

## The Autism Epidemic: Rep. Dave Weldon, M.D., Defeat Autism Now! (DAN!) Keynote Address, April 16, 2004

We have an epidemic of autism in this nation that must be addressed. We must leave no stone unturned in our efforts to understand its causes and prescribe proper treatments. The human toll and costs of this epidemic are staggering, and will worsen if we fail to direct the necessary attention and resources to this national problem.

The numbers out of the Department of Education continue to show an unsustainable upward spiral of affected children. I just saw the most recent numbers out of New Jersey showing that those seeking services for autism under IDEA increased 18% over last year, increasing from 4180 children in 2003 to 4,933 in 2004.

The Department of Health and Human Services (HHS) issued an Autism A.L.A.R.M. earlier this year to the nation's pediatricians urging them to conduct better screenings of children so that children with autism and other developmental disabilities can be diagnosed earlier, and therefore interventions can begin early. That ALARM stated that one out of every 163 children has an autism spectrum disorder.

Friends, this is unsustainable. And is indeed an alarm to our nation. We must fully engage this battle against autism for the sake of the next generation of Americans and for the sake of our children and grandchildren.

While these numbers tell a troubling story, there is hope. Testimony after testimony from parents and practitioners tell us that early intervention works.

Many of you in this very room know that first hand. I have had numerous parents tell me that their child was diagnosed with autism at age 3 or 4, and today after following the DAN protocol, you would not know their child from the child he was 2 or 3 years ago. It is stories like this that bring us here together today. We are here to learn what works. To learn from each other and to build upon the successes we have seen.

It is time to fully embrace the reality that early intervention can work for children diagnosed with Autism Spectrum Disorders (ASDs). As a nation we must focus on early diagnosis and early intervention. It is time for federal policies to reflect the reality that these children can and should be helped.

This last year we were successful in securing \$2 million for the Centers for Disease Control to initiate a program directed toward early diagnosis for autism. I am currently working with others in the Congress to build on this success. We are finally making progress in the Congress and in the federal bureaucracies.

I would like to focus my remarks primarily around the issues of vaccinations and possible associations with neurodevelopmental disorders and autism in particular. I would

like to make clear at the outset that I am very supportive of our national immunization program. Vaccines and our national immunization program have saved our nation and the world untold suffering and human misery. This must not be forgotten.

While I am very supportive of our nation's vaccine program, I also believe that we can do a much better job of monitoring the safety of our vaccines. We must engage in a more aggressive review of adverse reactions - both acute and chronic adverse reactions. This has been severely lacking for years....

When reports first surfaced in 1998 about the MMR, I met with top officials from the NIH and CDC. I urged them to dedicate funding to investigating this issue. The next year I urged them again to invest in this research. And, again. And, again. Unfortunately, it was not until 2003 that funding was freed up within the federal government to attempt to duplicate the findings of Dr. Wakefield and Dr. O'Leary. Finally this effort is underway. While the federal government dragged its feet, many other researchers have been pursuing this research independently - although many of them have faced considerable intimidation.

I am very concerned about the number of reports I continue to receive from researchers regarding their difficulties in pursuing answers to questions about the possible association between vaccines or vaccine components and the epidemic of autism. Some report overt discouragement, intimidation and threats, and have abandoned this field of research. Some have had their clinical privileges revoked and others have been hounded out of their institutions.

This should not be the case. It is past time that individuals are persecuted for asking questions about vaccine safety. We have recognized error before in the case of live polio, whole-cell pertussis, and rotavirus, and it is not out of the realm of possibilities that a vaccine, or a vaccine component like mercury, might serve as an environmental exposure that triggers autism or neurodevelopmental disorders in some children.

One researcher in particular, Dr. Andy Wakefield, has been subjected to excessive criticism and abuse. The recent treatment of him by public officials, the media, and public health officials in the United Kingdom is inexcusable. Recent criticisms of a possible "conflict of interest" on the part of Dr. Wakefield are erroneous. They pale in comparison to many of the very real conflicts that exist today, including those of some of his strongest critics. In my view they may be driven more by a desire to preserve the status quo and squelch research aimed at making existing vaccines safer.

Something that is virtually forgotten is that half of Dr. Wakefield's theory has been

proven correct and widely accepted in the medical community. Hundreds of children with regressive autism and GI dysfunction have been scoped and clinicians are seeing the inflammatory bowel disease he first described in the *Lancet* in 1998. Dr. Wakefield has contributed significantly to a better understanding of what is plaguing these children and how we might treat their bowel problems rather than ignore them. He should be applauded for his contribution, not maligned. I only wish his critics would pursue the treatments of autism with as much vigor as they pursue him. (We'd likely have a cure by now!)

In addition to matters surrounding the MMR, serious questions have arisen about the vaccine additive - thimerosal. The agency with the greatest responsibility in monitoring for adverse vaccine reactions, the Centers for Disease Control, has significant conflict of interest that may inhibit their ability to conduct independent and unbiased research. Also, it appears that no federal agency has undertaken an aggressive enough research effort to help us better understand and avoid serious adverse reactions.

In July 1999, the U.S. Public Health Service and the American Academy of Pediatrics issued a joint statement, which was later endorsed by the American Academy of Family Physicians, proclaiming: "[The] Public Health Service, the American Academy of Pediatrics, and vaccine manufacturers agree that thimerosal-containing vaccines should be removed as soon as possible." As you know thimerosal is 50% ethylmercury.

In 2000 these groups reaffirmed this statement. Then, in 2001, the Institute of Medicine concluded that "exposure to thimerosal-containing vaccines could be associated with neurodevelopmental disorders." The IOM recommended that children not be given mercury-containing vaccines. Rather than implementing this policy immediately as was recommended by the IOM, this policy was gradually implemented, as mercury was phased out. This phasing-out allowed many more children in the early part of this decade to receive high levels of mercury from pediatric vaccines.

By early 2003, very few mercury containing childhood vaccines remained on the shelves.

On November 3, 2003, the Verstraeten study was released in *Pediatrics*. This study had been four years in the making. Many casual observers believed that the issue of whether or not the mercury in vaccines was a contributing factor to autism and neurodevelopmental disorders was finally put to rest with the publication of this study as newspaper headlines that day read:

- "Study Clears Vaccines Containing

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