

Oral Public Comments

**IACC Full Committee
Meeting**

April 17, 2019

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Written Comment to the Interagency Autism Coordinating Committee Provided by SafeMinds Executive Director Lisa Wiederlight

April 17, 2019

I am pleased to present these comments on behalf of SafeMinds for the IACC's April 2019 meeting. We are going to focus our comments on the reauthorization of the Autism CARES Act.

The bill as introduced does not provide an amount for autism research. SafeMinds supports the IACC's recommendation to increase autism research funding to \$685 million, as stated in the IACC's *2016-2017 Strategic Research Plan*. Data from page 102 of the Strategic Plan shows research spending to be flat since 2012, despite autism prevalence having increased 50%, from 1 in 88 to 1 in 59. Unless the authorizing bill asks for an increase in research funding, a higher amount is unlikely to be appropriated. Having flat spending on autism research is clearly inadequate given the rise in prevalence and its associated costs. As the Federal government's advisory committee on autism, the IACC should recommend that research funds be doubled in the Autism CARES Act.

The Autism CARES Act should direct the CDC to enhance its ADDM epidemiology research methods, so that a more accurate count of adults and children with autism across the U.S. can be estimated. Improved methods include active case finding to rule in or out autism cases, a nationally representative sample, data based on comprehensive medical and educational records at all sites, and consistent sites and case finding methods over time to allow for trend analysis. Not knowing how many people are diagnosed with autism and their associated features makes appropriate resource allocation and future planning for services and related programs across the lifespan difficult, if not impossible. Yet the CDC has drastically cut funding for ADDM research for the current data collection cycle, has changed the sites for data collection, and has changed the case identification methods. As the Federal government's advisory committee on autism, the IACC should recommend that the ADDM budget be restored and that the Autism CARES Act directs the CDC to improve the ADDM methodology.

Autism research should be responsive to clearly-defined policy priorities, and result in findings that are relevant to the needs of people with autism today and in the future. By way of example:

- What policy changes will have occurred as a result of the research and workshop done on co-occurring health conditions with autism? What outcomes can we expect?
- How can we increase the number of appropriate autism diagnoses, and decrease the age of diagnosis among all ethnicities and socioeconomic groups?
- How can we ensure the timely initiation of treatments and interventions?
- How do we improve linkages to well-trained and appropriately compensated medical, therapeutic, and educational professionals?
- How do we identify best practices for educational, vocational, and medical treatments for people with autism?

The increased research funding should support a balanced approach to finding the genetic, environmental, and epigenetic causes of autism, and how some of the symptoms of autism may represent physical issues that may be addressed and treated medically.

As a mechanism to leverage research into policy goals, SafeMinds supports the creation of an annual National Autism Strategy, which sets priorities for the Federal autism response. It should contain measurable goals, objectives, and outcomes, and hold the Federal government accountable for finding the causes of the rise in autism prevalence with improved methodology at the CDC. It should identify effective ways to address the needs of the autism community based on research and community outreach that result in significant improvements in the lives of people with autism and their caregivers. The Strategy's goals should reach across the jurisdiction of many Federal agencies, including HHS, Education, Labor, HUD, Justice, and Homeland Security, among others.

Recognizing that the part-time Federal autism coordinator position currently housed within HHS, would not have the time or focus to lead this strategic effort, SafeMinds supports the appointment of a full-time Federal Autism Coordinator in the Executive Office of the President (EOP), as recommended by Candidate Barack Obama in 2008. Appointing a full-time Federal Autism Coordinator who is experienced and successful in Federal interagency coordination would ensure that autism gets the priority it deserves in the federal government, while enhancing oversight and accountability of the Federal response to the autism crisis.

This "point person on autism" would be responsible for presenting the annual National Autism Strategy to Congress and the President. He/she would work to identify and remove bureaucratic obstacles, and coordinate the work of each of the executive office agencies as they relate to autism, including HHS, Education, Labor, HUD, Justice, Homeland Security, DoD, and others.

As the Federal government's advisory committee on autism, the IACC should recommend that the Autism CARES Act include a provision for the establishment of a full time Federal Autism Coordinator in the EOP who would be charged with creating a National Autism Strategy. It is difficult to imagine that taking a *status quo* approach to addressing autism as we have since 2006, and which is reflected in the 2019 Autism CARES bill, will result in different outcomes than we have already seen. We are hopeful that these proposed changes to the Autism CARES Act will be given every consideration by the IACC.

Thank you,

Lisa Wiederlight
Executive
Director

Dear IACC Members,

The following is a summary of my research findings;

1. Stealth adapted viruses are derivative viruses that do not typically evoke inflammation. This is due to the deletion or mutation of the genes coding for the relatively few virus components that are normally targeted by the cellular immune system. Some stealth adapted viruses are derived from the cytomegalovirus of African green monkeys. This was an inadvertent consequence of using monkey kidney cells to produce polio vaccines. Human to human transmission of these viruses can now occur.
2. Stealth adapted viruses can be consistently detected using virus cultures methods in children with autism and in the mothers of autistic children.
3. Stealth adapted viruses induce neurological illness when inoculated into animals and can be shown to be transferred during pregnancy. The animals recover clinically from the virus infection even though there is no inflammation.
4. Although the cellular immune system does not typically respond to stealth adapted viruses, they can be suppressed via an alternative cellular energy (ACE) pathway. This pathway is expressed as an added dynamic or kinetic property of the body's fluids.
5. The ACE pathway can be enhanced using various protocols in children with autism. This leads to symptomatic improvements. One protocol is included in the provided written material.
6. Boosting the immune system with immunizations can potentially trigger a damaging immune response against some residual minor antigens on stealth adapted viruses. Symptomatic stealth adapted virus infected children should be exempted from unnecessary vaccines.

IACC members through their institutions have the opportunity to both culture stealth adapted viruses and to implement and evaluate some of the proposed ACE pathway-based therapeutic protocols. I would be pleased to assist with these endeavors

Additional materials:

1.

Vaccine Provocation of Stealth Adapted Virus Induced Encephalopathy (VP-SAVIE)

MARCH 1, 2011 BY [ADMIN LEAVE A COMMENT](#)

By W. John Martin, MD, PhD., Institute of Progressive Medicine

Vaccination is intended to stimulate the body's immune response against specific microorganisms or their toxic products. Vaccination is typically the administration via injection of non-living, or otherwise attenuated (weakened), microorganisms or antigenic products, along with an adjuvant intended to enhance the recipient's immune response. With the exception of attenuated viruses (which typically replicate over a period of a few days after inoculation), repeat doses of each vaccine are usually given to ensure an adequate immune response. By doing so, vaccination can ordinarily reduce the level of illness which would otherwise occur upon encountering the living microorganism by environmental exposure.

While generally considered to be safe, immune responses generated by vaccination can actually contribute to the cellular damage that can accompany an infection. In a small percentage of individuals, prior vaccination can lead to a more severe illness when exposed to the vaccine-relevant microorganisms than if the person had not been previously immunized. Another concern is that occasionally, the immune stimulation elicited by vaccination can trigger or augment an autoimmune response directed inwardly at the recipient's own tissues.

Another potential hazard to those being vaccinated could come from a pre-existing infection with stealth adapted viruses. These viruses lack the relatively few, major critical antigens that are normally targeted in the corresponding conventional virus from which they are derived*. Consequently, little or no cellular immune response normally accompanies stealth adapted viral infections, which may persist over many years. The heightened immune response induced by vaccination can potentially trigger tissue damaging reactions against remaining minor antigens expressed by stealth adapted virus infected cells.

Because of its regional separation of functions, the brain is particularly prone to clinical illnesses caused by stealth adapted viruses. This unique susceptibility to localized cellular damage probably accounts for the predominance of neurological and psychiatric symptoms in the majority of individuals experiencing prolonged severe adverse vaccine reactions. A suitable descriptive term for this condition is "vaccine provocation of stealth adapted virus induced encephalopathy," or VP-SAVIE.

Autism following vaccination in infants is possibly a prime example of VP-SAVIE. Undue focus on the vaccine, rather than on a potentially pregnancy acquired pre-existing stealth adapted viral infection, has unfortunately distracted many within the autism community.

Similarly, the tragic deterioration in the health of some adolescent recipients of human papillomavirus (HPV) vaccines is likely to be attributed to the provocation of a pre-existing stealth adapted viral infection.

When stealth adapted viruses were first brought to the attention of Public Health authorities, they actively resisted open discussions because one of the earliest stealth adapted viruses discovered arose from the African green monkey simian cytomegalovirus (SCMV). Monkeys infected with SCMV were knowingly used in the production of live polio virus vaccines, a sad commentary on the diligence of the Food and Drug Administration (FDA).

An important insight gained from the study of stealth adapted viruses is that the body can resist viral infections without the participation of the cellular immune system. This non-immunological defense and healing mechanism involves the alternative cellular energy (ACE) pathway and occurs in the absence of inflammation or scarring.

As published over five years ago, the ACE pathway can be effectively activated in the sustained suppression of conventional herpes simplex virus (HSV) and herpes zoster virus (HZV) infections. These

experimental protocols were further developed for testing in children with autism.

Simple screening methods are also being developed to potentially monitor the levels of activity of the ACE pathway. A reasonable suggestion is that vaccines should not be administered to anyone in whom the ACE pathway is not fully functional. This issue needs to be urgently addressed by the Public Health system. They hold the key to allow further clinical testing to proceed. Answers need to be uncovered.

Patient support groups and advocates could help by promoting internet based dialogue among themselves and Public Health officials on the issues of stealth adapted viruses and the ACE pathway.

The author would be pleased to participate in any such dialogues. Email the author at s3support@email.com

*[note: human cytomegalovirus is composed of nearly 200 genes, yet only a single protein, termed UL83, leads to activation of approximately 60% of the entire cytotoxic T-cell response, with two additional proteins accounting for another 30% of the cellular immune response.]

2.

Martin WJ. *Stealth Adapted Viruses; Alternative Cellular Energy (ACE) & KELEA Activated Water*. Chapter 4: Alternative Cellular Energy (ACE) Pathway Activation as a Natural Therapy for Autism. Author House. Bloomington, IN. 2014.

Chapter 4 is available in its entirety upon request