PARADIGMS AND POLICIES

Why the Autism Crisis
Has Become So Controversial
And Why Families Need Your Help

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SafeMinds

Congressional Briefing

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Michaela: before regression
After regression
PARADIGM WARS
Old school autism scientists in reality denial

From

A rare tragic disorder
- constant prevalence

A disease process determined entirely by inherited genes

Outcomes are inevitably determined from conception

A neuropsychiatric problem

The best (and only) treatment is behavioral therapy

The children are defective

To

An alarmingly frequent disease
- rising incidence

An environmental disease, with possible genetic vulnerability factors

Outcomes result from preventable events in otherwise normal children

A multi-disciplinary problem, spanning toxicology, epidemiology, neurology, immunology, gastroenterology, etc.

Many opportunities for prevention, treatment and recovery

The children are sick
“Since 1938, there have come to our attention a number of children whose condition differs so markedly and uniquely from anything reported so far that each case merits—and, I hope will eventually receive—a detailed consideration of its fascinating peculiarities....

“These characteristics form a unique “syndrome”, not heretofore reported, which seems to be rare enough, yet is probably more frequent than is indicated by the paucity of observed cases.”

-Leo Kanner

“Autistic disturbances of affective contact”

*Nervous Child, 1943*
THE AUTISM EPIDEMIC IN CALIFORNIA: Full Syndrome Autism Rates Within Constant Age Cohorts

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<th>Birth year</th>
<th>6 year olds</th>
<th>15 year olds</th>
<th>20 year olds</th>
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Prevalence rate by age cohort (cases per 10,000)

Source: State of California Department of Developmental Services, 1997-2002
Data collected over ten years at year end from 1997-2006
THREE (AND ONLY THREE) POSSIBLE SOURCES OF DIAGNOSTIC ERROR

- Diagnostic oversight (~1.5 million in U.S., millions more globally)
- Diagnostic expansion
- Diagnostic substitution
THESE KINDS OF INCREASES REQUIRE AN ENVIRONMENTAL CAUSE:
Lots of Evidence Supports A Link Between Mercury And Autism

**Mercury in the environment raises the risk of autism**
- Palmer et al 06, Windham et al 06, Palmer et al 08, plus precipitation studies

**Autistic children metabolize mercury differently**
- Holmes et al 03, Bradstreet et al 03, DeSoto & Hitlan 07, Adams et al 07, Adams et al 08
- Contrary evidence has been retracted: Ip et al 04

**Animal models with infant ethyl mercury exposures from vaccines show clear toxic and developmental effects**
- Hornig et al 04, Burbacher et al 05, Laurente et al 07, Hewitson et al 08

**Epidemiological evidence on thimerosal is mixed**
POLICY WARS
Public health officials focused on programs not health

From

Fighting a war against infectious disease
Unprecedented expansion in mandated vaccines, nationally and globally
Communication posture that relies on fear, hyperbole and hyping disease risk
Programs that focus on herding “the public” into a state of compliance
Adverse events accepted for greater good
Insider decisions routinely compromised by financial and career conflicts

To

Securing positive health outcomes
A commitment to a total health perspective
Facing the reality of chronic disease epidemics
Policies that treat patients as citizens and that benefit from informed consent
Goal of zero vaccine adverse reactions
True public accountability

“Safety Last”

Children First
WHAT CAN CONGRESS DO?
Address The Sources Of Institutional Failure

National Institutes of Health
- Old school autism scientists are writing the plan: reality denial

Centers for Disease Control
- Policy promotion vs. safety management: conflict of interest

Food and Drug Administration
- Quality reviews for a privileged product class: conflict avoidance

Agency for Toxic Substances and Disease Registry
- Poorly equipped for pervasive toxicity: asleep at the switch
“WHY DOES IT MATTER IF THE NUMBERS WENT UP OR NOT? LET’S FOCUS ON THE FUTURE”
We have seen the light at the end of the tunnel....

...and it's a train
HOW YOU CAN HELP FAMILIES AFFECTED BY AUTISM

Treat autism as a national emergency, we need a sense of urgency
- Funding for prevention, education, treatment, insurance, research, and lifelong care
- After the Combating Autism Act, NIH says “there’s no new money”

Drive a shift in focus to environmental causes, they can be prevented
- Include vaccines and mercury, they’re clearly implicated

Insist on accountability from the agencies that have dropped the ball

Provide true participation for the autism community in key agency processes
- Establish an Autism Advisory Board, give us more seats on IACC, enforce real external input on NIH Strategic Plan

Recognize that the overwhelming priority is treatment today (not gene hunts or esoteric science projects), services and prevention. And eventually justice.

Remember that real families and children need your help