturates) were taken up in regions of the cerebral cortex, others in brainstem centers.

Roth and Barlow cited research by Seymour Kety on blood-flow in the brain. Thiopental (anesthesia) went directly to the inferior colliculi. This was where Kety (and co-workers) had made the surprise finding of highest blood-flow in the brain. Kety's paper is free online: Kety SS. Regional neurochemistry and its application to brain function. *Bull N Y Acad Med*. 1962 Dec;38:799-812.

I was not a professional researcher. I started with the paper on distribution of radioactive drugs in the brain, which led me to the seminal paper by Kety on cerebral blood flow.

3. Parent Concerns

Self-advocates have been granted the right to be heard by autism experts. Parents of disabled autistic children likewise should have the right to be heard, especially because our language-impaired children are unable to speak for themselves.

My son at age 55 relies on me for almost everything. Shouldn't he rely on me to speak up for his rights as well? He is "high functioning," but still has problems with language. He only learned to speak shortly before his sixth birthday.

4. Hearing Disorder

I am grateful to Samantha Crane for putting me in touch with the self-advocacy group in Boston that my son could attend. However, he has been placed in several peer-support groups in the past; he sits there with one ear cocked upward and to one side; but he never says a word.

My son has an auditory processing disorder. This became most clear to me when he asked to go to the Museum of Science in Boston, to hear a presentation on self-driving cars. He got himself there well ahead of the time the talk was to begin, and took a seat right up front. Soon the area was filled, mostly with young children. The speaker used a question and answer technique to involve his audience, and all of the children were eager to pose questions. After about ten minutes my son got up and walked out.

"I can't deal with people who talk a-mile-a-minute," he said in a tearful voice. "I thought this would be a movie."

Note, dialogue in movies consists of brief "bricks" accompanying action. My son loves movies. These are his window on life. He watches movies over and over again, I think to hear and hear again what is said.

Please listen to me as his primary advocate, and listen to what other parents ask for in behalf of their severely language-impaired children.

5. Time Limits

Dr. Gordon, thank you for scheduling 15 minutes extra for discussion of public comments, written as well as in-person presentations.

Again, I am very grateful to Dr. Amaral for discussing my ideas about brain damage and the prominent neurological signs that define childhood autism. However, parental hope for "a cure" and providing for people with disabilities took up much of the extended discussion period at the July 26th meeting.

Autism should not be lumped with other disabilities. The Department of Mental Health in Massachusetts tells us "Recovery is Real," but my son does not fit any of their categories of mental illness. They tell me to go to the Department for the Developmentally Disabled, but he is not disabled enough for their programs. They are overloaded with people who are much more severely impaired by autism.

The IACC was intended to investigate reasons for the huge increase in children afflicted with autism, which was evident by the 1990s. Instead, the committee seems to be adopting the idea that autism has always been here, but has long gone unrecognized.

My son is 55 years old. I have been an autism researcher for 50+ years. My son could not go to school at age 5 or 6, because he could not speak. He was rejected by both public and private kindergartens and nursery schools. Why are my ideas brushed aside by the IACC in favor of the more modern view of the history of autism?

Please allocate more time for discussion of public comments, and please discuss (and stay on the topic) of the comments submitted.

6. Word Deafness

I will continue to point out damage of the inferior colliculi (in the midbrain auditory pathway) as a possible cause of the language disorder of autistic children. Many times now, I have pointed out citations to case reports of people who lost the ability to understand spoken language after injury of the inferior colliculi [1-14].

Shouldn't injury of the inferior colliculi caused by asphyxia at birth (or prenatal rubella infection, or prenatal exposure to valproic acid) be even more disabling for an infant who has not yet begun to learn to speak?

References

[1] Joswig H, et al. Reversible pure word deafness due to inferior colliculi compression by a pineal germinoma in a young adult. Clin Neurol Neurosurg. 2015 Dec;139:62-5.

[2] Poliva O, et al. Functional Mapping of the Human Auditory Cortex: fMRI Investigation of a Patient with Auditory Agnosia from Trauma to the Inferior Colliculus. Cogn Behav Neurol. 2015 Sep;28(3):160-80.

[3] Kimiskidis VK, et al. Sensorineural hearing loss and word deafness caused by a mesencephalic lesion: clinicoelectrophysiologic correlations. Otol Neurotol. 2004 Mar;25(2):178-82.

[4] Pan CL, et al. Auditory agnosia caused by a tectal germinoma. Neurology. 2004 Dec 28;63(12):2387-9.

[5] Musiek FE, et al. Central deafness associated with a midbrain lesion. J Am Acad Audiol. 2004 Feb;15(2):133-51

[6] Hoistad DL, Hain TC. Central hearing loss with a bilateral inferior colliculus lesion. Audiol Neurootol. 2003 Mar-Apr;8(2):111-3.

[7] Vitte E, et al. Midbrain deafness with normal brainstem auditory evoked potentials. Neurology. 2002 Mar 26;58(6):970-3. (2 cases)

[8] Masuda S, et al. Word deafness after resection of a pineal body tumor in the presence of normal wave latencies of the auditory brain stem response. Ann Otol Rhinol Laryngol. 2000 Dec;109(12 Pt 1):1107-12.

[9] Johkura K. et al. Defective auditory recognition after small hemorrhage in the inferior colliculi. J Neurol Sci. 1998 Nov 26;161(1):91-6.

[10] Hu CJ, Chan KY, Lin TJ, Hsiao SH, Chang YM, Sung SM. Traumatic brainstem deafness with normal brainstem auditory evoked potentials. Neurology. 1997 May;48(5):1448-51.

[11] Meyer B, et al. Pure word deafness after resection of a tectal plate glioma with preservation of wave V of brain stem auditory evoked potentials. J Neurol Neurosurg Psychiatry. 1996 Oct;61(4):423-4. Free PMC Article

[12] Nagao M. et al. Haemorrhage in the inferior colliculus. Neuroradiology. 1992;34(4):347.

[13] Jani NN, et al. Deafness after bilateral midbrain contusion: a correlation of magnetic resonance imaging with auditory brain stem evoked responses. Neurosurgery. 1991 Jul;29(1):106-8; discussion 108-9.

[14] Howe JR, Miller CA. Midbrain deafness following head injury. Neurology. 1975 Mar;25(3):286-9.

7. Primate Model

Autism has many causes. Prenatal rubella infection, prenatal exposure to valproic acid, lead poisoning, neurofibromatosis, tuberous sclerosis, and metabolic disorders like PKU (phenylketonuria), adenyl succinate deficiency, and lactic acidosis. Genetic metabolic disorders are likely the cause of most cases of autism, and the brain (not genes) should be the focus of research on why these disorders cause autism.

Autistic disorder has been reported in some cases of fetal alcohol syndrome [1-5]. Alcohol damages the brainstem in a pattern first reported 136 years ago, Wernicke's encephalopathy [6]. Research on prenatal exposure to alcohol (using the deoxyglucose method) revealed metabolic disturbance in the same brainstem sites [7].

Rather than subjecting newborn monkeys to asphyxia, could prenatal exposure to valproic acid, alcohol, lead, or phenyl pyruvic acid be tried as means to produce a primate model of autism?

Lead poisoning has been shown (again by the deoxyglucose method) to affect the auditory system of the brain [8]. Valproic acid affected the superior olivary complex in laboratory rats in a pattern similar to that found in the brains of nine people who were autistic [9, 10].

References

[1] Kielinen M, et al. Associated medical disorders and disabilities in children with autistic disorder: a population-based study. Autism. 2004 Mar;8(1):49-60.

[2] Aronson M, et al. Attention deficits and autistic spectrum problems in children exposed to alcohol during gestation: a follow-up study. Dev Med Child Neurol. 1997 Sep;39(9):583-7.

[3] Church MW, et al. Hearing, language, speech, vestibular, and dentofacial disorders in fetal alcohol syndrome. Alcohol Clin Exp Res. 1997 Apr;21(2):227-37.

[4] Harris SR, et al. Autistic behaviors in offspring of mothers abusing alcohol and other drugs: a series of case reports. Alcohol Clin Exp Res. 1995 Jun;19(3):660-5.

[5] Nanson JL. Autism in fetal alcohol syndrome: a report of six cases. Alcohol Clin Exp Res. 1992 Jun;16(3):558-65.

[6] Thomson AD, et al. Wernicke's encephalopathy revisited. Translation of the case history section of the original manuscript by Carl Wernicke 'Lehrbuch der Gehirnkrankheiten fur Aerzte and Studirende' (1881) with a commentary. Alcohol Alcohol. 2008 Mar-Apr;43(2):174-9.

[7] Vingan RD, et al. Cerebral metabolic alterations in rats following prenatal alcohol exposure: a deoxyglucose study. Alcohol Clin Exp Res. 1986 Jan-Feb;10(1):22-6.

[8] Bertoni JM, Sprenkle PM. Lead acutely reduces glucose utilization in the rat brain especially in higher auditory centers. Neurotoxicology. 1988 Summer;9(2):235-42.

[9] Lukose R, et al. Malformation of the superior olivary complex in an animal model of autism. Brain Res. 2011 Jun 29;1398:102-12.

[10] Kulesza RJ Jr, et al. Malformation of the human superior olive in autistic spectrum disorders. Brain Res. 2011 Jan 7;1367:360-71.

7. Private Research

I am not a professional researcher. I did return to school, and obtained a PhD in biochemistry, but (in 1976) could not find work in this field. I returned to my former profession in software development.

I have not given up reading everything I can find on the brain, and how it can be injured.

Four to six minutes without oxygen is the limit, even at birth. The effects of oxygen insufficiency at birth are too optimistically overlooked. Happily the protocol for clamping the umbilical cord immediately after birth has been replaced with a new policy to wait at least half a minute. Hopefully this will reduce the need for special education in a few years.

But the umbilical cord should never be clamped. Oxygen from the placenta continues until the fetal heart valves close, and blood flow to the lungs is fully established. This should not be disrupted by use of a clamp.

Prenatal infections (like rubella) and prenatal exposure to drugs (like valproic acid) affect the brain in the same pattern as asphyxia at birth. Prenatal exposures and oxygen insufficiency affect the brain in the same way.

I self-published a paper on this in 1990, Simon N. Infantile autism and Wernicke's encephalopathy. *Med Hypotheses*. 1990 Jul;32(3):169-72. I will continue to urge looking for this pattern of brainstem damage in people who were diagnosed as autistic in childhood.

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

Dr. Debasis Kanijilal **October 24, 2017**

The attachment includes 415 Articles from USA, Europe and all over the World: YOU HAVE NO PLACE TO HIDE IN THIS WORLD ! PLEASE CHANGE IT NOW.
DK
Debasis Kanjilal

Dear Highly Respected All Committee Members,

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3, Sept 5 and Sept 7, 2017

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA (LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017 NOW.

The attachment includes 415 Articles from USA, Europe and all over the World:

i) Low oxygen produces and enhances cancer cells.

ii) Low oxygen causes damage to brain cells, Autism, and deaths.

Since 2006, newborn blue babies have been abused in the delivery room, not giving adequate oxygen they need, during resuscitation. Why ?

YOU HAVE NO PLACE TO HIDE IN THIS WORLD ! PLEASE CHANGE IT NOW.

Inline image 1

HAVE A NICE WEEKEND, PLEASE DON'T FORGET THE CHILDREN WHO NEVER HAD ANY WEEKEND AND NEVER WILL AS LONG AS THEY LIVE !

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

"WE SHALL NOT SUFFER OR PERISH NEWBORN BABIES DUE TO EGO, NEGLIGENCE, ABUSE, TORTURE IN THE DELIVERY ROOM ALL OVER WORLD. WE SHOULD STAND FIRMLY ON THEIR SIDE AND REMOVE ALL EVIL DOERS FOREVER AND AT ONCE. "

Dear Highly Respected All Committee Members,

THIS IS 120TH EMAIL DIRECTLY TO YOU.

I WROTE OVER 6,000 EMAILS TO ALL PRESIDENTS, PMs, MONARCHS, DICTATOR (NORTH KOREA), ALL IVY LEAGUE INSTITUTIONS, ALL JOURNALS, ALL MAJOR NEWS PAPERS, ALL RESPONSIBLE ORGANIZATIONS (WHO, UNICEF, UNITED NATION, DOCTORS WITHOUT BORDERS, RED CROSS, ALL HUMAN RIGHTS , ANIMAL RIGHTS, AUTISM, DISABILITIES, CARING FOR CHILDREN, NIH, CDC), ALL NOBEL PRIZE WINNERS AND THOUSANDS OTHERS EXCEPT CHINA (NO EMAILS) SINCE 2014 TO SAVE THE NEWBORN BABIES IN THIS WORLD:

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July 11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3, Sept 5, Sept 7, Sept 8, Sept 9, Sept 11, Sept 12, Sept 13, Sept 14, Sept 15, Sept 16, Sept 17, Sept 18, Sept 19, Sept 21, Sept 23, Sept 24, Sept 25, Sept 26, Sept 27, Sept 28, Sept 29 , Sept 30, October 1, and Oct 3, 2017

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

ALL OVER THE WORLD NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA

(LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017

NOW.

UNLESS WE ARE HALLUCINATING, WE ALL KNOW THAT LOW OXYGEN CAUSES BRAIN DAMAGES AND DEATHS TO ALL LIVING CREATURES, INCLUDING HUMAN BEING, IN THIS EARTH.

WHY ARE WE EXPOSING OUR NEWBORN BABIES TO LOW OXYGEN ?

"WE SHALL NOT SUFFER OR PERISH NEWBORN BABIES DUE TO EGO, NEGLIGENCE, ABUSE, TORTURE IN THE DELIVERY ROOM ALL OVER WORLD. WE SHOULD STAND FIRMLY ON THEIR SIDE AND REMOVE ALL EVIL DOERS FOREVER AND AT ONCE. "

TIME HAS COME TO CHANGE !

PLEASE SEND THE EMAIL TODAY AND SAVE MILLIONS OF CHILDREN IN THIS WORLD.

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

Centers For Disease Control and Prevention (CDC , USA) wants parents/ Doctors to recognize problems in children early to make them better. NRP/ ILCOR/ ANZCOR/ European Newborn Resuscitation Committees, on the contrary, are creating the problems !

Dear Highly Respected All Committee Members,

THIS IS 109TH EMAIL TO YOU :

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July 11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3, Sept 5, Sept 7, Sept 8, Sept 9, Sept 11, Sept 12, Sept 13, Sept 14, Sept 15, Sept 16, Sept 17, Sept 18, and Sept 19, 2017

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA (LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017 NOW.

Hypoxia (low oxygen) at birth causes delayed milestones (delayed plays, learns, speaks, acts and moves), brain damages, Autism, childhood cancers, some psychiatric problems and severe cases deaths.
Normal brain: needs oxygen and glucose all the time, 24 hours/day.
Oxygen is not given for the first 10 minutes of life.
Glucose (sugar) check is not recommened.

From birth to 5 years, your child should reach milestones in how he plays, learns, speaks, acts and moves. Track your child?s development and act early if you have a concern. (CDC, 2017)

Centers for Disease Control and Prevention (CDC, USA) wants parents/ Doctors to recognize problems in children early to make them better.

NRP/ ILCOR/ ANZCOR/ European Newborn Resuscitation Committees, on the contrary, are creating the problems !

WHY ?

HOW LONG THIS NONSENSE WILL LAST ? 12 years of suffering is not enough !

PLEASE SEND THE EMAIL TODAY AND SAVE MILLIONS OF CHILDREN IN THIS WORLD.

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

1)

(USA, 2017)
From birth to 5 years, your child should reach milestones in how he plays, learns, speaks, acts and moves. Track your child?s development and act early if you have a concern.

https://www.cdc.gov/ncbddd/actearly/index.html

CDC | Homepage | Learn the Signs. Act Early. | NCBDDD www.cdc.gov The Centers for Disease Control and Prevention?s (CDC) National Center on Birth Defects and Developmental Disabilities (NCBDDD), in collaboration with a number of ...
THESE ARE MORE VOICES OF SERIOUS CONCERN FROM HIGHLY RESPECTED CITIZENS OF USA :

Ms. Berit Reiss-Andersen

The Chair person

The Nobel Peace Prize Committee

I know that you are well aware of this tragic situation. Our Newborn Blue Babies are being deprived of a life line of human existence which is as we all know is oxygen (hypoxia).

All of God's creation should be cared for and be sustained with everything that is needed to survive in this world. Without oxygen one cannot survive.

The right to life is a moral principle based on the belief that a human being has the right to life and in particular should not be killed by another human being. The concept of a right to life arises to debates on issues of capital punishment, war, abortion, euthanasia, justifiable homicide and public health care.

"Every human being, even the child in the womb, has the right to life directly from God and not from his parents, not from any society or human authority. therefore, there is no man, no society, no human authority, no science, no indication at all whether it be medical, eugenic, social, economic, or moral that may offer or give a valid judicial title for a direct deliberate disposal of an innocent human life." Pope Pius XII Address to Midwives on the Nature of Their Profession Papal Encyclical, October 29, 1951.

In 1966, the International Covenant on Civil and political rights was adopted by the United Nations General Assembly:

"Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life". Article 6.1 of the international Covenant on Civil and Political Rights

In 1989 the United Nations General assembly adopted the Convention on the Right of the Child (CRC).

Trusting you will consider all of the above comments using your sincere sympathetic heart and bless Dr. Kanjilal with a favorable outcome for dedicating his life for this cause.

May God richly bless you and guide your decision to award Dr. Kanjilal the next Noble Peace Prize recipient.

Kingdom of God Needs Ministry (501 C3)
Feed My Lambs
Robert L. Miller, Reverend / President
Joseph Cavallo Board of Director Member
Marion Gambino Reverend
Susan Greco Treasurer
Leona Lignotti Secrerary
Marcus Hulse Music Director
James Curtis Evangelist
Rose Nash Missionary
Eva Herick Substance Director
Oriyomi Lawal International Affairs

Fw: NEWBORN BABIES ARE ABUSED AND SUFFERED IN MODERN HISTORY, FROM 2006- ONE MAN MARCH (DR. OLA DIDRIK SAUGSTAD, NORWAY, POWERFUL/OBSESSED AGAINST OXYGEN) AND HIS PARTNERS DR. MAXIMO VENTO (SPAIN), DR. SIDDRATH RAMJI (INDIA) DESTROYED THE WORLD.

Dear Highly Respected All Committee Members,

THIS IS 114TH EMAIL TO YOU :

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March

8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July 11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3, Sept 5, Sept 7, Sept 8, Sept 9, Sept 11, Sept 12, Sept 13, Sept 14, Sept 15, Sept 16, Sept 17, Sept 18, Sept 19, Sept 21, Sept 23, Sept 24, Sept 25, and Sept 26, 2017

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA (LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017 NOW.

ALGORITHM OF ONE MAN OBSESSION LEADS TO HALF A BILLION MEN/WOMEN/CHILDREN SORROW :

NEWBORN BABIES ARE ABUSED AND SUFFERED IN THE DELIVERY ROOM, IN MODERN HISTORY, FROM 2006- CONTINUING:

ONE MAN MARCH (DR. OLA DIDRIK SAUGSTAD, NORWAY, POWERFUL/OBSESSED AGAINST USING OXYGEN TO NEWBORN BLUE BABIES) AND HIS PARTNERS DR. MAXIMO VENTO (SPAIN), DR. SIDDRATH RAMJI (INDIA) DESTROYED THE WORLD. THEY GOT ACADEMIC GOLDEN KEYS, MONEY, FAME,POWER AND LIFETIME ACHIEVEMENT AWARD.
TO
HUNDREDS OF THOUSANDS MEN/WOMEN (HEALTH CARE WORKERS AND WORLD HEALTH AUTHORITIES) FOLLOW TO OVER 30 MILLION CHILDREN ABUSED AND SUFFERED FROM VARIETY OF BRAIN DAMAGES, AUTISM, CANCERS AND DEATHS IN USA, EUROPE AND REST OF THE WORLD TO OVER HALF A BILLION PARENTS, GRANDPARENTS, SIBLINGS, FAMILY MEMBERS, NEIGHBORS ARE SUFFERING FOR NO REASON TO UNFORTUNATELY, NOW, WE HAVE 1 AUTISTIC CHILD IN THE NEIGHBORHOOD (1 in 42 to 1 in 27 Hong Kong) TO IN A FEW YEARS, WE WILL HAVE 1 AUTISTIC CHILD IN EACH FAMILY UNTIL AND UNLESS WE STOP THIS NONSENSE

DR. OLA DIDRIK SAUGSTAD (NORWAY) : THIS IS THE ARTICLE OF HALLUCINATION, DELUSION AND NEWBORN BABIES DESTRUCTION IN PEDIATRIC RESEARCH, 2009.

Oxygen in Health and Disease: Regulation of Oxygen Homeostasis-Clinical Implications (Pediatric Research, Dr. Saugstad, Norway, 2009) : This article stated "40% oxygen saturation (severely blue) is reported normal newborn babies during the first 3-4 minutes of life"preposterous.

THE NORMAL NEWBORN BABIES:

The 90% of them are pink within 1 minute of life and their saturation is 95-100% and Apgar is 9 or 8 at 1 minute of life.

40% oxygen saturation (less than half of normal) causes brain damages, autism and deaths because brain oxygen saturation is about 15-20% lower than that.

How did he get this paper published in very highly respected journal ? Dr. Saugstad mentioned in his CV that he was the consulting editor in Pediatric Research since 1999-

Pediatric Research (Consulting Editor) 1999-

It is like a "club activities " : " Friendship and abuse of power " resulting in destruction of innocent, most vulnerable, and most adorable population in this World.

#

The Rush to Publication
An Editorial and Scientific Mistake (Editor in Chief, JAMA, 2017)

PLEASE SEND THE EMAIL TODAY AND SAVE MILLIONS OF CHILDREN IN THIS WORLD.

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

1)

Ola Didrik Saugstad (CV, 2017)
[PII redacted]
Curriculum vitae for Ola Didrik Saugstad

(download CV in Word format)

Full name and adress
[PII redacted]

Member of editorial boards of medical journals

Editor

Prenatal and Neonatal Medicine (Specialty Editor on Resuscitation) 1996-1999 Prenatal and Neonatal Medicine (Editor) 1999-2001 Pediatric Research (Consulting Editor) 1999- J Maternal Fetal Neonatal Medicine (Editor in Chief) 2001-2004 Biology of the Neonate (Section editor) 2002-203 Acta Paediatrica (Assoc Editor 2005 -2008

Reviewer

Acted as referee for more than 30 international medical journals

http://www.ous-research.no/saugstad/?k=saugstad%2FGroup+members&aid=8039

NRP 7TH EDITION RESUSCITATION VIDEO : GOOD FOR MANIKIN AND FOR HEALTHY BABIES ONLY; IT IS A DISASTER FOR SICK BABIES IN THE DELIVERY ROOM; NEEDS TO CHANGE IMMEDIATELY TO SAVE

Dear Highly Respected All Committee Members,

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July 11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3, Sept 5, Sept 7, Sept 8, Sept 9, Sept 11, Sept 12, Sept 13, Sept 14 and Sept 15, 2017

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA (LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017 NOW.

THIS IS 106-TH EMAIL TO YOU (SECOND EMAIL TODAY):

NRP 7TH EDITION RESUSCITATION VIDEO : GOOD FOR MANIKIN AND FOR HEALTHY BABIES ONLY; IT IS A DISASTER FOR SICK BABIES IN THE
DELIVERY ROOM; NEEDS TO CHANGE IMMEDIATELY TO SAVE MILLIONS OF CHILDREN FROM VARIETY OF BRAIN
DAMAGES, AUTISM, AND MANY CASES, DEATHS.

"ONE SIZE RESUSCITATION DOES NOT GOOD FOR EVERY BABY ".

ALL RESUSCITATION SHOULD BE " TAILOR MADE " ACCORDING THEIR CONDITION AT BIRTH.

THERE SHOULD BE A " FAST TRACK RESUSCITATION " FOR VERY SICK BABIES.

1)

NRP 7th Edition resuscitation video:

This resuscitation, although simulation, is very slow, ineffective and dangerous for real newborn babies. The baby who will receive this kind of resuscitation will definitely have brain damages, autism and/or severe cases death.

This is exactly the NRP recommendations; take it easy in the delivery room when babies are not breathing and blue.

The problems are the following:

a) Neo puff does not generating adequate ventilation with mask on the face, particularly big size full term babies. It is better to use Ambu bag to expand the lungs which are filled with fluid and alveoli should be recuited as fast as possible. European uses 5 puffs to expand the lungs. In many sick babies we have to give many more puffs to make the babies improve.
They improve (started crying and becomes pink from blue) as soon as oxygen reaches to brain (from lungs to the heart to the brain).

b) NRP recommended to start resuscitation with room air (21% oxygen) in full term babies and (21-30%) in preterm babies. Europe is using the same (21% oxygen) for full term but recently changed the recommendation to give (30-65 % oxygen) in preterm babies. If you don't give oxygen, babies will get worse and finally will be intubated (endotracheal tube will be placed inside the trachea) and will require chest compression and epinephrine medication through the tube that you see in the video to improve the heart rate.
THIS IS A DISASTER. IT IS A PERFECT RECIPE FOR BRAIN DAMAGES AND DEATHS.

You can avoid all these nonsense by :
i) Initiate resuscitation as soon as the baby is born, instead of waiting for 30 seconds (in Europe waiting for 60 seconds). We can do stimulation, bulb suctioning and drying and at the same time give bag and mask ventilation with oxygen. IS THAT DIFFICULT TO DO ? We always have two people in the delivery room, if not get the nurse to help you.
ii) Resuscitation should begin with higher oxygen than room air.

In sick full term babies: start with 40-50% oxygen or in very sick babies, use even 100% oxygen depending on the baby's condition and as soon as the baby improves, remove the oxygen. WHAT IS THE PROBLEM TO DO THAT ?

But in sick preterm babies: I agree with European management; start with higher oxygen (30-65%) and as soon as the baby improves, remove the oxygen.
WHAT IS THE PROBLEM TO DO THAT ?

iii) Normal saturation: in full term babies: 95-100 %; in preterm babies 90-94%.
NRP recommendations: to achieve that normal saturation in 10 minutes; in Europe beyond 10 minutes. THIS IS A TOTAL NONSENSE BECAUSE 90% NORMAL BABIES ARE PINK
WITHIN 1 MINUTE (Apgar scores 9 at 1 minute or 8 at 1 minute). THESE BABIES ARE FINE. THEY DON'T NEED OUR HELP.
WHY REMAINING 10% BABIES WILL SUFFER ?
WHY ARTIFICIALLY CREATED, DIFFERENT AND DIFFICULT, STANDARD FOR THEM ? THEY NEED OUR HELP AND WE ARE DELIBERATELY REFUSING TO HELP THEM.

My recommendation: to achieve normal saturation in 1 minute (NOT 10 MINUTES) or as soon as possible by providing very aggressive resuscitation with required oxygen.
Every child is different and his/her conditions are different. "ONE SIZE DOES NOT FIT ALL ." Every resuscitation should be " Tailor made " that means we must achieve our target

oxygen saturation within 1 minute . In very sick babies it might take longer. That is acceptable if you are aggressive and giving oxygen they need.

NRP recommendations: Don't give 100% oxygen until babies heart beat drops less than 60/minute. when they are almost close to dead. THIS IS A DISASTER.

WHY WE HAVE TO WAIT FOR HEART BEAT DROPS LESS THAN 60/MINUTE WHEN BRAIN IS NOT GETTING OXYGEN ?

DOES THAT MAKE ANY SENSE ?

https://www.youtube.com/watch?v=YEISWgWXGyo&t=22s

NRP 7th edition Putting it all together - YouTube www.youtube.com neonatal resuscitation NRP 7th edition training video.
https://www.youtube.com/watch?v=m9tlTPKZXPA&t=204s

Changes to Neonatal Resuscitation and NRP - 2016 - YouTube www.youtube.com Review of the physiology of neonatal transition and resuscitation and discussion of changes to the NRP flow diagram in the 7th edition. Presenter: Marya ...

PLEASE SEND THE EMAIL TODAY AND SAVE MILLIONS OF CHILDREN IN THIS WORLD.

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

Since 2006, Your Reckless Recommendations Have Caused Brain Damages And Deaths To Millions Of Children In This World. Those who resist to change must resign from NRP / ILCOR/ ANZCOR/ European Newborn Resuscitation Committees for the benefit of mankind ...

Dear Highly Respected All Committee Members,

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3 and Sept 5, 2017

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA (LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017 NOW.

World Statistics For Children Only:
Babies are born each year in this World : 136 millions (UNICEF estimate, 2013)

Autism : 2 - 3 Millions / Year (1.47-2.2 % Of Total Yearly Birth 136 Millions)
Disability (Significant): 2.7 - 5.4 Millions / Year (2-4% Of Yearly Birth 136 Millions)
Disability (Some Form): 20.4 Millions / Year (15% Of Yearly Birth 136 Millions)
Overcome Resistance To Change With Two Conversations (Harvard, 2017)
Females With Autism Have More Difficulties In Executive Functions Than Males (USA, 2017)
Parental Quality Of Life In Autism Spectrum Disorder (Australia, 2017) :
In My Opinion, " Life Long Home Imprisonment, Social Isolation, Humiliation, Abuse, Torture And Finally Death " For The Whole Family.

Inline image 2

Since 2006, Your Reckless Recommendations Have Caused Brain Damages And Deaths To Millions Of Children In This World.

Those who resist to change must resign from NRP / ILCOR/ ANZCOR/ European Newborn Resuscitation Committees for the benefit of mankind.

YOU GUYS ARE BELLIGERENT WHEN WHOLE WORLD IS SUFFERING AND CRYING FOR HELP, SHAME.....

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

THIS IS MORE VOICES OF CONCERN :
To the Nobel Peace Prize Committee

Ms. Berit Reiss-Andersen

Chairperson

I am pleased to write this letter to support the nomination of Dr. Debasis Kanjilal, MD for the Nobel Peace Prize.

According to Nobel's will, the Peace Prize shall be awarded to the person who in the preceding year "shall have done the most or the best work for fraternity between nations, for the abolition or reduction of standing armies and for the holding and promotion of peace congresses". However, recent awards have also gone to individuals and organizations that work to decrease man-made causes of human

suffering, such as the Organisation for the Prohibition of Chemical Weapons and to Jody Williams and the International Campaign to Ban Landmines.

Dr. Kanjilal is one such individual. He is a physician who specializes in newborns. However, he feels the pain for every newborn who develops brain damage and/or autism from a lack of oxygen at birth. These infants are often born perfectly normal, but due to a lack of oxygen or decreased administration of available oxygen, end up with irreversible damage that affects them for the rest of their lives. This is no less an important crusade than prohibiting chemical weapons or banning landmines and affects a much larger population. The recent Global Burden of Diseases, Injuries, and Risk Factors 2015 Study revealed that neonatal encephalopathy due to birth asphyxia and trauma is the third largest cause of death globally for children and adolescents causing 740,000 deaths and the third most common cause of Global Disability-Adjusted Life Years. In addition, there is interesting research that connects neonatal hypoxia to childhood cancers and autism.

Dr. Kanjilal spends his spare time relentlessly contacting stakeholders around the word about the dangers of neonatal hypoxia and the importance of oxygen in neonatal resuscitation. His goal is to change the NRP, ILCOR, ANZCOR and European newborn resuscitation committees? guidelines to allow oxygen to be given to all newborns who require resuscitation. Currently many infant are resuscitated with room air.

Dr. Kanjilal has traveled a long way to get where he is today. He was born at home by an unofficial midwife in Dum Dum, Kolkata. He attended Calcutta National Medical College with a full scholarship, graduating with honors. He completed residency and chief residency in ENT in India prior to moving to the US and training in pediatrics and neonatology at the State University of New York Downstate Medical Center. He is currently working as an attending neonatologist and an Assistant Professor of Pediatrics.

I am proud to write this letter to support this outstanding physician who works tirelessly for his passion to save children.

Sincerely,

Lawrence Noble MD, FAAP, FABM
Associate Professor of Pediatrics
Icahn School of Medicine at Mount Sinai

1)
130-136 millions children are born each year in this World (UNICEF, CNN, 2013)

UNICEF estimates that at least 130 million babies are born each year, with some reports in the past 10 years putting that figure at 136 million. But it's difficult to know exactly how many babies are born globally, the World Health Organization notes, because some children are not registered.

http://www.cnn.com/2013/07/22/health/worldwide-baby-facts/index.html

2) Original Investigation
June 2017
Child and Adolescent Health From 1990 to 2015

Findings From the Global Burden of Diseases, Injuries, and Risk Factors 2015 Study (JAMA, 2017)
The Global Burden of Disease Child and Adolescent Health Collaboration

As seen in Table 1 across the entire age range, rankings were dominated by those affecting the youngest children. Globally, the most common causes of death were neonatal preterm birth complications (mortality rate, 31.4 per 100 000 population; 95% UI, 29.1-34.2 deaths per 100 000 population), lower respiratory tract infections (LRIs) (31.1; 95% UI, 29.2-33.0), neonatal encephalopathy owing to birth asphyxia and trauma (28.8; 95% UI, 26.5-31.5)
We found important differences in mortality patterns for each of the 7 component age groups 19 years or younger in 2015 (eFigure 2A-G in the Supplement). During the neonatal period (ie, 6 days or less and 7-27 days), rankings across SDI quintiles and regions were broadly similar; mortality was dominated by neonatal complications, congenital anomalies, and LRIs.

Geographical differences in causes of death in 2015 were more pronounced with increasing age (ie, 5-9 years, 10-14 years, and 15-19 years). Congenital anomalies and cancers (leukemia, brain cancer, and other neoplasms [eg, sarcomas]) were highly ranked in high-SDI regions in all age groups, simultaneously reflecting continued risk of mortality beyond the time of initial diagnosis and lower overall risk of mortality in the population.
Disability Burden From Conditions With Multiple Causes

Autism, iodine deficiency, and congenital disorders were important causes of intellectual disability

http://jamanetwork.com/journals/jamapediatrics/fullarticle/2613463?utm_medium=alert&utm_source=JAMA%20PediatrPublishAheadofPrint&utm_campaign=03-04-2017

Editorial
April 3, 2017
Importance of Innovations in Neonatal and Adolescent Health in Reaching the Sustainable Development Goals by 2030 (JAMA Pediatr. Published online April 3, 2017. doi:10.1001/jamapediatrics.2017.0261 ;Harvard, April, 2017)
Christopher R. Sudfeld, ScD1; Wafaie W. Fawzi, DrPH1,2,3

Reductions in neonatal causes of death also contributed to overall improvements in child survival since 1990; however, the global rate of decline in newborn deaths was markedly slower compared with that in older children. During 2005-2015, complications of neonatal preterm birth overtook lower respiratory tract infections as the leading cause of global disability-adjusted life years for children and adolescents 19 years or younger and accounted for approximately 800 000 deaths in 2015.1Another study similarly estimated that complications of preterm birth were the leading cause of global mortality in children younger than 5 years in 2015, with approximately 1 000 000 deaths.

The GBD (the Global Burden of Diseases, Injuries, and Risk Factors) report does not include stillbirths in their estimates of disability-adjusted life years.1 An estimated 2.6 million stillbirths, of which three-quarters were preventable, occurred worldwide in 2015.4,5 As with child mortality, there is substantial inequity in global rates of stillbirth, with 3 of every 4 stillbirths occurring in sub-Saharan African and south Asian regions.6 However, the global number of stillbirths has declined at a slower rate than mortality in children younger than 5 years, with only a 19% reduction between 2000 and 2015.4 An estimated 42% of stillbirths and neonatal deaths occur during labor; therefore, equitable access to high-

quality antenatal, labor, and newborn services must be a priority to reach targets for global child mortality and stillbirth.6,7

As the global community seeks to achieve universal and sustainable development for all, greater attention to neonatal and adolescent health is critical. Halving the number of global deaths in children younger than 5 years from 1990 to 2015 was a remarkable achievement; however, we are significantly lagging in reductions of preventable stillbirths and neonatal deaths, particularly in vulnerable populations.

http://jamanetwork.com/journals/jamapediatrics/fullarticle/2613461?utm_medium=alert&utm_source=JAMA%20PediatrPublishAheadofPrint&utm_campaign=03-04-2017

3)

Perspective
Care for Autism and Other Disabilities ? A Future in Jeopardy (Univ. of Pennsylvania, Johns Hopkins, USA, NEJM, March, 2017)
David S. Mandell, Sc.D., and Colleen L. Barry, Ph.D.
N Engl J Med 2017; 376:e15March 9, 2017DOI: 10.1056/NEJMp1700697

In 2013, the most recent year for which national Medicaid claims are available, approximately 250,000 children with diagnoses of autism received services through Medicaid.

Proposals to shift the structure of Medicaid to a block grant would transfer financial risk from the government to beneficiaries, including people with autism or developmental disabilities, reduce funding to states to pay for services, and allow states to circumvent regulations requiring them to cover the behavioral health services that are a critical component of autism treatment.
http://www.nejm.org/doi/full/10.1056/NEJMp1700697?query=pediatrics

http://jamanetwork.com/journals/jamapediatrics/article-abstract/2613463

4)

CHANGE MANAGEMENT
Overcome Resistance to Change with Two Conversations (Harvard, 2017)
Sally BlountShana Carroll
MAY 16, 2017
a) Identifying the Sources of Resistance

b) Talking with the Resistors
- I) Forget efficiency.
- ii) Focus on listening.
- iii) Be open to change yourself.
- iv) Have multiple conversations.

https://hbr.org/2017/05/overcome-resistance-to-change-with-two-conversations

5)

PHYSICIANS LEADING | LEADING PHYSICIANS
Five Changes Great Leaders Make to Develop an Improvement Culture (NEJM Catalyst) (Health Care)
Article · August 7, 2017
Institutional problems cannot be effectively managed ?top down.? The old way of autocratic action must cede to processes designed to build a continuous improvement culture.?
The qualities of willingness, humility, curiosity, perseverance, and self-discipline have long been leveraged by innovative industries worldwide, yet the health care industry has been slow to catch up.?
Becoming a continuous improvement leader takes coaching and plenty of practice. Participants become better leaders by ?acting their way into thinking.??
The key factor enabling personal change, and what drives the cultivation of the other behavioral dimensions, is first recognizing that change is required, which then leads to the willingness to do so.?
Effective leaders know they do not have all the answers and are willing to ?go see? ? to be present where the actual work is done ? and to respect workers by asking open-ended questions and seeking input.?

Is there anything on my calendar this week that will add value to the patients we serve? Have I gone to where value is created to observe, show respect, and encourage the staff??
http://catalyst.nejm.org/five-changes-great-leaders-improvement-culture/
6)

Research Article
Sex differences in parent-reported executive functioning and adaptive behavior in children and young adults with autism spectrum disorder (USA, 2017)
(Females have more difficulties than males in executive function and daily living skills)
Our results indicate relative weaknesses for females compared to males diagnosed with ASD on executive function and daily living skills. These differences occur in the absence of sex differences in our sample in age, IQ, clinician ratings of core ASD symptomatology, parent ratings of ADHD symptoms, and parent-reported social and communication adaptive skills on the VABS. These findings indicate specific liabilities in real world EF and daily living skills for females with ASD and have important implications for targeting their treatments

http://onlinelibrary.wiley.com/doi/10.1002/aur.1811/full

7)

Parental Quality of Life in Autism Spectrum Disorder: Current Status and Future Directions (Australia, 2017)
Valsamma Eapen1* and Jane Guan2

1Academic Unit of Child Psychiatry, South West Sydney (AUCS), ICAMHS, Mental Health Centre, L1, Liverpool Hospital, Elizabeth Street, Liverpool, NSW 2170, Sydney, Australia

2University of New South Wales, Sydney, NSW 2052, Australia

Abstract
Parents of children with Autism Spectrum Disorder (ASD) take on responsibilities of diagnosis, advocacy, and daily care. There is evidence that this impacts upon their Quality of Life (QOL). This systematic review examined the impact of parenting a child with ASD on parental QOL. Available evidence

overwhelmingly suggests that poorer parental QOL exists in this group of parents when compared to parents of both typically developing children and children with other disabilities. Several factors have been identified as having an impact on parental QOL including the severity of the core features of ASD, presence of comorbidities and in particular maladaptive behaviours such as hyperactivity, oppositional defiant and conduct problems, anxiety and emotional symptoms, as well as the level of general developmental delay and impairment in activities of daily living.

http://psychopathology.imedpub.com/parental-quality-of-life-in-autism-spectrum-disorder-current-status-and-future-directions.php?aid=8501

TIME TO CHANGE NOW; History of serious mistakes by NRP/European/ACOG and still continuing resulting in sufferings (brain damages, autism and deaths) of tens of millions of innocent children in this World and their parents DK DEBASIS KANJILAL

Dear Highly Respected All Committee Members,

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3, Sept 5, Sept 7, Sept 8, Sept 9 and Sept 11, 2017

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA (LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017 NOW.

History of serious mistakes by NRP/European/ACOG and still continuing resulting in sufferings (brain damages, autism and deaths) of tens of millions of innocent children in this World and their parents :

In 1993 : ACOG (American College of Obstetrics and Gynecology) was vehemently opposing routine ultrasound in all pregnancy (NEJM, 1993) # In 1993: Helsinki ultrasound trial revealed importance of routine ultrasound during pregnancy reduces perinatal mortality.
Who was right ? European Committee.
Who was wrong ? ACOG .
We cannot imagine without ultrasound during pregnancy.
In 2006: All committees (NRP/Europe/ ?ACOG) were recommending " suctioning airway before oxygen in limp babies with any sign of Meconium aspiration ". All were " wrong " and it caused " brain damages and deaths to millions of children in this World " from 2006 to 2015. This was " atrocity to tens of millions of innocent newborn babies " and the whole World was " silent for almost 10 years ".

Who were wrong ? All of them !
On October 15, 2015 NRP changed " give oxygen first before suctioning airway " that was my recommendation because I had to threaten them "I will call TV/news media if you don't change".
In 2017: European Committee, recently, is giving more oxygen to preterm blue babies during resuscitation (30-65 %) probably because of my repeated emails to them but still giving (21 % is room air) oxygen in full term babies, same as USA.
In 2017: American Committee (NRP) is giving (21-30 %) oxygen despite knowing that 21% oxygen increases deaths in preterm babies but still giving (21 % is room air) oxygen in full term babies, same as Europe.
In 2017: ACOG is doing right; taking very seriously when the fetus has low oxygen inside the uterus and that is the right thing to do.
But as soon as the baby is born they join the NRP/European club "not to give oxygen during resuscitation of blue babies" that does not make any sense.
Who is right ? Partly, European Committee but still wrong in resuscitation of full term blue babies.
Who is wrong ? American Committee (NRP) and still wrong in resuscitation of blue full term babies.
In 2017, who are wrong ? Both; in full term babies resuscitation.
What is the damage ? 2.6 million children (2% of all birth, 130 millions) are deprived of required oxygen every year in this World.
BOTH NRP, EUROPEAN AND OTHER COMMITTEES SHOULD GET RID OFF ALL MEMBERS WHO ARE RECOMMENDING GIVING ROOM AIR (21 %) IN BLUE BABIES SINCE 2006.
I KNOW VERY WELL THAT THIS IS " NOT ALL MEMBERS FAULT ".
I hope all committees change the recommendations now for the benefit of mankind.

PLEASE SEND THE EMAIL TODAY.
Let me make it very simple: when you are blue, you need oxygen immediately to get better. It is the same with newborn babies after birth.

How do you like when Doctors are waiting and watching you in the ER when you are gasping for breathing for 10 minutes ?

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

1)

ORIGINAL ARTICLE
Effect of Prenatal Ultrasound Screening on Perinatal Outcome (NEJM, 1993) Bernard G. Ewigman, James P. Crane, Fredric D. Frigoletto, Michael L. LeFevre, Raymond P. Bain, Donald McNellis, and *the RADIUS Study Group N Engl J Med 1993; 329:821-827September 16, 1993DOI: 10.1056/NEJM199309163291201

In conclusion, this practice-based trial demonstrates that among low-risk pregnant women ultrasound screening does not improve perinatal outcome. Potential benefits such as satisfying patients' desires for assurance that there are no fetal anomalies31 must be weighed against the unnecessary anxiety entailed in the examinations and the risks of overtreatment due to false positive diagnoses14,32. The

adoption of routine ultrasound screening in the United States would add considerably to the cost of care in pregnancy, with no improvement in perinatal outcome.

In the Helsinki Ultrasound Trial,4 in contrast to our results, the perinatal mortality rate was lower in the ultrasound-screening group (4.6 vs. 9.0 per 1000, P<0.05) because of the detection of anomalies and the subsequent termination of the affected pregnancies.

http://www.nejm.org/doi/full/10.1056/NEJM199309163291201#t=article

2)

ACOG Logo
Committee Opinion
Number 689, March 2017

Committee on Obstetric Practice
This Committee Opinion was developed by the American College of Obstetricians and Gynecologists? Committee on Obstetric Practice in collaboration with committee member Michael D. Moxley, MD.

Recommendations

The American College of Obstetricians and Gynecologists makes the following recommendations:

Infants with meconium-stained amniotic fluid, regardless of whether they are vigorous or not, should no longer routinely receive intrapartum suctioning. However, meconium-stained amniotic fluid is a condition that requires the notification and availability of an appropriately credentialed team with full resuscitation skills, including endotracheal intubation.
Resuscitation should follow the same principles for infants with meconium-stained fluid as for those with clear fluid.
In 2006, the American Academy of Pediatrics and the American Heart Association published the 2005 guidelines on neonatal resuscitation (1). The most significant effect of these guidelines on obstetric practice related to the management of delivery of a newborn with meconium-stained amniotic fluid. Before the 2005 guidelines, management of a newborn with meconium-stained amniotic fluid included suctioning of the oropharynx and nasopharynx on the perineum after the delivery of the head but before the delivery of the shoulders (intrapartum suctioning). The 2005 guidelines did not support this practice because routine intrapartum suctioning does not prevent or alter the course of meconium aspiration syndrome in vigorous newborns (1). However, the 2005 guidelines did support intubation of the trachea and suctioning of meconium or other aspirated material from beneath the glottis in nonvigorous newborns (1).

In 2015, the guidelines were updated to reflect new evidence in the management of nonvigorous newborns with meconium-stained fluid. Routine intubation and tracheal suctioning are no longer required. If the infant is vigorous with good respiratory effort and muscle tone, the infant may stay with the mother to receive the initial steps of newborn care. Gentle clearing of meconium from the mouth and nose with a bulb syringe may be done if necessary. If the infant born through meconium-stained amniotic fluid presents with poor muscle tone and inadequate breathing efforts, the initial steps of resuscitation should be completed under the radiant warmer. Appropriate intervention to support

ventilation and oxygenation should be initiated as indicated for each infant and, if the airway is obstructed, this may include intubation and suction.

The new recommendation to no longer routinely suction nonvigorous infants arose from an emphasis on prevention of harm (ie, delays in providing bagmask ventilation and potential consequences of unnecessary interventions) instead of the unknown benefit of the intervention of routine tracheal intubation and suctioning.

The Committee on Obstetric Practice agrees with the recommendation of the American Academy of Pediatrics and the American Heart Association that infants with meconium-stained amniotic fluid, regardless of whether they are vigorous or not, should no longer routinely receive intrapartum suctioning. In addition, meconium-stained amniotic fluid is a condition that requires the notification and availability of an appropriately credentialed team (Neonatal Advanced Life Support) with full resuscitation skills, including endotracheal intubation (2). Resuscitation should follow the same principles for infants with meconium-stained fluid as for those with clear fluid.

https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Delivery-of-a-Newborn-With-Meconium-Stained-Amniotic-Fluid

SINCE 2001, DR. OLA DIDRIK SAUGSTAD (NORWAY) ALONG WITH DR. MAXIMO VENTO (SPAIN) AND DR. SIDDARTH RAMJI (INDIA) PLANTED: "THE SEED OF DESTRUCTION OF NEWBORN BABIES BRAIN BY NOT GIVING OXYGEN DURING RESUSCITATION TO BLUE BABIES GASPING FOR BREATHING".

Dear Highly Respected All Committee Members,

THIS IS 113TH EMAIL TO YOU :

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July 11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3, Sept 5, Sept 7, Sept 8, Sept 9, Sept 11, Sept 12, Sept 13, Sept 14, Sept 15, Sept 16, Sept 17, Sept 18, Sept 19, Sept 21, Sept 23, Sept 24, and Sept 25, 2017

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA (LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017 NOW.

EU Parliament adopted its final position on a crucial vote for the Accessibility Act (Autism, Europe, Sept 9, 2017): Good job but not good enough until you stop and punish those researchers responsible for producing brain damage/autistic children for their own financial and academic gains.

SINCE 2001, DR. OLA DIDRIK SAUGSTAD (NORWAY) ALONG WITH DR. MAXIMO VENTO (SPAIN) AND DR. SIDDARTH RAMJI (INDIA) PLANTED:
"THE SEED OF DESTRUCTION OF NEWBORN BABIES BRAIN BY NOT GIVING OXYGEN DURING RESUSCITATION TO BLUE BABIES GASPING FOR BREATHING". THEY WERE PUSHING THE WORLD TO CHANGE. FINALLY SUCCEEDED IN 2006.
THEY FOOLED AAP/NRP/ILCOR/ANZCOR/European Newborn Resuscitation Committees in 2006 !

i) Oxygen More Toxic Than Currently Believed? (Pediatrics, AAP, 2001) : Ola Didrik Saugstad

ii) Oxygen for Newborn Resuscitation: How Much Is Enough? (Pediatrics, AAP, 2006)

Ola Didrik Saugstad, Siddarth Ramji, Max Vento

iii) Historical Perspectives: Perinatal Profile: Ola D. Saugstad: A Man Who Pursued the Horizon (2014) : Dr. Vento glorifying his friend Dr. Saugstad and at the same time they were destroying newborn babies brain all over the World.
Maximo Vento

PLEASE SEND THE EMAIL TODAY AND SAVE MILLIONS OF CHILDREN IN THIS WORLD.

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

1)

EU Parliament adopted its final position on a crucial vote for the Accessibility Act (Autism, Europe, Sept 9, 2017) Last modification: 14/09/2017

On September 14, the Members of the European Parliament (MEPs) voted in plenary session on the proposed amendments to the EU Accessibility Act. The Parliament adopted its final position before starting the negotiations with the Council.

http://www.autismeurope.org/blog/2017/09/14/eu-parliament-adopted-its-final-position-on-a-crucial-vote-for-the-accessibility-act/

i) Applicability of the Accessibility Act to other Union acts such as public procurement or the EU Structural Funds (Article 1(3))
ii) Adoption of a strong, binding clause on the built environment (Article 3 (10))
iii) Application of accessibility requirements by microenterprises and small and medium-sized enterprises (SMEs) (Art. 12)
iv) Transport accessibility

v) Inclusion of sector-specific accessibility requirements in Annex I

2)

Pediatrics
November 2001, VOLUME 108 / ISSUE 5
Is Oxygen More Toxic Than Currently Believed? (Pediatrics, AAP, 2001) Ola Didrik Saugstad

http://pediatrics.aappublications.org/content/108/5/1203

3)

Pediatrics
August 2006, VOLUME 118 / ISSUE 2
Oxygen for Newborn Resuscitation: How Much Is Enough?
Ola Didrik Saugstad, Siddarth Ramji, Max Vento

http://pediatrics.aappublications.org/content/118/2/789?download=true

4)

NeoReviews
November 2014, VOLUME 15 / ISSUE 11
Historical Perspectives: Perinatal Profile: Ola D. Saugstad: A Man Who Pursued the Horizon Maximo Vento

http://hw-f5-neoreviews.highwire.org/content/15/11/e467

WE HAVE ENOUGH EVIDENCE THAT LOW OXYGEN CAUSES BRAIN DAMAGES, AUTISM, CHILDHOOD CANCERS AND DEATHS IN CHILDREN. WE ALL BELIEVE IN EVIDENCE BASED PRACTICE. WHY DON'T YOU CHANGE YOUR RECOMMENDATIONS ? WHAT ARE YOU WAITING FOR ?

Dear Highly Respected All Committee Members,

THIS IS 112TH EMAIL TO YOU :

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July 11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3, Sept 5, Sept 7, Sept 8, Sept 9, Sept 11, Sept 12, Sept 13, Sept 14, Sept 15, Sept 16, Sept 17, Sept 18, Sept 19, Sept 21, Sept 23, and Sept 24, 2017

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA (LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017 NOW.

Since Jan 6, 2017 I have submitted more than 500 research articles to you from Harvard, Karolinska Institute, Kaiser Permanente and all over the World.

WE HAVE ENOUGH EVIDENCE THAT LOW OXYGEN CAUSES BRAIN DAMAGES, AUTISM, CHILDHOOD CANCERS AND/OR DEATHS IN CHILDREN.
On Dec 5, 2014 I wrote email to you that your recommendations are causing brain damages and/or deaths. (You did not reply to my previous email.) #On Jan 6, 2015: You wrote a nice letter that I did not have evidence. At the same time, you did not evidence either but you were recommending (suctioning trachea before oxygen in limp babies) and destroyed millions of children brain in this World. Why ?

#On October/15/2015: You realized that I was right and you made grave mistake. You changed the recommendation by sending one email all over the World. But you never appreciated my contribution. THIS IS FAR MORE SERIOUS. YOU ARE NOT GIVING OXYGEN FOR THE FIRST 10 MINUTES OF LIFE IN BLUE BABIES.YOU HAVE DESTROYED OVER 30 MILLIONS BABIES BRAIN OVER 12 YEARS.

WE ALL BELIEVE IN EVIDENCE BASED PRACTICE.

WHY DON'T YOU CHANGE YOUR RECOMMENDATIONS ?

1.7 MILLION YEARS BABIES GOT OXYGEN TO BREATHE !
HOW DID YOU CHANGE THE MILLION YEARS PHYSIOLOGY IN 2006 ?

WHAT ARE YOU WAITING FOR ?

PLEASE SEND THE EMAIL TODAY AND SAVE MILLIONS OF CHILDREN IN THIS WORLD.

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

Early Humans Lived in China 1.7 Million Years Ago By Charles Q. Choi, Live Science Contributor | August 15, 2013 09:06am ET

https://www.livescience.com/38917-early-humans-lived-in-china.html

Early Humans Lived in China 1.7 Million Years Ago www.livescience.com Early tool-making humans lived in a vast area in China some 1.7 million years ago, much earlier than previously thought, say scientists who studied the magnetization ...

THESE ARE MORE VOICES OF CONCERN:

To The Chairperson

Nobel Peace Prize Committee

Ms. Berit Reiss-Anderson

The barriers to peace go beyond the use of weapons and discords with neighbors. Disease, poverty, lack of access to high quality education and the absence of an adequate health system are also obstacles towards achieving peace.

As a mother and pediatric resident, I was glad to meet a person in the medical profession like Dr Kanjilal. He is a man who goes beyond his obligations as a NICU pediatrician and is constantly seeking ways to improve the care of children particularly in the crucial moment when they take their first breath.

Many childhood diseases place children at a disadvantage in relation to their peers. If oxygen at the time of birth is the answer to prevent autism among other diseases, I would certainly support its use if my child was the one struggling to take his first breaths.

Medical knowledge and its evolution has taught us that today?s truth may become obsolete with tomorrow?s research. Therefore I support Dr Kanjilal?s effort to make changes that benefit children today instead of waiting for more children to be affect. Additionally, I admire his effort to contribute through his profession to the wellbeing of children around the world.

For these reasons, I would like to recommend the nomination of Dr Kanjilal for the Nobel Peace Prize.

Sincerely,

Jacqueline Maya

World Population: 7.5 Billions (2017); Children 1.95 Billions (26%, Ages 0-14) # World Population Of Autism Spectrum Disorder: 75 Millions (1%,Total) # World Population Of Autism Spectrum Disorder Children, Ages 0-14: i) 29 Millions (1.47%, 1 ...

Dear Highly Respected All Committee Members,

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, and Sept 1, 2017

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NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA (LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017 NOW.

World Population: 7.5 Billions (2017); Children 1.95 Billions (26%, Ages 0-14)

World Population Of Autism Spectrum Disorder: 75 Millions (1%,Total) # World Population Of Autism Spectrum Disorder Children, Ages 0-14:
i) 29 Millions (1.47%, 1 out of 68, By CDC)
ii) 43 Millions (2.2%, New US Govt. Survey 1 in 45)

Countries With The Highest Rates Of Autism:
1) Japan (1st)
2) UK (2nd)
3) Sweden (3rd)
4) Denmark (4th)
5) USA (5th)
6) Canada (6th)
7) Australia (7th)
8) Brazil (8th)
9) Hong Kong (9th)
10) Portugal (10th)

Countries With The Highest Number Of Autism:

1) India (Over 10 Millions Each, Over 1.3 Billions Populations)
India: Govt. Has Programs But All Tortures Goes To Families.

2) China (Over 10 Millions Each, Over 1.3 Billions Populations)
China : Most Help Up To 6 Years Of Age, No Help For Adults (WSJ, 2015)

Hypoxia (Low Oxygen) During Birth Is Causing Nerve Disorders And Autism.

Inline image 3

Inline image 4

Your one email can save millions of children in this World !

PLEASE SEND IT TODAY.

Thanks and Regards for your valuable time

Dr. Kanjilal

Mount Sinai/Elmhurst Hospital
[PII redacted]

1)

Current World Population (Worldometers, 7.5 Billions) http://www.worldometers.info/world-population/

2)

About 1 Percent Of The World Population Has Autism Spectrum Disorder (75 Millions, CDC, 2014) http://www.autism-society.org/what-is/facts-and-statistics/

3)

Population ages 0-14 (26% of total, 1.95 Billions, World Bank Group Estimate) (if calculated 1 in 68, population ages 0-14 is 1.95 billions that is 26% of total population of 7.5 billions)

https://data.worldbank.org/indicator/SP.POP.0014.TO.ZS

4)
WORLD FACTS
Countries With The Highest Rates Of Autism (Japan 1st, UK 2nd, Sweden 3rd, Denmark 4th, USA 5th, Canada 6th, Australia 7th, Brazil 8th, Hong Kong 9th And Portugal 10th)

National research studies indicate that Japan and other developed countries have the highest rates of autism.

http://www.worldatlas.com/articles/countries-with-the-highest-rates-of-autism.html

5)
How many people are affected by autism? (NIH, USA) About one out of every 68 children in the United States currently has autism.1 https://www.nichd.nih.gov/health/topics/autism/conditioninfo/Pages/at-risk.aspx

6)

New government survey pegs autism prevalence at 1 in 45 (USA)

https://www.autismspeaks.org/science/science-news/new-government-survey-pegs-autism-prevalence-1-45

7)
Millions of People Likely to Have Autism in China (WSJ, 2015)

The Wall Street Journal highlighted the recent discussion of autism prevalence rates in China. According to the article, experts believe that China?s autism prevalence rate is similar to that of other countries,

such as the United States, making it likely that millions of people in the country are diagnosed with autism.

The WSJ indicates the improvements in China when it comes to services, however Yanhui Liao, president of the Shezhen Autism Society, told the paper that, ?the services that do exist in China are largely for children up to six years old, and there are no services for adults."

https://www.autismspeaks.org/news/news-item/millions-people-likely-have-autism-china

8)

autism
GOVERNMENT SCHEMES & PROGRAMMES (INDIA, 2017)

The objectives of the Trust is to

* enable and empower persons with disability
* facilitate support to registered organizations
* Deal with problems of disabled persons who do not have family support
* promote measures for their care and protection in the event of loss of parents and guardians

* evolve a procedure for appointment of guardians and trustees so that equal opportunities, protection of rights and full participation of such persons is ensured.

The schemes available under The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999

http://www.autism-india.org/government-schemes-programmes.php

9)
Neural Plasticity
Volume 2017 (2017), Article ID 3436943, 8 pages
https://doi.org/10.1155/2017/3436943
Review Article
Could Perinatal Asphyxia Induce a Synaptopathy? New Highlights from an Experimental Model (Argentina, Brazil, 2017) María Inés Herrera,1,2 Matilde Otero-Losada,2 Lucas Daniel Udovin,2 CarlosKusnier,2 Rodolfo Kölliker-Frers,2 Wanderley de Souza,3 and FranciscoCapani1,2,4,5 1Centro de Investigaciones en Psicología y Psicopedagogía, Facultad de Psicología, Universidad Católica Argentina, Buenos Aires, Argentina 2Instituto de Investigaciones Cardiológicas (ININCA), UBA-CONICET, CABA, Buenos Aires, Argentina 3Laboratório de Ultraestrutura Celular Hertha Meyer, Instituto de Biofísica Carlos Chagas Filho, Universidade Federal do Rio de Janeiro (UFRJ), Rio de Janeiro, RJ, Brazil 4Departamento de Biología, Universidad Argentina JF Kennedy, Buenos Aires, Argentina 5Universidad Autónoma de Chile, Santiago de Chile, Chile

Abstract

Birth asphyxia also termed perinatal asphyxia is an obstetric complication that strongly affects brain structure and function. Central nervous system is highly susceptible to oxidative damage caused by

perinatal asphyxia while activation and maturity of the proper pathways are relevant to avoiding abnormal neural development. Perinatal asphyxia is associated with high morbimortality in term and preterm neonates. Although several studies have demonstrated a variety of biochemical and molecular pathways involved in perinatal asphyxia physiopathology, little is known about the synaptic alterations induced by perinatal asphyxia. Nearly 25% of the newborns who survive perinatal asphyxia develop neurological disorders such as cerebral palsy and certain neurodevelopmental and learning disabilities where synaptic connectivity disturbances may be involved. Accordingly, here we review and discuss the association of possible synaptic dysfunction with perinatal asphyxia on the basis of updated evidence from an experimental model.

https://www.hindawi.com/journals/np/2017/3436943/

10)

Neonatal Hypoxia Results in Peripheral Nerve Abnormalities (USA, 2017)

Benjamin L.L. Clayton , Aaron Huang , Danuta Dukala , Betty Soliven , Brian Popko'Correspondence information about the author Brian PopkoEmail the author Brian Popko Department of Neurology, The University of Chicago Center for Peripheral Neuropathy, The University of Chicago, Chicago, Illinois

Although the adverse effects of neonatal hypoxia associated with premature birth on the central nervous system are well known, the contribution of hypoxic damage to the peripheral nervous system (PNS) has not been addressed. We demonstrate that neonatal hypoxia results in hypomyelination and delayed axonal sorting in mice leading to electrophysiological and motor deficits that persist into adulthood. These findings support a potential role for PNS hypoxic damage in the motor impairment that results from premature birth and suggest that therapies designed to protect the PNS may provide clinical benefit.

http://ajp.amjpathol.org/article/S0002-9440(16)30457-6/fulltext

11)

SENSORY PROCESSING DURING CHILDHOOD PRETERM INFANTS :A SYSTEMIC REVIEW (Brasil, 2017) Ana Carolina Cabral de Paula Machado, a ,* Suelen Rosa de Oliveira, a Lívia de Castro Magalhães, b Débora Marques de Miranda, a and Maria Cândida Ferrarez Bouzada a
Conclusions:

The current literature suggests that preterm birth affects the sensory processing, negatively. Gestational age, male gender, and white matter lesions appear as risk factors for sensoryprocessing disorders in preterm infants. The impairment in the ability to receivesensory inputs, to integrateand to adapt to them seems to have a negative effect on motor, cognitive, and language development of these children. We highlight the feasibility of identifying sensory processing disorders early in life, favoring early clinical interventions.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5417800/

Economic implications of newborn resuscitation guidelines:Disaster!; Politicians are invited ; Autism costs may reach $1 trillion by 2025, surpassing diabetes care, study suggests (USA, 2015);total budget (2017) $4 trillion: Is that sustainable ? A...

Dear Highly Respected All Committee Members,

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24 and Aug25, 2017

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA (LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017 NOW.

Economic implications of newborn resuscitation guidelines:Disaster!

Politicians are invited.

Autism costs may reach $1 trillion by 2025, surpassing diabetes care, study suggests (USA, 2015);total budget (2017) $4 trillion:
Is that sustainable ?
The Lifetime Cost of Autism Tops $2 Million per Person (TIME Health, 2014) # Autism on the Rise: A Global Perspective (Harvard, 2013)

NRP/ European/ ILCOR/ ANZCOR resuscitation guidelines (one size fits all; begin with same resuscitation protocol for every newborn even they are dying): reminds me " Albert Einstein "
Image result for Quote Lord buddha bad Karma

Do we need politicians to make changes ? Time has come.
Image result for Picture cartoon Doctor are irresponsible to newborn babies and laughing

This child was abandoned on the street:
Image result for picture of a very poor autism Africa There are millions of children like this in this World who cannot help themselves specially when they are disabled. They live on the street. A few shameless people forced disabled children " begging on the street and making money out of them" all their life.
Who is going to STOP these committees reckless recommendations?

Who is going to STOP production of disabled children, deliberately ?

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

1)
Autism costs may reach $1 trillion by 2025, surpassing diabetes care, study suggests (Fox News, UC Davis, USA, 2015) Scientists at the University of California, Davis, say they have calculated the total costs of caring for people with autism spectrum disorder (ASD) in the United States today and 10 years from now for the first time.

Their study, published online Tuesday in the Journal of Autism and Developmental Disorder, makes a bleak prediction for future costs of the condition: They predict that for ASD-related medical, nonmedical and productivity, losses are $268 billion for 2015 and $461 billion for 2025, according to a news release. And they projected that, if the number of ASD cases continues to climb at the same rate it has in recent years, those costs could reach $1 trillion within a decade.

"The current costs of ASD are more than double the combined costs of stroke and hypertension, and on a par with the costs of diabetes," senior study author Paul Leigh, professor of public health sciences and researcher with the Center for Healthcare Policy and Research at UC Davis, said in the news release. "There should be at least as much public, research and government attention to finding the causes and best treatments for ASD as there is for these other major diseases."

http://www.foxnews.com/health/2015/07/30/autism-costs-may-reach-1-trillion-by-2025-surpassing-diabetes-care-study.html
Autism costs estimated to reach nearly $500 billion, potentially $1 trillion, by 2025 UC Davis researchers recommend broader access to early intervention, employment support

https://www.ucdmc.ucdavis.edu/publish/news/newsroom/10214

Congressional Budget Office (U. S. Govt.) Report:
Total budget (2017): 4 Trillion Dollars BUDGET PROJECTIONS FOR FY 2017 (As of June 2017) OUTLAYS
$4.0 Trillion
REVENUES
$3.3 Trillion
DEFICIT
$693 Billion
DEBT HELD BY THE PUBLIC (End of Fiscal Year)
$14.7 Trillion
https://www.cbo.gov/topics/budget

The Budget and Economic Outlook: 2017 to 2027

https://www.cbo.gov/publication/52370

https://www.cbo.gov/sites/default/files/115th-congress-2017-2018/reports/52370-outlook_1.pdf

2)
The Lifetime Cost of Autism Tops $2 Million per Person (TIME HEALTH, 2014)
http://time.com/2849264/the-lifetime-cost-of-autism-tops-2-million-per-person/

4)
Autism on the Rise: A Global Perspective (Harvard, 2013)
https://www.hcs.harvard.edu/hghr/online/autism-on-the-rise-a-global-perspective/

HISTORY OF NEWBORN RESUSCITATION FROM 100% OXYGEN TO 21% OXYGEN (ROOM AIR) 1777-2017 (240 years) and countries with highest rate of Autism; Dr. Saugstad, Dr. Vento and Dr. Ramji are villain of destruction of newborn babies

Dear Highly Respected All Committee Members,

THIS IS 118TH EMAIL DIRECTLY TO YOU.

I WROTE OVER 6,000 EMAILS TO ALL PRESIDENTS, PMs, MONARCHS, DICTATOR (NORTH KOREA), ALL IVY LEAGUE INSTITUTIONS, ALL JOURNALS, ALL MAJOR NEWS PAPERS, ALL RESPONSIBLE ORGANIZATIONS (WHO, UNICEF, UNITED NATION, DOCTORS WITHOUT BORDERS, RED CROSS, ALL HUMAN RIGHTS , ANIMAL RIGHTS, AUTISM, DISABILITIES, CARING FOR CHILDREN, NIH, CDC), ALL NOBEL PRIZE WINNERS AND THOUSANDS OTHERS EXCEPT CHINA (NO EMAILS) SINCE 2014 TO SAVE THE NEWBORN BABIES IN THIS WORLD:

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July 11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3, Sept 5, Sept 7, Sept 8, Sept 9, Sept 11, Sept 12, Sept 13, Sept 14, Sept 15, Sept 16, Sept 17, Sept 18, Sept 19, Sept 21, Sept 23, Sept 24, Sept 25, Sept 26, Sept 27, Sept 28, Sept 29 , Sept 30 and October 1, 2017

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HISTORY OF NEWBORN RESUSCITATION FROM 100% OXYGEN TO 21% OXYGEN (ROOM AIR)

1777-2017 (240 years) and countries with highest rate of Autism:

1777: Dr. Chaussier developed and started giving 100 % oxygen.

1966: Dr. Klaus and Dr. Meyer said " no contraindication in giving 100% oxygen during newborn resuscitation ".

(Prolonged use of 100% oxygen in preterm, less than 32 weeker, babies caused blindness that was a

serious problem. Preterm babies should never get 100% oxygen during resuscitation unless dying.)

1980s: Dr. Ola Saugstad became concerned about potential harm using 100% in resuscitation.

. His obsessions and investigations began in 1980s.

He never did research using 40-50% oxygen during resuscitation because of

his " oxygen phobia ".

1993: Dr. Saugstad, Dr. Vento and Dr. Ramji's article in Pediatric

Research revealed room air is not superior to 100% oxygen, but still

pushing for using room air during newborn resuscitation.

1995: Many European Centers were using room air (21%). Dr. Saugstad's and Dr. Vento's influence were obvious.

Autism in Denmark (68 cases per 10,000 children studied)

Autism in Sweden (72 cases per 10,000 children studied)

1998: WHO (World Health Organization) said room air (21%) resuscitation should be the first choice in

newborn resuscitation. Dr. Saugstad, Dr. Vento and Dr. Ramji's influence, on WHO, were obvious.

1999: ILCOR/ AAP recommended to use room air (21%), if oxygen is not available. THIS IS PERFECT.

2005-2006 ILCOR/AAP guidelines: optimal oxygen concentration is not known; USA and many countries were using

room air (21%) and others were using 100% oxygen in full term babies resuscitation.

Autism in USA (66 cases per 10,000 children studied)

Autism in United Kingdom (94 cases per 10,000 children studied)

Autism in Japan (161 cases per 10,000 children studied)

2006: Canada was first country using room air (21%) during resuscitation.

Autism in Canada (65 cases per 10,000 children studied)

2007: Australia started using room air (21%) during resuscitation.

Autism in Australia (45 cases per 10,000 children studied)

2010: NRP / ILCOR /ANZCOR/ European Newborn Resuscitation

Committees recommended to use room air (21%) in full term newborn

and 21-30% oxygen in preterm babies resuscitation all over the World after

Dr. Ola Didrik Saugstad articles :

i) Why are we still using oxygen to resuscitate term infants? (Journal Of Perinatology, 2010)

ii) Oxygen in Health and Disease: Regulation of Oxygen Homeostasis-Clinical Implications

(Pediatric Research, 2009)

2017: Same recommendations

PLEASE SEND THE EMAIL TODAY AND SAVE MILLIONS OF CHILDREN IN THIS WORLD.

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

The history of the use of oxygen in newborn resuscitation has been recently summarized by Obladen.1 Briefly, oxygen was introduced in newborn care more than 200 years ago.
In 1777, Dr Chaussier developed a device for the use of oxygen in neonatal resuscitation and made oxygen the first drug to be used specifically in neonates. Within a few years, oxygen was widely used in neonatal resuscitation throughout Europe and it was even injected intravenously into the umbilical vein of asphyxiated newborn infants.1 The Apgar score with the inclusion of skin color also contributed to an increased use of oxygen

In 1966, Klaus and Meyer wrote: ?there is no contraindication to the use of warm 100% oxygen during resuscitation. The birth process is an asphyxia episode, and high concentrations of oxygen during the first minutes of life can only be helpful.?2

Dr. Ola Saugstad comments: It is surprising how earlier generations introduced this therapy and how one generation followed the next without asking critical questions about its validity. It is interesting,

perhaps even shocking, to realize that oxygen therapy was introduced without any scientific evidence. It is even more surprising that only few questioned this routine during the ensuing years

The 1992 International Liaison Committee on Resuscitation (ILCOR) guidelines for newborn resuscitation stated that ?oxygen should be used, it is not toxic and there is no reason to be concerned.?3

However, in 1966 Campbell et al.4 had already shown in newborn rabbits that it is possible to resuscitate with room air.

In 1980s Dr. Ola Saugstad comments: "I became concerned about the potential harm of using 100% oxygen in resuscitation and raised this issue in 1980.5 On the basis of our studies showing that the purine metabolite, hypoxanthine, accumulates during hypoxia, we and others understood that introducing oxygen in the aftermath of hypoxia could lead to an explosive generation of oxygen-free radicals.5, 6 These studies represent the basis for understanding the hypoxia?reoxygenation or ischemia-reperfusion injury that has puzzled medicine far beyond neonatology. This point is clearly illustrated in a recent study in asphyxiated term newborn lambs, in which resuscitation with 21%, 100% for 3 min or 100% for 30 min showed a very high subcortical pO2 when oxygen supplementation was used (Figure 1).7 Indeed, if oxygen had been considered as a drug, many of the pitfalls by the liberal use of oxygen could have been avoided."

Discovery through a failure
In 1980, I stated that oxygen supplementation should be reduced during resuscitation in both adults and newborn infants, but I did not investigate this issue further at that time. Instead, I focused on how oxygen radicals could injure premature infants, creating what I called ?The oxygen radical disease of neonatology?.8 However, at the end of the 1980s, one of my PhD fellows performed some experiments to study necrotizing enterocolitis in rat intestine, which turned out to be a failure.

To help him out, I suggested at that time to test instead the use of room air in resuscitation in a newborn piglet model we had developed. His results showed for the first time that it is possible indeed to resuscitate with 21%.9 Another PhD fellow, Terje Rootwelt, continued the study by first developing a refined newborn model. In this and a series of subsequent experiments, we confirmed that 21% oxygen is as efficient as 100% oxygen for resuscitation.10, 11, 12, 13, 14, 15, 16 Siddarth Ramji from India, 1993 article with Dr. Saugstad:
Regular Article

Pediatric Research (1993) 34, 809?812; doi:10.1203/00006450-199312000-00023
Resuscitation of Asphyxic Newborn Infants with Room Air or 100% Oxygen (Pediatric Research, 1993)

Siddarth Ramji1, Sanjiv Ahuja1, S Thirupuram1, Terje Rootwelt2, Gösta Rooth3 and Ola Didrik Saugstad2
1Department of Pediatrics, Maulana Azad Medical College, New Delhi 110002, India 2Department of Pediatric Research, The National Hospital, Oslo, Norway 3Department of Pediatrics, Uppsala University Hospital, Uppsala, Sweden
Correspondence: 0. D. Saugstad, Department of Pediatric Research. The National Hospital, 0027 Oslo, Norway.
Received 8 December 1992; Accepted 20 July 1993

This preliminary study did not provide conclusive evidence that room air is superior to 100% oxygen in the resuscitation of asphyxiated newborns, although it indicated that room air is as effective as 100%

oxygen. Additional trials with increased numbers of patients are necessary before deciding whether room air or oxygen should be used in clinical practice.

https://www.nature.com/pr/journal/v34/n6/full/pr1993884a.html

The findings in the newborn piglet were consistent, and I realized that the time had come to test our hypothesis in a clinical study. Siddarth Ramji in New Delhi immediately agreed to participate, and the pilot clinical trial was carried out in India, enrolling 84 newborn infants randomized to room air or 100% oxygen resuscitation. We found that babies resuscitated in room air recovered as quickly as those who received 100% oxygen.17

1994-1996: assumed that this study would trigger hectic research activity by other groups, but not much happened. I realized, therefore, that a larger study was needed to be conducted. The Resair 2 (?resuscitation of newborn infants with room air or oxygen?) study was conducted with enrollment of 609 infants from 10 centers in India, Egypt, Spain, Philippines, Estonia and Norway between 1994 and 1996.18Findings of the Resair 2 study confirmed the results of the pilot study that newborn infants in need of resuscitation at birth could be resuscitated effectively with room air.18

In addition, the Resair 2 study showed a trend toward reduced neonatal mortality in neonates resuscitated in room air compared with those resuscitated with 100% oxygen (odds ratio 0.69; 95% confidence interval 0.44 to 1.06). Further, Apgar scores at 5 min were significantly higher in neonates resuscitated in room air compared with those resuscitated with 100% oxygen. Five years later, we published a follow-up study of a subset of the Resair 2 babies, showing that neurodevelopmental outcomes at 18 to 24 months of age were not different in surviving babies between the groups.19

Dr. Maximo Vento studies : Subsequent experimental studies and clinical studies by Max Vento and his group and others have been extremely important, as these studies presented evidence that it is actually harmful to resuscitate newborn babies with 100% oxygen.20, 21, 22, 23, 24, 25, 26

Dr. Saugstad comments : The Resair 2 study was criticized mainly for two reasons. First, the study was not strictly randomized nor was it blinded. Second, most of the babies were enrolled in low income countries and even the ethics of conducting such a study were questioned by some. In contrast, it is interesting that no one had ever objected to the use of pure oxygen for newborn resuscitation, a drug that had never been tested in a randomized controlled study

1998 WHO stated: the World Health Organization stated that room air should be the first choice for basic newborn resuscitation.29

http://www.who.int/maternal_child_adolescent/documents/who_rht_msm_981/en/

1999: The guidelines of 1999 somewhat modified this view.28I had the privilege to take part in the preparation of these guidelines and agreed to myself that there was not sufficient data to change the practice at that time. It was, however, an important signal from ILCOR and from the American Academy of Pediatrics when it was stated that, if oxygen is not available, ambient air should be used.

1999-2000: Nevertheless the 1999/2000 guidelines remained quite conservative and cautious

2000: As late as 2000, as information on the potential benefits of the new low-oxygen approach was spreading, it was still stated by one author: ?Oxygen should be used as soon as possible, in as near 100% as possible in all resuscitation situations, and for the early management of injury and illness. Its use will never disadvantage a patient under these circumstances?.27 I believe this is a lesson teaching us to be always cautious about our conclusions, especially as now we understand that using 100% oxygen gives reason for concern.

2005-2006 ILCOR/AAP guidelines: The next set of ILCOR/American Academy of Pediatrics guidelines of 2005/6 went a step further and declared that the optimal oxygen concentration for newborn resuscitation is not known.30 At that time, much data had accumulated regarding the toxic effects of pure oxygen resuscitation, and many of us regarded these guidelines to be conservative. However, these guidelines gave freedom to every country, institution and clinician to choose the initial FiO2 considered optimal for newborn resuscitation in the given situation. This explains why some institutions started using 21% oxygen and others 100% oxygen for newborn resuscitation, yet everybody was referring to the same guidelines.

Meta-analyses and systematic reviews
ALL OF THESE STUDIES WERE FROM EUROPE, MAINLY FROM SPAIN (DR. MAXIMO VENTO):

To date, four meta-analyses and systematic reviews have been published on the use of 21 or 100% oxygen in term and late preterm infants in need of resuscitation.31, 32, 33, 34 In the view of the available data, all these papers have come to similar conclusions: 21% is as efficient as 100% oxygen in restoring heart rate and spontaneous ventilation in depressed newborn infants. Further, all of the meta-analyses and systematic reviews conclude that neonatal mortality is significantly reduced in those resuscitated with 21% compared with neonates resuscitated with 100% oxygen. The most recently published meta-analysis included 10 studies and 2134 infants enrolled. Neonatal mortality was 12.8% in the group resuscitated in 100% oxygen and 8.2% in the group of patients resuscitated with 21% oxygen, giving a relative risk for neonatal death of 0.69 (95% confidence interval: 0.54 to 0.82) in favor of the 21% group. Six of the studies included in this analysis, enrolling 449 babies, were strictly randomized. All of these studies were from Europe, mainly from Spain

In this subset, relative risk for neonatal death in favor of 21% was as low as 0.32 (95% confidence interval: 0.12 to 0.85). This indicates an almost 70% reduction in neonatal death by switching from 100 to 21%oxygen for newborn resuscitation in developed countries.31 In the same article, a tendency toward a reduction in hypoxic ischemic encephalopathy was also found, with relative risk of 0.88 for the babies resuscitated in 21% oxygen compared with the neonates resuscitated in 100% oxygen, with a 95% confidence interval of 0.72 to 1.08. This is in agreement with the findings of numerous animal experiments showing that a brief exposure of oxygen following hypoxia has dramatic deleterious effects on the newborn brain.20, 21, 24, 25 It has been shown that the first breath is delayed by 30 s in babies resuscitated with 100% compared with those resuscitated with 21% oxygen. Heart rate at 90 s and the 5-m Apgar score were also lower when 100% oxygen was applied.31 The present resuscitation algorithm is based on exactly 30-s steps. This means that an infant who is not responding properly to ventilation after 30 s is moved to chest compressions, and after another 30 s is given epinephrine.30 The 30-s delay in restoring ventilation in the babies exposed to 100% oxygen therefore, indicates that more of these babies will be receiving chest compressions and medications such as epinephrine.

Two studies in newborn animals35, 36 and one in adult rats37 have shown that, even in cardiac arrest, room air is as efficient as 100% O2 in establishing the return of spontaneous circulation. A recent study in newborn mice with respiratory arrest did, however, show a better effect of administration of 100% O2 than 21% O2.38However, this study was not a resuscitation study because no ventilation was provided.39

Why is oxygen still used for resuscitation of term babies?
2006 Canada is the first country used room air: The first country that changed its guidelines to start resuscitation with 21% oxygen was Canada in 200640
2007 Australia used room air: followed by Australia41 in 2007

Dr. Saugstad comments: More and more units in many countries have changed their practice from a high- to a low-oxygen resuscitation approach. The first country that changed its guidelines to start resuscitation with 21% oxygen was Canada in 200640 followed by Australia41 in 2007. To date I have information that Belgium, Sweden, Finland, Russia, Spain, The Netherlands42 and the United Kingdom43 have changed their national guidelines to start with 21% oxygen when resuscitation of newborns is required. Increasingly, more units in the United States also have switched to the low-oxygen approach. In many European centers, 21% oxygen has been now routine for over 15 years, and very few centers start with administration of 100%oxygen now.

Dr. Saugstad stated that from 1995 to 2010 (15 years) many European Centers: routinely used room air (21% oxygen)

Time for change
There has been a slow but dramatic switch from a high- to a low-oxygen approach for the resuscitation of term neonates worldwide since the last 15 years or so.

Conclusion
Resuscitation of term neonates should no longer be initiated with 100% oxygen. For babies of greater than or equal to32-week gestational age with healthy lungs, it is safe, in most cases, to start resuscitation with 21% O2. If a higher FiO2 is chosen, oxygen concentration should quickly be turned down according to the response of the patient guided by the SaO2 and heart rate. For newborns of <32-week gestational age, the optimal FiO2 to initiate resuscitation is not known; however, resuscitation may be started with an FiO2 between 0.21.to 0.30 and then titrated according to the patient's response.

Resuscitation with room air instead of 100% oxygen prevents oxidative stress in moderately asphyxiated term neonates. (Spain, AAP Publication, 2001)

#
Pediatrics. 2003 Aug;112(2):296-300.
Resuscitation of newborn infants with 21% or 100% oxygen: follow-up at 18 to 24 months. (Norway, India, Spain, Pediatrics, 2003) Saugstad OD1, Ramji S, Irani SF, El-Meneza S, Hernandez EA, Vento M, Talvik T, Solberg R, Rootwelt T, Aalen OO.

Resuscitation of newborn infants with 100% oxygen or air: a systematic review and meta-analysis (Australia, The Lancet, 2004)

Oxygen for Newborn Resuscitation: How Much Is Enough? (Pediatrics, Norway, Spain, India, 2006)

Why are we still using oxygen to resuscitate term infants? (Norway, Journal Of Perinatology, 2010)

Review: Oxygen in Health and Disease: Regulation of Oxygen Homeostasis-Clinical Implications (Norway, Pediatric Research, 2009)

1)

Pediatrics. 2001 Apr;107(4):642-7.
Resuscitation with room air instead of 100% oxygen prevents oxidative stress in moderately asphyxiated term neonates. (Spain, AAP Publication, 2001)

Vento M1, Asensi M, Sastre J, García-Sala F, Pallardó FV, Viña J.

CONCLUSIONS:
There are no apparent clinical disadvantages in using room air for ventilation of asphyxiated neonates rather than 100% oxygen. Furthermore, RAR infants recover more quickly as assessed by Apgar scores, time to the first cry, and the sustained pattern of respiration. In addition, neonates resuscitated with 100% oxygen exhibit biochemical findings reflecting prolonged oxidative stress present even after 4 weeks of postnatal life, which do not appear in the RAR group. Thus, the current accepted recommendations for using 100% oxygen in the resuscitation of asphyxiated newborn infants should be further discussed and investigated.

https://www.ncbi.nlm.nih.gov/pubmed/11335737

2)

Pediatrics. 2003 Aug;112(2):296-300.
Resuscitation of newborn infants with 21% or 100% oxygen: follow-up at 18 to 24 months. (Norway, India, Spain, 2003)
Saugstad OD1, Ramji S, Irani SF, El-Meneza S, Hernandez EA, Vento M, Talvik T, Solberg R, Rootwelt T, Aalen OO.
Author information
1
Department of Pediatric Research, Rikshospitalet, University of Oslo, Oslo, Norway.
o.d.saugstad@klinmed.uio.no

CONCLUSIONS:
There were no significant differences in somatic growth or neurologic handicap at an age of 18 to 24 months in infants resuscitated with either 21% or 100% O2 at birth. Based on these data, resuscitation with ambient air seems to be safe, at least in most cases. More studies are needed to settle this issue.
https://www.ncbi.nlm.nih.gov/pubmed/12897277

3)

Resuscitation of newborn infants with 100% oxygen or air: a systematic review and meta-analysis (Australia, The Lancet, 2004)

Dr Peter G Davis, MD'Correspondence information about the author Dr Peter G DavisEmail the author
Dr Peter G Davis , Anton Tan, MRCPCH ,
Colm PF O'Donnell, MRCPCH
,
Prof Andreas Schulze, MD
Published: 09 October 2004
PlumX Metrics
Learn more about article metrics
DOI: http://dx.doi.org/10.1016/S0140-6736(04)17189-4
showArticle Info

Interpretation
For term and near-term infants, we can reasonably conclude that air should be used initially, with oxygen as backup if initial resuscitation fails. The effect of intermediate concentrations of oxygen at resuscitation needs to be investigated. Future trials should include and stratify for premature infants.

http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(04)17189-4/abstract

3)
Pediatrics
August 2006, VOLUME 118 / ISSUE 2
Oxygen for Newborn Resuscitation: How Much Is Enough? (Pediatrics, 2006)
Ola Didrik Saugstad, Siddarth Ramji, Max Vento

http://pediatrics.aappublications.org/content/118/2/789?download=true

4)

Review

Journal of Perinatology (2010) 30, S46?S50; doi:10.1038/jp.2010.94
Why are we still using oxygen to resuscitate term infants? (Norway, Journal Of Perinatology, 2010)

This paper resulted from the Evidence vs Experience in Neonatal Practices conference, 19 to 20 June 2009, sponsored by Dey, LP.
O D Saugstad1
1Department of Pediatric Research, Oslo University Hospital, University of Oslo, Oslo, Norway
Correspondence: Dr OD Saugstad, Department of Pediatric Research, Rikshospitalet, Rikshospitalet Medical Center, Sognsvannsvn 20, Oslo 0027, Norway. E-mail: o.d.saugstad@medisin.uio.no

Abstract
This article summarizes the historical background for the use of oxygen during newborn resuscitation and describes some of the research and the process of changing the previous practice from a high- to a low-oxygen approach. Findings of a recent Cochrane review suggest that more than 100 000 newborn lives might be saved globally each year by changing from 100 to 21% oxygen for newborn resuscitation. This estimate represents one of the largest yields for a simple therapeutic approach to decrease neonatal mortality in the history of pediatric research. Available data also suggest that, for the very low birth weight infant, use of the low-oxygen approach should be considered with the

understanding that some of the smallest and sickest preterm neonates will need some level of oxygen supplementation during the first minutes of postnatal life. As more data are needed for the very preterm population, creation of strict guidelines for these infants would be premature at present. However, it can be stated that term and late preterm infants in need of resuscitation should, in general, be started on 21% oxygen, and if resuscitation is not started with 21% oxygen, a blender should be available, enabling the administration of the lowest FiO2 possible to keep heart rate and SaO2 within the target range. For extremely low birth weight infants, initial FiO2 could be between 0.21 and 0.30 and adjusted according to the response in SaO2and heart rate.

http://www.nature.com/jp/journal/v30/n1s/full/jp201094a.html

5)
Review

Pediatric Research (2009) 65, 261?268; doi:10.1203/PDR.0b013e31818fc83f

Oxygen in Health and Disease: Regulation of Oxygen Homeostasis-Clinical Implications (Pediatric Research, 2009)

Emin Maltepe1 and Ola Didrik Saugstad2
1Department of Pediatrics, University of California, San Francisco, California 94143
2Department of Pediatric Research, Rikshospitalet Medical Center, 0027 Oslo, Norway
Correspondence: Ola Didrik Saugstad, M.D., Department of Pediatric Research, Rikshospitalet, 0027 Oslo, Norway; e-mail: odsaugstad@rr-research.no
http://www.nature.com/pr/journal/v65/n3/full/pr200951a.html

6)
WORLD FACTS

Countries With The Highest Rates Of Autism
http://www.worldatlas.com/articles/countries-with-the-highest-rates-of-autism.html

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

ALL OVER THE WORLD NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA

(LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017

NOW.

NRP / ILCOR / ANZCOR / European Newborn Resuscitation Committees are

" guiding physicians not to help newborn babies to breathe quickly, adequately, effectively and advising them not to give oxygen in blue babies for the first 10 minutes of their lives and more than 10

minutes in Europe. European committee members don't even bother to specify how long they want to keep their babies blue".

Doctors, newly trained and experienced, are baffled all over the World !
Doctors (Psychiatrists, Neurologists, developmental Pediatricians, Rehabilitation specialists) who are experts in Autism, neurological disorders and developmental delays are not aware and have no clue about low oxygen atrocities in the delivery room, let alone non-medical experts like MPH, PhD, speech therapists and others.
#Respiratory adaptation in term infants following elective caesarean section

(BMJ, Ireland, 2017):

Babies with decreased breathing rate developed TTN (Transient Tachypnea of Newborn) and admitted in NICU (Neonatal Intensive Care Unit). TTN and other respiratory difficulties are the most common causes of NICU admissions all over the World.

In the delivery room, immediately after birth, we should help them to breathe those who cannot breathe adequately on their own, make them better, avoid NICU admissions, let the mother and the baby enjoy together, increase bonding, increase breast feedings, decrease breast cancers for mothers, decrease low oxygen injuries to babies brain, decrease newborn babies suffering, and reduce hundreds of billions of dollars medical cost in USA, Europe and rest of the World.

These recommendations are bankrupting parents those have no insurance and forced them to pay from their pocket besides mental agony and torture when newborn babies stayed in NICU with breathing difficulties and suffering from low oxygen injuries to their brain that could have been avoided easily and should be avoided by all means.

In third World and developing countries, Doctors are making fortunes and parents are heading for bankruptcy.
In India, Doctors hide their money and put behind the artificially created walls in their bathrooms, bedrooms, living rooms, inside cars when their own driver's children die without treatment.

Isn't it humanitarian atrocities ?

TIME HAS COME TO CHANGE !

PLEASE SEND THE EMAIL TODAY AND SAVE MILLIONS OF CHILDREN IN THIS WORLD.

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]
1)

Original article
Respiratory adaptation in term infants following elective caesarean section (BMJ, Ireland, 2017) Daragh Finn1,2, Julie De Meulemeester1, Lisa Dann1, Ita Herlihy1,2, Vicki Livingstone2, Geraldine B

Boylan1,2, C Anthony Ryan1,2, Eugene M Dempsey1,2 Conclusions TV and EtCO2 values are correlated and increase significantly over the first few minutes following ECS. RR increases gradually from birth, and rates were lower in infants that develop TTN.

http://dx.doi.org/10.1136/archdischild-2017-312908
THESE ARE VOICES OF CONCERN:

From: Tan, Wei Seong
Sent: Wednesday, October 04, 2017 2:13 PM
To: postmaster@nobel.no
Subject: Strong supporting Dr. Kanjilal's idea in helping the newborn babies all around the world

Dear

The Noble Prize Committee

Highly Respected Chairperson Miss Andersen and all other respected committee members,

Millions of newborn babies are affected in this world and helps are needed desperately.

I hope this email finds you well. I wrote an email to you in the past but I didn't see any changes from the NRP committee. Here I'm writing you again to express my thought and support Dr. Debasis Kanjilal's idea in improving NRP guideline regarding oxygen supplementation during resuscitation process. As per the current recommendation, many babies who require resuscitation are not receiving oxygen earlier and end up babies are admitted to NICU due to persistent respiratory distress despite normal oxygen saturation. Many parent are not even aware that their babies suffer from brain hypoxia (low oxygen) for a long period of time. Brain is the most vital organ that if lacking of oxygen will cause significant brain damage it cannot recover once the insult happens and it stays forever till the human die. Despite we measure the oxygen saturation from hand, it does not necessary reflect the true oxygen update in the brain.

It is still painful to see unnecessary NICU admission as the babies were separated from mom, which decrease in bonding and breast feeding opportunity. Also, there are many studies showing correlation between hypoxia during birth and increasing in incident of autism/ADHD/developmental delay/learning disability when the babies grow up, and even causing brain cancer. As we all understand, oxygen is an irreplaceable element in every human to survive. Why are we treating the newborn differently and not giving the oxygen earlier to help them? If oxygen is available in the hospital, it should be utilized to help everyone including the newborns.

I had several experience in the delivery room, when the baby born pale, low tone, weak cry, gasping for oxygen and had received some oxygen supplementation in delivery room early, baby symptoms improve tremendous and didn't require NICU admission. This not only can avoid separation of baby from mom, but also can avoid unnecessary financial burden for taxpayers/insurance company in the United States. While in the developing countries/third world countries, parents are the one who have to carry the financial burden(for instance spending all their life saving, borrowing money and others). The children who survive the brain hypoxia and has Autism/ADHD/learning disability, would suffer from social isolation/bullying, decrease productivity to the world, or they eventually become depress and commit suicide. This phenomenon also cause tension between family members, and parent would be worrying

even the day they pass away, as those children might not able to take care of themselves. The children and family members are the victims due to the current guideline.

In addition to low oxygen injury to the brain, baby glucose is not recommended to check in the delivery room. When baby is trying to breath harder(respiratory distress) without oxygen supplementation, glucose will be utilized extensively given higher respiratory rate. Thus it is necessary to check the glucose as brain also requires glucose in order to survive. This even prove the importance of oxygen in neonatal resuscitation as this can avoid brain damage due to brain hypoxia and lacking of glucose.

I truly support Dr. Kanjilal idea when he first explained to me the importance of oxygen early in newborn life who requires resuscitation. He has spent his precious spare time trying to help all the newborn lives, by spreading the word about the dangers of neonatal hypoxia. His whole life experience in resuscitating babies in the front line has saved plenty of babies future. I sincerely believe it is the most humane course that Dr. Kanjilal is fighting for.

Children are the future of the world and the present recommendation has destroyed millions of children's future at birth. Though you are not aware of medical atrocities, your organization is the most respectful and powerful, thus here I'm urging you to take action and help the children. Your attention in this email will change the children future in this World.

Best regards,

Wei Seong Tan MD
Pediatrics Resident, PGY 3
Elmhurst Hospital Center/Mount Sinai Kravis Children Hospital User

Dear Highly Respected All Committee Members,

THIS IS 122 ND EMAIL DIRECTLY TO NRP (National Resuscitation Program).

I WROTE OVER 6,000 EMAILS TO ALL PRESIDENTS, PMs, MONARCHS, DICTATOR (NORTH KOREA), ALL IVY LEAGUE INSTITUTIONS, ALL JOURNALS, ALL MAJOR NEWS PAPERS, ALL RESPONSIBLE ORGANIZATIONS (WHO, UNICEF, UNITED NATION, DOCTORS WITHOUT BORDERS, RED CROSS, ALL HUMAN RIGHTS , ANIMAL RIGHTS, AUTISM, DISABILITIES, CARING FOR CHILDREN, NIH, CDC AND OTHERS), ALL NOBEL PRIZE WINNERS AND THOUSANDS OTHERS
EXCEPT CHINA (NO EMAILS) SINCE 2014 TO SAVE THE NEWBORN BABIES IN THIS WORLD:

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July 11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3, Sept 5, Sept 7, Sept 8, Sept 9, Sept 11, Sept 12, Sept 13, Sept 14, Sept 15, Sept 16, Sept 17, Sept 18, Sept 19, Sept 21, Sept 23, Sept 24, Sept 25, Sept 26, Sept 27, Sept 28, Sept 29 , Sept 30, October 1, Oct 3, Oct 4, and Oct 8, 2017

Greetings to you all.

My humble request to you all:

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ALL OVER THE WORLD NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA
(LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017
NOW.
NRP / ILCOR / ANZCOR / European Newborn Resuscitation Committees are
" guiding physicians not to help newborn babies to breathe quickly, adequately, effectively and advising them not to give adequate oxygen in blue babies for the first 10 minutes of their lives and more than 10 minutes in Europe. European committee members don't even bother to specify how long they want to keep their newborn babies blue".

I have submitted over 500 articles of evidence from Harvard, USA, Europe and all over the World : hypoxia during and after birth causes brain damages, learning disabilities, Autism, ADHD, CP, childhood cancers and in severe cases deaths in children.

Epidemiologic Trends in Neonatal Intensive Care, 2007-2012 (USA, 2015)
NICU Admissions Increasing for Normal Birth Weight, Term Infants and preterm; all categories (USA) :
This is the effect on change of recommendations since 2006: not to give required oxygen to blue babies with respiratory distress, delayed resuscitation and let the newborn babies suffer during transitioning from intrauterine to the present World.
Results: US tax payers have been paying hundreds of billions of dollars at the expense of newborn babies unnecessary suffering and parental anxiety.
Solution: Change the recommendations immediately and solve all problems.

This is 2017: no changes have been made in that harmful recommendations.

Summary of the Revised Neonatal Resuscitation Guidelines (AAP, NRP, 2015) : no changes in oxygen delivery; delayed and less effective resuscitation continues.

TIME HAS COME TO CHANGE !

PLEASE SEND THE EMAIL TODAY AND SAVE MILLIONS OF CHILDREN IN THIS WORLD.

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital
[PII redacted]

1)

Original Investigation
September 2015

Epidemiologic Trends in Neonatal Intensive Care, 2007-2012
NICU Admissions Increasing for Normal Birth Weight, Term Infants and preterm infants; all categories.

Wade Harrison, MPH1; David Goodman, MD, MS1
Author Affiliations Article Information
• 1The Dartmouth Institute for Health Policy & Clinical Practice, Geisel School of Medicine at Dartmouth, Lebanon, New Hampshire
JAMA Pediatr. 2015;169(9):855-862. doi:10.1001/jamapediatrics.2015.1305

Conclusions and Relevance After adjustment for infant and maternal risk factors, US newborns at all birth weights are increasingly likely to be admitted to a NICU, which raises the possibility of overuse of neonatal intensive care in some newborns. Further study is needed into the causes of the increased use observed in our study as well as its implications for payers, policymakers, families, and newborns.
https://jamanetwork.com/journals/jamapediatrics/fullarticle/2381545

Epidemiologic Trends in Neonatal Intensive Care
jamanetwork.com
This epidemiologic time-trend analysis reports that neonatal intensive care unit admission rates increased for all birth weight categories during 2007-2012.
2)
Summary of the Revised Neonatal Resuscitation Guidelines (AAP, NRP, 2015) : No changes in oxygen delivery; delayed and less effective resuscitation continues.

Do you know how the 7th edition NRP materials originate? We've come a long way from the late 1980s and 1990s when NRP material was often derived from general consensus, delivery room experience, and best guesses of pediatricians and neonatologists across the country

https://www.aap.org/en-us/Documents/nrp_newsletter_2015_fallwinter.pdf

Dear Highly Respected Editor in chief
Fiona Godlee

REPORT FROM 195 COUNTRIES (FROM 1990 TO 2015); GLOBAL BURDEN OF DISEASES (GBD) AND DEATHS; EDITORIAL COMMENTS FROM HARVARD ; CARE FOR AUTISM AND OTHER DISABILITIES- A FUTURE IN JEOPARDY (USA)

Dear Highly Respected Committee Members,

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30 and April 2, 2017.

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

NEWBORN BLUE BABIES HAVE BEEN SUFFERING FROM HYPOXIA (LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017 NOW.

THE TIME HAS COME TO CHANGE THE NRP/ILCOR/ANZCOR/ EUROPEAN NEWBORN RESUSCITATION COMMITTEES GUIDELINES IMMEDIATELY

REPORT FROM 195 COUNTRIES (FROM 1990 TO 2015) ; GLOBAL BURDEN OF DISEASES (GBD) AND DEATHS FROM PRETERM BIRTH COMPLICATIONS, LOWER RESPIRATORY INFECTIONS, BIRTH ASPHYXIA, TRAUMA, CANCERS AND
EXPONENTIAL RISE OF AUTISM.

Care for Autism and Other Disabilities — A Future in Jeopardy (USA)

THE DISASTER AUTHORIZED BY NEONATOLOGISTS, INFLICTED ON NEWBORN BABIES AND UNNOTICED BY THE REST OF THE WORLD !

HOW PATHETIC IS THAT ?

THIS GLOBAL STUDY REPORT, FROM 195 COUNTRIES, SHOULD BE THE FINAL RELEASE OF ALL NAILS FROM THE COFFIN OF RECOMMENDATIONS AND GOOD FOR THE MANKIND !

Thanks and regards for your valuable time
Dr. Kanjilal
New York
Mount Sinai/Elmhurst Hospital
[PII redacted]

1)
Original Investigation

April 3, 2017
Child and Adolescent Health From 1990 to 2015Findings From the Global Burden of Diseases, Injuries, and Risk Factors 2015 Study
Cause-Specific Mortality
As seen in Table 1 across the entire age range, rankings were dominated by those affecting the youngest children. Globally, the most common causes of death were neonatal preterm birth complications (mortality rate, 31.4 per 100 000 population; 95% UI, 29.1-34.2 deaths per 100 000 population), lower respiratory tract infections (LRIs) (31.1; 95% UI, 29.2-33.0), neonatal encephalopathy owing to birth asphyxia and trauma (28.8; 95% UI, 26.5-31.5)
We found important differences in mortality patterns for each of the 7 component age groups 19 years or younger in 2015 (eFigure 2A-G in the Supplement). During the neonatal period (ie, 6 days or less and 7-27 days), rankings across SDI quintiles and regions were broadly similar; mortality was dominated by neonatal complications, congenital anomalies, and LRIs.
Geographical differences in causes of death in 2015 were more pronounced with increasing age (ie, 5-9 years, 10-14 years, and 15-19 years). Congenital anomalies and cancers (leukemia, brain cancer, and other neoplasms [eg, sarcomas]) were highly ranked in high-SDI regions in all age groups, simultaneously

reflecting continued risk of mortality beyond the time of initial diagnosis and lower overall risk of mortality in the population.
Disability Burden From Conditions With Multiple Causes
Autism, iodine deficiency, and congenital disorders were important causes of intellectual disability
http://jamanetwork.com/journals/jamapediatrics/fullarticle/2613463?utm_medium=alert&utm_source=JAMA%20PediatrPublishAheadofPrint&utm_campaign=03-04-2017

Editorial
April 3, 2017
Importance of Innovations in Neonatal and Adolescent Health in Reaching the Sustainable Development Goals by 2030 (JAMA Pediatr. Published online April 3, 2017. doi:10.1001/jamapediatrics.2017.0261 ;Harvard, April, 2017)
Christopher R. Sudfeld, ScD1; Wafaie W. Fawzi, DrPH1,2,3

Reductions in neonatal causes of death also contributed to overall improvements in child survival since 1990; however, the global rate of decline in newborn deaths was markedly slower compared with that in older children. During 2005-2015, complications of neonatal preterm birth overtook lower respiratory tract infections as the leading cause of global disability-adjusted life years for children and adolescents 19 years or younger and accounted for approximately 800 000 deaths in 2015.1Another study similarly estimated that complications of preterm birth were the leading cause of global mortality in children younger than 5 years in 2015, with approximately 1 000 000 deaths.

The GBD (the Global Burden of Diseases, Injuries, and Risk Factors) report does not include stillbirths in their estimates of disability-adjusted life years.1 An estimated 2.6 million stillbirths, of which three-quarters were preventable, occurred worldwide in 2015.4,5 As with child mortality, there is substantial inequity in global rates of stillbirth, with 3 of every 4 stillbirths occurring in sub-Saharan African and south Asian regions.6 However, the global number of stillbirths has declined at a slower rate than mortality in children younger than 5 years, with only a 19% reduction between 2000 and 2015.4 An estimated 42% of stillbirths and neonatal deaths occur during labor; therefore, equitable access to high-quality antenatal, labor, and newborn services must be a priority to reach targets for global child mortality and stillbirth.6,7

As the global community seeks to achieve universal and sustainable development for all, greater attention to neonatal and adolescent health is critical. Halving the number of global deaths in children younger than 5 years from 1990 to 2015 was a remarkable achievement; however, we are significantly lagging in reductions of preventable stillbirths and neonatal deaths, particularly in vulnerable populations.

http://jamanetwork.com/journals/jamapediatrics/fullarticle/2613461?utm_medium=alert&utm_source=JAMA%20PediatrPublishAheadofPrint&utm_campaign=03-04-2017

2)

Perspective
Care for Autism and Other Disabilities — A Future in Jeopardy (Univ. of Pennsylvania, Johns Hopkins, USA, NEJM, March, 2017)
David S. Mandell, Sc.D., and Colleen L. Barry, Ph.D.
N Engl J Med 2017; 376:e15March 9, 2017DOI: 10.1056/NEJMp1700697

In 2013, the most recent year for which national Medicaid claims are available, approximately 250,000 children with diagnoses of autism received services through Medicaid.
Proposals to shift the structure of Medicaid to a block grant would transfer financial risk from the government to beneficiaries, including people with autism or developmental disabilities, reduce funding to states to pay for services, and allow states to circumvent regulations requiring them to cover the behavioral health services that are a critical component of autism treatment.
http://www.nejm.org/doi/full/10.1056/NEJMp1700697?query=pediatrics

Dear Highly Respected All Committee Members,

THIS IS 124 TH EMAIL DIRECTLY TO NRP (National Resuscitation Program). (123rd email sent on 10/9/2017 marked as 122nd)

I WROTE OVER 6,000 EMAILS TO ALL PRESIDENTS, PMs, MONARCHS, DICTATOR (NORTH KOREA), ALL IVY LEAGUE INSTITUTIONS, ALL JOURNALS, ALL MAJOR NEWS PAPERS, ALL RESPONSIBLE ORGANIZATIONS (WHO, UNICEF, UNITED NATION, DOCTORS WITHOUT BORDERS, RED CROSS, ALL HUMAN RIGHTS , ANIMAL RIGHTS, AUTISM, DISABILITIES, CARING FOR CHILDREN, NIH, CDC AND OTHERS), ALL NOBEL PRIZE WINNERS AND THOUSANDS OTHERS
EXCEPT CHINA (NO EMAILS) SINCE 2014 TO SAVE THE NEWBORN BABIES IN THIS WORLD:

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ALL OVER THE WORLD NEWBORN BABIES HAVE BEEN SUFFERING FROM HYPOXIA
(LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017
NOW.
NRP / ILCOR / ANZCOR / European Newborn Resuscitation Committees are
" guiding physicians not to help newborn babies to breathe quickly, adequately, effectively and advising them not to give adequate oxygen in blue babies for the first 10 minutes of their lives and more than 10 minutes in Europe. European resuscitation committee (ERC) members don't even bother to specify how long they want to keep their newborn babies blue".

Pink babies (normal) : oxygen saturation 95-100 % (full term); 90-94% (preterm babies)
Blue babies (abnormal): oxygen saturation less than 95% (full term) and less than 90% (preterm)

i) Europe (ERC): at 10 minutes of life oxygen saturation is 90% (blue). God knows how long !
ii) Australia: at 10 minutes of life oxygen saturation is 85-90% (85-90% is blue). God knows!
iii) USA / ILCOR /Japan / Hong Kong / Canada / most part of the World: at 10 minutes of life oxygen saturation is 85-95% (85% is blue- 95% is pink)

ALL THESE DEVELOPED COUNTRIES (Japan, Hong Kong, UK, Sweden, Denmark, Norway, Australia, Canada, USA) HAVE VERY HIGH INCIDENCE AND PREVALENCE OF AUTISM. Why ?

I have submitted over 500 articles of evidence from Harvard, USA, Europe and all over the World : hypoxia during and after birth causes increased brain damages, learning disabilities, Autism, ADHD, CP, childhood cancers and in severe cases deaths in children.
It also causes decreased infant bonding with mother, decreased breast feedings, and increased breast cancers in mothers.

.
The Infantile Neurosis : The critical importance of the mother-infant attachment was noted by Dr. Sigmund Freud (1856-1939). NRP / ILCOR / ERC / ANZCOR are deliberately ignoring the importance !

Infant bonding and attachment to the caregiver: Insights from basic and clinical science (NYU, Columbia University Department of Psychiatry, 2011)
Brain basis of early parent–infant interactions: psychology, physiology, and *in vivo* functional neuroimaging studies (Yale, USA, 2011)

TIME HAS COME TO CHANGE !

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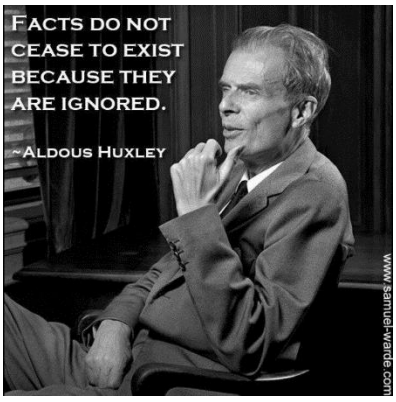

Thanks and Regards for your valuable time

Dr. Kanjilal
Mount Sinai/Elmhurst Hospital

[PII redacted]

1)

Clin Perinatol. Author manuscript; available in PMC 2012 Dec 1.
Published in final edited form as:
Clin Perinatol. 2011 Dec; 38(4): 643–655.
Published online 2011 Oct 19. doi: 10.1016/j.clp.2011.08.011
PMCID: PMC3223373
NIHMSID: NIHMS321774
Infant bonding and attachment to the caregiver: Insights from basic and clinical science (NYU, Columbia University, 2011)
Regina Sullivan, PhD,1,2 Rosemarie Perry, BS,1,3 Aliza Sloan, MA,1 Karine Kleinhaus, MD,4 and Nina Burtchen, MD, MSc5

Importance of attachment
The critical importance of the mother-infant attachment was noted by Sigmund Freud31 who suggested that neuroses in adults were caused by aberrant experiences. Our current understanding of the complexity of the infant's first social relationship, however, underwent a paradigm shift in the 1950's. As documented below, it was the synthesis of research on nonhuman animals and clinical observations of hospitalized and orphaned children who were separated from their mothers highlighted the critical importance of early life attachment and its importance for infant mental health.
During the 1950s clinical observations of orphaned and hospitalized children by Rene Spitz32 and James Robertson33 showed detrimental effects of separating the child from the caregiver. Specifically, children expressed extreme emotional distress at separation, which became progressively more depressive-like and subsequently compromised their recovery
Synopsis
Infant attachment to the caregiver is critical for survival and the initial programming of life-long emotionality and cognitive capabilities. We review attachment/bonding in the newborn and capitalize on animal research to provide clues to potential mechanisms that mediate the profound enduring effects of this early life experience.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3223373/

2)
J Child Psychol Psychiatry. Author manuscript; available in PMC 2015 Feb 5.
Published in final edited form as:
J Child Psychol Psychiatry. 2007 Mar-Apr; 48(0): 262–287.
doi: 10.1111/j.1469-7610.2007.01731.x
PMCID: PMC4318551
NIHMSID: NIHMS659890
Brain basis of early parent–infant interactions: psychology, physiology, and *in vivo* functional neuroimaging studies (Yale, USA, 2011)
James E. Swain,1 Jeffrey P. Lorberbaum,2,3 Samet Kose,3 and Lane Strathearn4,5

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318551/

3)

Countries With The Highest Rates Of Autism (2017)
http://www.worldatlas.com/articles/countries-with-the-highest-rates-of-autism.html

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WMA DECLARATION OF GENEVA (UPDATED OCTOBER, 2017)

THE FOLLOWING DECLARATIONS ARE VIOLATED BY THE
NRP / ILCOR / ANZCOR / EUROPEAN NEWBORN RESUSCITATION COMMITTEES SINCE 2006:

1) HEALTH AND WELL- BEING OF PATIENTS
1) HUMAN RIGHT TO LIFE IN NEWBORN BABIES
2) DIGNITY
3) RESPECT
4) GOOD MEDICAL PRACTICE

BY THE FOLLOWING "OFFICIAL RECOMMENDATIONS" SINCE 2006:

1) NOT GIVING ADEQUATE AMOUNT OF OXYGEN TO
NEWBORN BLUE BABIES FOR THE FIRST THE 10 MINUTES
OF LIVES (AND BEYOND 10 MINUTES IN EUROPE)
WHEN THEY ARE SUFFERING FROM RESPIRATORY DISTRESS 2) PARENTS ARE NOT AWARE.
3) NO CONSENTS WERE OBTAINED
4) NEWBORN BABIES WITH RESPIRATORY DISTRESS WANT
TO SURVIVE IN THIS WORLD. INSTEAD OF HELPING
THEM QUICKLY, DOCTORS ARE STANDING, WATCHING
AND MONITORING WHETHER THEY CAN GET
BETTER AND BREATHE ON THEIR OWN.

DO WE NEED DOCTORS IN THE DELIVERY ROOM ?

INTRAPARTUM-RELATED NEONATAL ENCEPHALOPATHY INCIDENCE AND IMPAIRMENT AT REGIONAL AND GLOBAL LEVELS FOR 2010 WITH TRENDS FROM 1990 (20 YEARS)
(HARVARD, UK, SWITZERLAND, 2013) :

A GOOD, PROMPT, EFFECTIVE, AGGRESSIVE NEONATAL RESUSCITATION WITH REQUIRED OXYGEN IS THE MOST IMPORTANT INITIAL STEP TO PREVENT LEARNING DISABILITIES, BRAIN DAMAGES, AUTISM, ADHD, CANCERS, CP, AND SEVERE CASES DEATHS IN MILLIONS OF CHILDREN IN THIS WORLD.

WHY ARE WE WAITING ?

#THE REPLY FROM THE RESPECTED "OARC" :
NIMH IACC PUBLIC INQUIRIES (NIH/NIMH) <iaccpublicinquiries@mail.nih.gov>

REPLY |
YESTERDAY, 10:57 AM
YOU;
NIMH IACC PUBLIC INQUIRIES (NIH/NIMH) (iaccpublicinquiries@mail.nih.gov)

DEAR DR. KANJILAL,

THANK YOU FOR YOUR THREE EMAILS OF 10/11-10/12. YOUR COMMENTS HAVE BEEN RECEIVED AND WILL BE SHARED WITH THE IACC IN ADVANCE OF THE OCTOBER 24 COMMITTEE MEETING.

SINCERELY,
OARC
I HOPE "THE OARC" DO SOMETHING EFFECTIVE.
THEY SHOULD PUSH THE NRP IN THE RIGHT DIRECTION,
HELP TO PREVENT AUTISM, ADHD, BRAIN DAMAGE, LEARNING DISABILITIES AND DEATHS.
THEY SHOULD STOP INFLICTED TORTURE AND SUFFERING TO MILLIONS OF CHILDREN IN THIS WORLD !
THEY SHOULD STOP "TRILLION DOLLARS" EXPENSES BY GOVERNMENTS, TAX PAYERS, PRIVATE INSURANCE COMPANIES AND OUT OF POCKET EXPENSES BY INNOCENT PARENTS GOING BANKRUPT !
MWAI KIBAKI " LEADERSHIP IS A PRIVILEGE TO BETTER THE LIVES OF OTHERS. IT IS NOT AN OPPORTUNITY TO SATISFY PERSONAL GREED. "

THANKS AND REGARDS FOR YOUR VALUABLE TIME

DR. KANJILAL
MOUNT SINAI/ELMHURST HOSPITAL
[PII redacted]

Dear Highly Respected All Committee Members,

THIS IS 128 TH EMAIL DIRECTLY TO NRP (National Resuscitation Program).

I WROTE OVER 6,000 EMAILS TO ALL PRESIDENTS, PMs, MONARCHS, DICTATOR (NORTH KOREA), ALL IVY LEAGUE INSTITUTIONS, ALL JOURNALS, ALL MAJOR NEWS PAPERS, ALL RESPONSIBLE ORGANIZATIONS (WHO, UNICEF, UNITED NATION, DOCTORS WITHOUT BORDERS, RED CROSS, ALL HUMAN RIGHTS , ANIMAL RIGHTS, AUTISM, DISABILITIES, CARING FOR CHILDREN, NIH, CDC AND OTHERS), ALL NOBEL PRIZE WINNERS AND THOUSANDS OTHERS
EXCEPT CHINA (NO EMAILS) SINCE 2014 TO SAVE THE NEWBORN BABIES IN THIS WORLD:

This is a follow up email from Jan 6 , Jan 9, Jan 10, Jan 11, Jan 13, Jan 15, Jan 18, Jan 19, Jan 21, Jan 22, Jan 23, Jan 24, Jan 25, Jan 27, Jan 29, Jan 30, Feb 3, Feb 4, Feb 7, Feb 9, Feb 10, Feb 12, Feb 13, Feb 14, Feb 15, Feb 16, Feb 19, Feb 21, Feb 23, Feb 24, Feb 27, March 2, March 3, March 4, March 7, March 8, March 10, March 13, March 17, March 20, March 21, March 23, March 26, March 27, March 30, April 2 April 4,April 10, April 16, April 19, April 20 , April 21, April 23, April 26, May 1, May 4, May 7, May 11, May 12, May 17, May 19 and May 23, May 26,May 30, June 1, June 6, June 8, June 16, June 19, June 20, June 23, June 25, June 26 and June 27, July 1, July 3 and July 8, July 11, July 13, July 17 and July 21, July 31, Aug 2, Aug 3, Aug 4, Aug 12, Aug 14, Aug 21, Aug 24, Aug 25, Aug 27, Aug 28, Aug 29, Sept 1, Sept 3, Sept 5, Sept 7, Sept 8, Sept 9, Sept 11, Sept 12, Sept 13, Sept 14, Sept 15, Sept 16, Sept 17, Sept 18, Sept 19, Sept 21, Sept 23, Sept 24, Sept 25, Sept 26, Sept 27, Sept 28, Sept 29 , Sept 30, October 1, Oct 3, Oct 4, Oct 8, Oct 9, Oct 12, Oct 13 , Oct 15 and Oct 17,
2017.

Greetings to you all.

My humble request to you all:

PLEASE SAVE THE CHILDREN IN THIS WORLD NOW AND MAKE A BETTER WORLD FOR TOMORROW .

ALL OVER THE WORLD NEWBORN BLUE BABIES HAVE BEEN SUFFERING FROM HYPOXIA
(LOW OXYGEN) INJURIES TO THEIR BRAIN, BEGAN IN 2006 AND MUST END IN 2017
NOW.
NRP / ILCOR / ANZCOR / European Newborn Resuscitation Committees are
" guiding physicians not to help newborn blue babies to breathe quickly, adequately, effectively and advising them not to give adequate oxygen in blue babies for the first 10 minutes of their lives and more than 10 minutes in Europe. European resuscitation committee (ERC) members don't even bother to specify how long they want to keep their newborn babies blue".

Environmental factors associated with autism spectrum disorder: a scoping review for the years 2003-2013 - HPCDP: Volume 37-1, January 2017 (Government of Canada, 2017):
Canadian researchers could not find the cause for Autism despite extensive research.
Government and concerned authorities are not aware of low oxygen injuries atrocity to newborn blue babies brain for the first 10 minutes of lives, all over the World, since 2006. THIS IS THE CAUSE FOR HIGH INCIDENCE OF AUTISM IN THIS WORLD.
MOST MOTHERS ARE NOT AWARE WHAT IS HAPPENING IN THE DELIVERY ROOM.

THANKS AND REGARDS FOR YOUR VALUABLE TIME

DR. KANJILAL
MOUNT SINAI/ELMHURST HOSPITAL
[PII redacted]

1)

Environmental factors associated with autism spectrum disorder: a scoping review for the years 2003-2013 - HPCDP: Volume 37-1, January 2017 (Government of Canada, 2017)

Volume 37 · Number 1 · January 2017
Michelle Ng, MPHFootnote 1,Footnote 2; Joanne G. de Montigny, MHAFootnote 3; Marianna Ofner, PhDFootnote 1,Footnote 2; Minh T. Do, PhDFootnote 1,Footnote 2

Conclusion: The lack of consistency, temporality and specificity of associations between environmental factors and ASD remains the largest barrier to establishing causal relationships. More robust research is required to resolve inconsistencies in the literature. Future research should explore underlying mechanisms of associations between the risk factors that we identified and ASD.

https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-37-no-1-2017/environmental-factors-associated-with-autism-spectrum-disorder-scoping-review-years-2003-2013.html

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

Dr. Gail Elbek **October 24, 2017**

Hello IACC Committee Members,

Of course concern of adverse mental health, including risk of autism, is to avoid developmental exposure to poisonous hormone disruptors. As you know soy contains several potent hormone disruptors while heavily marketed in children's foods, baby formulas, and contaminates baby "milk" formulas.

There are also no warnings for women during pregnancy that soy phytoestrogenic endocrine disruptors, as all endocrine disruptors should also be avoided due to mass evidence of fetal contamination.

Mulriple published studies found on NIH Pubmed report physiological, reproductive, and neurological damaged is caused by early exposure to soy phytoestrogenic hormone disruptors.

However, with this said, never do I see IACC reporting adverse developmental brain health caused by hormone disruptors, including those found is soy as most important fetal, infant, and child brain-health information. Why not?

At one time IACC director Thomas Insel agreed that soy phytoestrogenic hormone disruptors are of deepest concern in the cause of developmental brain disorders, yet nothing was ever done by IACC to alert the public.

Is overwhelming study evidence and testimonial confirmation of developmental soy contamination of brain systems of importance to you at IACC? Do you have plans to disclose your knowledge of critical adverse neurological effects caused by early exposure to soy phytoestrogenic hormone disruptors (and additional developmental soybean poisons) as highly important public information?

Please also review another of several NIH warnings of "Soy Infant Formula" in regards to specific soy phytoestrogenic-poisonous developmental effects as again recently reported, as well as repeatedly concluded during several decades prior to this.

www.niehs.nih.gov/health/topics/agents/index.cfm

I will appreciate and look forward to IACC Committee reply.

Sincerely,
Gail Elbek Ph.D
Santa Barbara, Ca
[PII redacted]

Dr. Lynn Waterhouse **October 24, 2017**

PUBLIC COMMENT for the IACC Meeting, October 24, 2017

FROM: Lynn Waterhouse, PhD, Director Emeritus of Child Behavior Study, Professor of Graduate Global Programs, The College of New Jersey, Ewing, NJ 08628.

DATE: October 15, 2017

USA science funding agencies should no longer fund studies whose samples are defined by DSM-5 Autism Spectrum Disorder (ASD). To date, research based on DSM definitions of autism have failed to produce even one replicable ASD-specific medical treatment.
This failure results from the heterogeneity within the ASD diagnosis that insures that ASD samples will never have biological validity.

1. Idiopathic ASD brain impairments are extremely varied, and no model of unitary ASD brain impairment has yet been successfully replicated.

2. Syndromic ASD brain impairments vary widely from syndrome to syndrome, and gene models of ASD brain impairment lack replication and coverage.

3. ASD has no shared early brain or behavioral predictor, no shared consistent developmental course, no shared Broader Autism Phenotype, no replicated subgroups, and no unitary recurrence risk rate.

4. Nearly all (96%) of those with ASD have significant non-ASD diagnostic symptoms, including many who have full comorbid disorders.

5. The phenotypic brain and behavior links and causal links between ASD and other neurodevelopmental disorders remain to be discovered.

This existing evidence makes clear that the ASD diagnosis a portmanteau---a carry-all of myriad disorders that express neurodevelopmental social impairment.

Continued funding of ASD-based research programs supports the errant belief that ASD is a continuum of forms of one disorder for which one focal medical treatment will be found. Equally important, continued funding of studies based on the ASD diagnosis errantly supports the reification of the DSM-5 ASD diagnosis.

Only by taking ASD apart and studying smaller homogeneous subgroups can medically treatable biologically-valid disorders be discovered.

ASD should no longer be given the imprimatur of government funding.

Waterhouse, L., London, E., & Gillberg, C. (2016). ASD validity. Review Journal of Autism and Developmental Disorders, 3, 302–329.

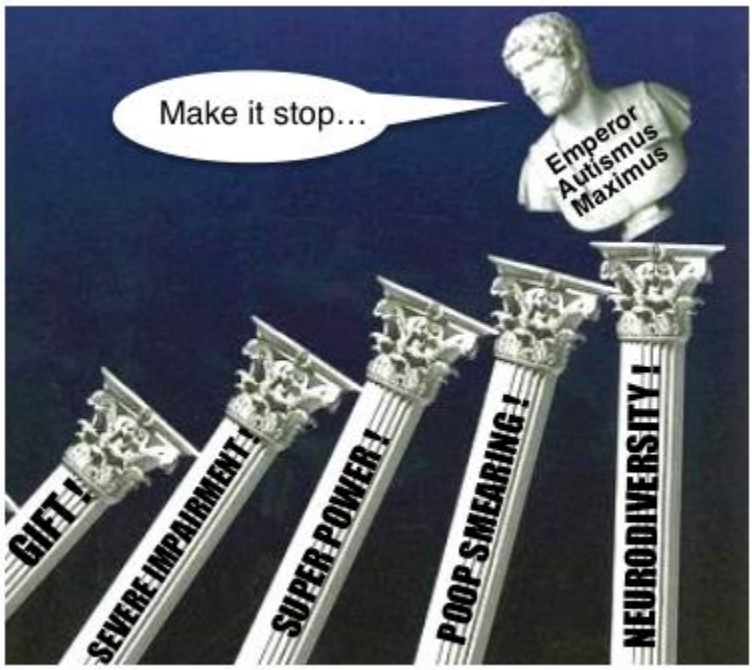
Jill Escher **October 24, 2017**

Jill Escher
Mother of two children with nonverbal autism
Founder, Escher Fund for Autism
President, Autism Society San Francisco Bay Area
San Jose, California

From: http://www.sfautismsociety.org/blog/the-decline-and-fall-of-autism

The Decline and Fall of "Autism"
10/16/2017

After Simon Baron-Cohen suggests autism lose its status as a disorder and instead be considered a variant like left-handedness or homosexuality, this stupefied mom marvels at the collapse of meaning in the word “autism.”



(With apologies to Edward Gibbon)

by Jill Escher

I’m the mom of two kids with profound neurodevelopmental impairments, labeled by multiple esteemed practitioners as “autism.” At ages 18 and 11, they can’t read, write, or talk. They have never played with a toy or dressed themselves. They don’t know their birthdays, much less what “birthday” might mean. They are both gorgeous, healthy and utterly delightful, with smiles and personalities that light up the room, but because of their profound mental dysfunctions they will require one-to-one 24/7 assistance for the entirety of their lives, all at astronomical expense to us and society. In short, no reasonable person denies that they suffer walloping mental disorders of the most alarming magnitude.

So imagine my shock reading “Neurodiversity – a revolutionary concept for autism and psychiatry," by Simon Baron-Cohen, professor of developmental psychopathology at University of Cambridge and the current president of the International Society for Autism Research. In it, he suggests that the field of psychiatry should perhaps view autism as a variant of normal along the lines of homosexuality or left-handedness, rather than as a mental disorder where brain and behavior involve some sort of impairment.

He argues autism may be neurodiversity rather than pathology because it is “associated with cognitive strengths” and is just a form of “diversity in the set of all possible brains.” In his view, the underlying cognition and neurobiology in autism cannot be said to be “dysfunctional,” just “different.” He contends “there is no single way for a brain to be normal, as there are many ways for the brain to be wired up and reach adulthood.”

Say what? How could anyone—much less a person seated atop one of the highest altars of authority and influence in the world of autism—so **trivialize my children’s and others’ disabilities by likening them to traits like handedness which are irrelevant to basic mental functioning**? Or shrug off the often drastic consequences of abnormal neurophysiology? Hey, my kids have certain strengths, too, like love for music, gentle empathy, and striking athleticism, but those hardly negate the fact my son might eat his shoe. Moreover, isn’t the very purpose of psychiatry to identify and address serious mental impairments that interfere with normal functioning rather than to offer feel-good kumbaya?

Perhaps my delightful yet nonverbal and severely disabled kids really shouldn’t be labeled as having the disorder of autism, as Baron-Cohen seems to suggest. But obviously that would behoove us to define the devastating whomp of a disorder they do have.

It all depends on how you define “autism”

After some fuming, I went back and parsed the editorial to try to understand how Baron-Cohen, a researcher I quite like, could pen something so bizarre. And it hit me. Of course, his autism is not my autism. His version is customized and narrowly drawn, a trait involving quirky social shortcoming, and not a pervasive disruption of development as described by Kanner, as understood through the decades of the DSM, and as understood by me. Though somewhat buried in his argument, it seems he would not

deny that people like my kids have disorders, but that he would shoo them away from his conception of autism. He writes:

> "Others may say that a child who has language delay or severe learning difficulties is not an example of neurodiversity but has a disorder, and I would support their demand for treatments to maximise the child's potential in both language and learning. But again, although commonly co-occurring, these are not autism itself."

In other words, his autism is a bit like a maraschino cherry that may perch atop an ice cream mound of other dysfunctional neuro-stuff that's not autism. It's a social quirkiness that can be separated from patent functional impairments.

This is a rather different spin on autism, but okay, why be surprised? Today, semantic anarchy reigns in AutismLand. Your version of "autism" is probably different from the next guy's. On the TV show The Good Doctor, autism is a genius surgeon, but in my friend Anna's house, it's a nonverbal young man who bashes his head 200 times a day. It has come to mean articulate and capable self-advocates, as well as Sonja who at 18 regularly poops on the floor and smears it. It means a focused young woman writing complicated software for a tech company, as well as Marco who can only use a computer to press "want to eat." Some write of autism as a trait that's a "gift," while to my friend Alex it's a brutal disorder involving shrieking and ripping the skin off his face. Stephen Shore, a great guy who serves on the board of Autism Speaks, calls his autism a "super power," while ace diagnosticians such as Cathy Lord, PhD, insist "autism is defined by having a significant impairment."

When one realizes that autism is a purely behaviorally defined disorder, one must marvel that so many contradictory and divergent behavioral realities could be lumped under one term. It's arbitrary, self-imposed semantic lunacy, as absurd as if we called both the common cold and acute pneumonia "the sniffles."*

Add to this tension that "autisms" have countless genomic and environmental precursors and myriad neurobiological pathways, all associated with this smorgasbord of traits. To quote researchers Lynn Waterhouse, Eric London and Christopher Gillberg, autism lacks "construct validity" and is an "arbitrary unscientific 'convenient fiction'" that is blocking progress in research. Or as Mary Coleman, MD, Lifetime Achievement Award honoree at this year's IMFAR conference, stressed, autism is simply "not valid as a diagnosis," but rather nothing more than some "overlapping clinical presentations" for myriad different biological conditions with different causes and processes and outcomes.

Our feeble autism lexicon debases our dialogue, fuels unnecessary infighting, and makes a mockery of research. Something must be done. But Baron-Cohen's approach, while well meaning, would raise the critical question—if people like my kids don't have the disorder of autism, then what disorder <u>do</u> they have?

If my kids don't have autism, what <u>do</u> they have?

His editorial doesn't say. This is a rather glaring omission since his version of autism is the least of my kids' and many others' problems. What disables them goes far deeper—killer neurodevelopmental disconnection that keep their brains looping on the same simple tasks over and over, thwarting almost all learning and permanently incapacitating them in multiple dimensions, including communication,

social understanding, sensory processing and behaviors. And the name for this profound affliction if not autism…?

In the end, however, I think Baron-Cohen's editorial is important. He's right, we should stop pretending there's such a disorder as "autism." **We urgently need a menu of clear and potent terms that will tie to appropriate medical, educational, and societal responses for all those affected.** The professor's admirable yearning to de-pathologize a certain sector of the autisms adds to the chorus of voices seeking fresh, coherent diagnostic and conceptual structures that reflect our wildly diverse neuro-realities. Good for him. Let's keep working on that.

> * Footnote: SFASA co-founder and board member Sue Swezey notes that Autism Society of America founder Dr. Bernard Rimland "would smile at this analogy." She says: "He repeatedly cited the fact that, at the turn of the 20th century, upper-respiratory infections were collectively described as 'the fevers.' It was not until much later that research teased out the nature, severity, and appropriate treatment for each one. His point was that there is no such single entity as 'autism' per se, but that the many conditions lumped under the same label require far better identification and treatment."

Jill Escher is president of Autism Society San Francisco Bay Area, founder of the Escher Fund for Autism, and a housing provider to adults with autism and developmental disabilities. She is also a former lawyer and the mother of two children with nonverbal forms of autism. Some names of people affected by autism in this commentary have been changed to protect privacy.