

Written Public Comments

**IACC Full Committee
Meeting**

July 24, 2019

List of Written Comments

Yuval Levental	3
Donna Young.....	5
Eileen Nicole Simon, Ph.D., R.N.	10
John Mitchell.....	18
Jane Mccready	19
Colby Blakesley	20

Yuval Levental

July 24, 2019

All I can say at this time is that I urge you to start awareness/research into probiotics as a treatment for high-functioning autism, the best that this committee can. Please see

<https://corticalchauvinism.com/2019/04/15/yuval-levental-probiotics-prebiotics-and-autism/>

If possible, I would like the IACC to issue an official statement on their website opposing Facilitated Communication and Rapid Prompting method. Those are methods still used with severely autistic individuals, that are scientifically discredited.

Examples of statements:

https://en.wikipedia.org/wiki/Facilitated_communication#Organizations_that_have_made_statements_opposing_facilitated_communication

https://en.wikipedia.org/wiki/Rapid_prompting_method#Organizations_that_have_made_statements_opposing_rapid_prompting_method

<https://corticalchauvinism.com/2019/06/26/a-triple-victory-three-wikipedia-articles-promoting-facilitated-communication-are-deleted/>

Note: Personally Identifiable Information (PII) has been redacted in this document. Additional materials are available upon request.

Donna Young

July 24, 2019

[PII redacted]

Subject: The common link to autism and many other children's (preventable) impairments is the maternity active management policy (AM).

AM can be best prevented by an informed female's signed and witnessed Birth Contract.

There is finally a no true parental (female) consent Class Action for drugging women during their maternity labour.

The families are concerned of internal injury to their children by the drug oxytocin or pitocin. Injury can be to the child's brain and heart. But other AM no informed consent are known.

This Action was filed in a New Brunswick, media release, April 11, 2019, Global News, or CTV.

Ref. <https://www.theglobeandmail.com/canada/article-nb-mothers-file-lawsuit-against-nurse-hospital-authority-after/>

This is likely a beginning of females, world wide, coming forward and some will be finally heard, and not laughed at, mocked, and/or ridiculed for violent and no consented to policy called Active Management, AM, and harmful afterbirth care to the babies.

AM is taught Internationally and millions of females and their babies are hurt, daily, and some may die from AM.

They were violated in birth and their children, too, by no true informed consent and needed in order to decline some maternity AM trend policies.

Long has it been suspected that Active Management AM, used, today, as a clinical standard birth policy and now world wide is associated and with the most common link to causing Autism.

AM also contributes to ADHD, Cerebral Palsy, heart murmurs, blood cancers and tumors, and learning and behavior problems, and more.

These latent learning disorders most commonly start to show up to be more noticed in grades, K to 12.

To confirm AM associated with Autism rates increasing, I recommend a non identity questionnaire to lead the mother and father to answer candidly (honestly) questions on birth procedures for all three stages of maternity labour. Then the child's vaccination history.

For over 25 years the babies born in BC and across Canada were clamped off on their quality of life lines, the umbilical cord "before" the Third Stage of Labour was FINISHED by 100%. This yet goes on.

The policy is now universal, and going into small rural towns, by using wrongfully instructed midwives and RN nurses and doctors who did not reject AM trends.

This is a time efficiency management policy which also facilitates in harvesting the trapped placental blood and in the umbilical cord. This knowingly weakens the child.

This baby's deprived blood can be up to 60 percent placental blood wrongfully deprived the owner-child. It is a measurable fact of evidence of a harmed baby.

This placental blood is not the mother's nor does it belong to others. Therefore, no one can waive the duty to protect the babies.

Recipients of placental blood, wrongfully deprived the children, are the science medical research labs, and blood banks.

The public duty is to protect the babies, all equally, because they cannot protect themselves.

Blood Donations:

To donate blood you must be over 100 pounds, be tested to be in good health, and be over the age of 17, and be able to give informed consent.

Babies, therefore, cannot be imposed on to donate their cord blood, ever, not by opinion of parents, or by any policy regarding medical blood waivers.

There is a public blood bank, the Canadian Blood Services, and it has the documents it receives large collections of placental blood, that they call cord blood.

There is documents at the private Lifebank, Burnaby, BC, and they get paid to store extracted baby's stem cells, as a Cord Blood Bank. They charge the parents to take the baby's placental blood, plus, do other private blood labs, across Canada, and internationally.

No good excuse for any premature umbilical cord clamping. Only compress a torn umbilical cord.

The policy AM has always been known to Weaken all babies imposed on for premature umbilical cord tying, (clamping, today).

The evil practice, premeditated in some cases, for the selected children harvested, by color, or sex, and today by blood type and RH factors) was known before and after 1801.

The blood typing, ABO was known since 1901, and the RH of negative and positive blood was known by the II World War, or soon after.

Medical Knowledge:

There was not a generation of medical persons with reasoning skills who were not aware they weakened a child by their compressing off the placental infusion going into the baby's to be expanding lungs. The medical helpers acted with no true informed consent as they compressed the umbilical cord.

It is visual assault and battery. It was measurable placental and cord blood deprived the child.

The internal blood of the baby was testable to know the child or children were now blood anemic.

AM knowingly deprives oxygenated blood going into the baby's brain, that is the start of autism, and other internal disorders.

AM is the endangering offense to all babies selected to be prematurely cord tied, clamped, or squeezed off, and with complicity of all in the delivery room, or the ambulance.

It is a police reportable offense for unnecessarily medically endangering the infant or infants.

Who is Accountable? All of them..

The group to be held financially held responsible are medical societies, colleges, institutes, and associations.

This includes SOGC, ACOG as the original AM policy promoters, and the supporters following which include the pediatrician group, the Obstetric RN nurses, and the midwives. And their Registered Colleges and the Institutes for training the Emergency and Resuscitation Responders, (911).

Promoters of wrongful, violent and painful birth trends include and the science, biology publishers of reproduction and delivery trends published in public preferred reading textbooks, from K to 12, and in Advanced Education of most all medical publications, in which in some, I have been published in public comments sections.

Active Management is a current wrongful model of Violent maternity practice:

Women are given labour drugs to either delay labour or advance it by the nurses or LPNs and the mothers are not told the truth to make an informed decision or have means to decline a BC Regional Health Authority PHS -BC, and PHSA policy.

The truth is known that all labour medication drugs do cross into the placenta and very quickly into the infant's circulation system.

SCANNING..

The females are lied to about no harm in scanning their babies, but when an autopsy is done there are cysts in the baby's brains, and these are similar to Senior's older brains.

Harmful no choice birth positions are part of AM and the deprivation of birthing by choice in warm showers or in warm water birthing tub.

Rejection of Moratorium asked for on some of these AM aspects, in BC.

There is no real reason to compress the umbilical cord, unless it tore.

And cutting the cord can create serious bacteria infections, and it need not be done, either, by informed parental choice.

Ignorance coming from the justice authorities, and some are failing to protect.

I tried for years to bring all these AM concerns to all government levels, across Canada, and to ACOG and SOGC, and the BC and/or International Autistic groups. And so did many others who "did have excellent personal knowledge, or academic certifications."

All, like myself, were being wrongfully ignored for their time and good will.

I believe why my concerns we're wrongfully put aside is because I am not a member of the medical professional academic groups. But, I am a medical consumer.

I also belong to a large group to my sex, being, female, and my God given titles are Mother (parent) and Grandmother and I have done due diligence by personally reading medical maternity publications on the dangers known of AM.

My research on maternity publications support of the known AM caused internal injuries began in 1998 and to the present day.

I have also experienced that a Prince George, BC, Crown Council was not helpful to allow a "Lay of Information," To support this, my effort, he had in his possession, a witnessed Obstetrician's letter which supported my parental and female birth trend concerns on AM, and the premature umbilical cord clamping policies.

Police officers did not investigate, either, in any Province.

Most press medias supported false afterbirth care to all babies and they were also, deceiving the public at large, too, and continue to promote after birth on cord tying as needed.

The news media by sharing the false after birth care trends resulted that even a USA 12 year old used a kitchen clamp to impose it on her new born baby brother.

A similar cord compression was directed to be done by a father. He used a dirty shoelace, and the father and 911 Dispatcher both appeared on the Dr. OZ TV program regarding the emergency car birth. The story is available ONLINE.

Dr. Oz, a surgeon, covered up the unsanitary shoelace tying care, and actually said he thought the cord tying saved the baby's life. No, the baby was sickly looking 12 days later.

Dr. OZ was not corrected by the New York Health Officials. We have all known since the mid-1850's that unsanitary care infects the blood stream and it can kill.

These individuals had no true education that the clamp or the shoelace tied into blood vessels of the cord was not a benefit to the babies.

All appeared to have learned to do that by false news stories and TV movies. All, bews medias, to this day, have not been officially corrected by the medical professional groups, or by a Court Order, if that becomes necessary.

PUBLIC INTEREST LITIGATION

I support Public Interest Litigation for a financial plan for compensation for no informed consent to living parents and whose children suffered violent births by the policy imposed of AM.

AM will be found by future maternity questionnaires to be the most common link to the increase of autistic but normal looking children.

And why there are so many sick children, the neonates to youth under 19, that their health care budget now is second to seniors.

And the Special Education to increasing medically impaired children (unnecessary) has become financially problematic to all taxpayers.

The duty of ethical and correct maternity practices rested on the past and current members of the Royal Colleges, and each provincial or state medical licensing college.

They were all directly or indirectly involved in creating no true consent to violent birth policies in AM.

I may be reached at:

[PII redacted]

True Birth stories were published in the USA Medical Veritas, since, year 2005

<http://www.medicalveritas.com/manDYoung.pdf>

Note: Personally Identifiable Information (PII) has been redacted in this document. Additional materials are available upon request.

Eileen Nicole Simon, Ph.D., R.N.

July 24, 2019

[PII redacted]

Lifelong Dependency

My son, Anders, attended a school for high-functioning autistic students. These students all appeared to have a good command of spoken language, and most, like my son, had good reading and writing skills.

However, at school reunions students return with their parents. I belong to the alumni parent online discussion group. The most pressing topics of discussion are housing and employment.

My son came home after graduation, and he was put on a long waiting list for "services." I suggested he look for Help-Wanted signs, but he did not understand how to make inquiries.

He noticed a beauty salon whose help-wanted sign also advertised "We will train you." He walked in and loudly proclaimed, "You can train me." The manager called the police.

The people most in need of "services" are those, like my son. He is high functioning, but not as high functioning or savvy as those who learn of their "autism diagnosis" in adolescence or early adulthood.

I don't want to engage in arguments, but my son's autism is not the same as those whose autism was discovered later. He is sadly too often overlooked as someone who needs help.

Written comments for the IACC meeting on July 24, 2019

Eileen Nicole Simon, Ph.D., R.N.

[PII redacted]

Following are comments on metabolic disorders, brain injury, language, and hearing in childhood autism. Can my comments be discussed at this meeting?

I have been trying since 2003 to bring these issues up for discussion by members of the IACC. I hope the Combating Autism (or Autism Cares) Act will be renewed and ensure continuation of the IACC, and the possibility to be heard in the future.

Metabolic Disorders

Despite the small percentage of genetic defects associated with autism, we are told that autism is mostly caused by genetic problems. Why have proponents of genetic causation failed to identify how the brain is affected?

Genetic disorders lead to metabolic disorders. Abnormal metabolites that cross the blood-brain barrier (BBB) are likely to injure the brain in the same way as oxygen insufficiency at birth.

Genetics are not the whole story of autism. Brain injuries and metabolic disorders leading to autism need more attention.

Brain Injuries

Difficult birth has long been associated with development of autism. This has been wrongly overlooked in recent decades.

Research on asphyxia at birth revealed damage in the brain that appeared to be minimal. However, this "minimal" damage was in the brainstem auditory pathway. Could this finding be the basis for future research on the language disorder in autism?

Please present this as a topic for discussion or, if not, explain why.

Language Disorder

Broca's aphasia that occurs in adulthood following a stroke is recognized as a serious neurological affliction.

Broca's speech area is a small neurological structure in the left frontal lobe. What are the neurological connections to Broca's area from other areas of the brain? How do these differ from connections to the same area of the right frontal lobe?

Shouldn't research on development of Broca's area in early childhood be more important than attempts to link gene defects to the ill-defined "social disorder" in autism?

Hearing Disorder?

Why are autistic children (and adults) so hypersensitive to loud sounds? Why is clapping hands over ears so distinctive of autism? Why is this not the focus of more research?

Brain damage in the monkeys subjected to asphyxia at birth was most prominent in the brainstem auditory pathway, the inferior colliculi.

The inferior colliculi are pea-sized structures, smaller than Broca's area in the left frontal lobe. But they are not as small as the micro-chips in iPhones. It is too bad that brain science has not progressed as quickly as computer science.

Signal multiplexing techniques are at the forefront of computer miniaturization over the past six decades. Dopamine, serotonin, GABA, and more are likely involved in signal transmission and damping in sensory pathways. Doesn't this merit far more research than continuing to look for more autism genes?

Written comment for the IACC meeting on July 24, 2019

Eileen Nicole Simon, PhD, RN

[PII redacted]

Research Proposal Summary

At the October meeting of the IACC last year, Dr. Gordon responded to my comments on language disorder being possibly caused by injury within the brainstem auditory pathway. He pointed out there is no evidence of this, but that this could be a million dollar grant proposal, over a five-year period.

Below is a summary of a proposal I wrote for a grant-writing course I took this spring semester. I have heard nothing from two Boston area researchers I have contacted. I would appreciate suggestions from IACC committee members on how to proceed.

Brainstem Injury?

Brainstem structures were the most prominent sites of damage in monkeys subjected to asphyxia at birth. Subsequent development of the cerebral cortex was also impaired.

Difficult birth with low Apgar scores has been described in many research reports on autism. Repetitive movement disorder can be attributed to brainstem injury, in the basal ganglia. But failure of language development is the most serious problem for autistic children.

Brainstem damage in monkeys subjected to asphyxia at birth was most prominent in the inferior colliculus (plural colliculi). Earlier research had revealed that blood flow to the inferior colliculi is higher than anywhere else in the brain. This surprise finding was the motivation for looking for injury in the inferior colliculus.

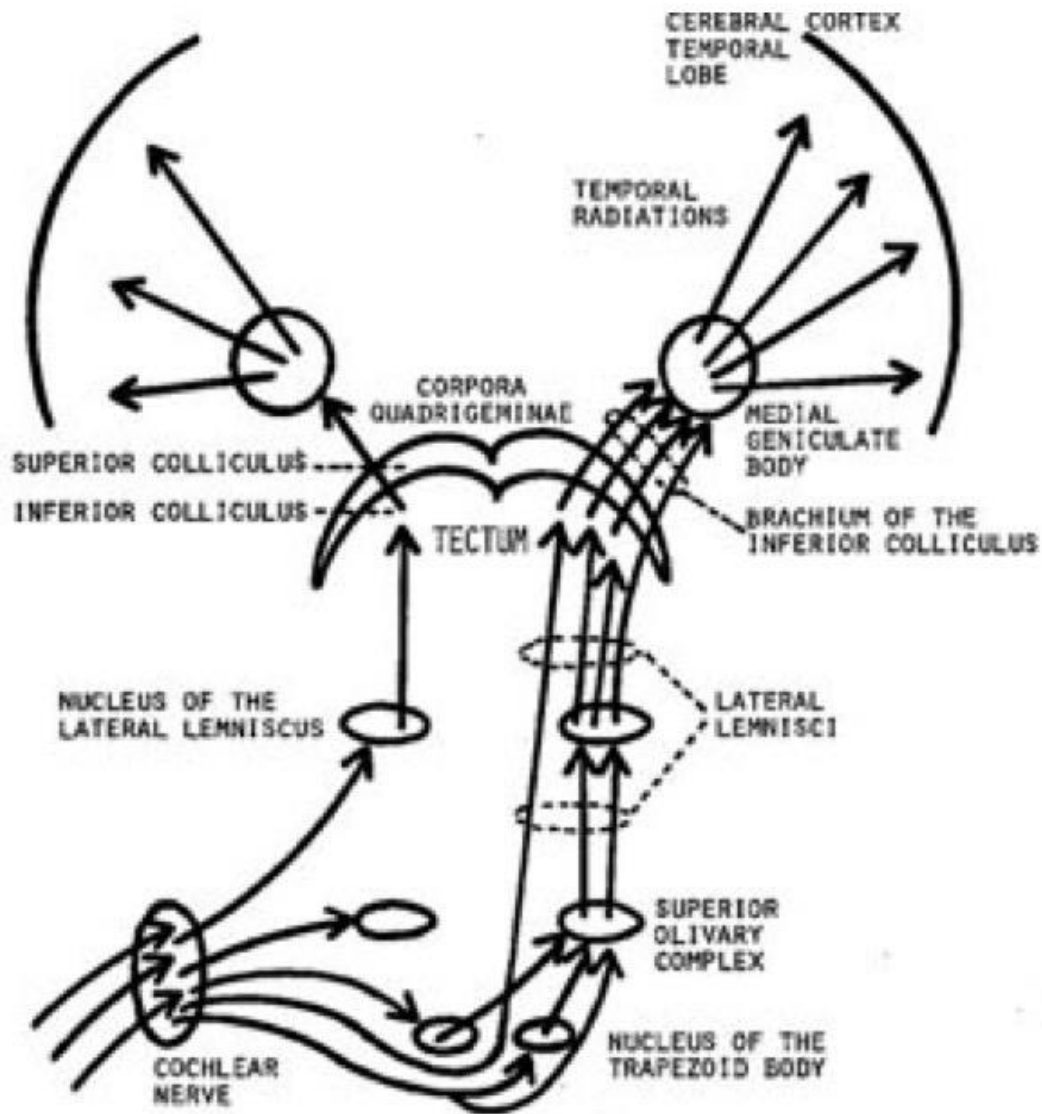
The auditory system is always active, even during sleep. Brainstem auditory connections may underlie vigilance monitoring within the brain. Could the metabolically most active inferior colliculi be essential for environmental awareness?

Many case reports have described loss of the ability to comprehend spoken language following injury of the inferior colliculi. How much more serious this would be for an infant.

I want to look for damage in the inferior colliculi in brains from people who were diagnosed in childhood with developmental language disorder. The inferior colliculi show up as bright spots in fMRI scans. Thus I also want to look for diminished activity of the inferior colliculi in fMRI scans.

I also want to confirm damage in the superior olivary complex reported in 2011. Malformation of the superior olives had been described in an earlier case report. Exposure of laboratory rats to valproic acid (Depakote) during gestation produced similar abnormalities in the superior olives.

Auditory System Anatomy

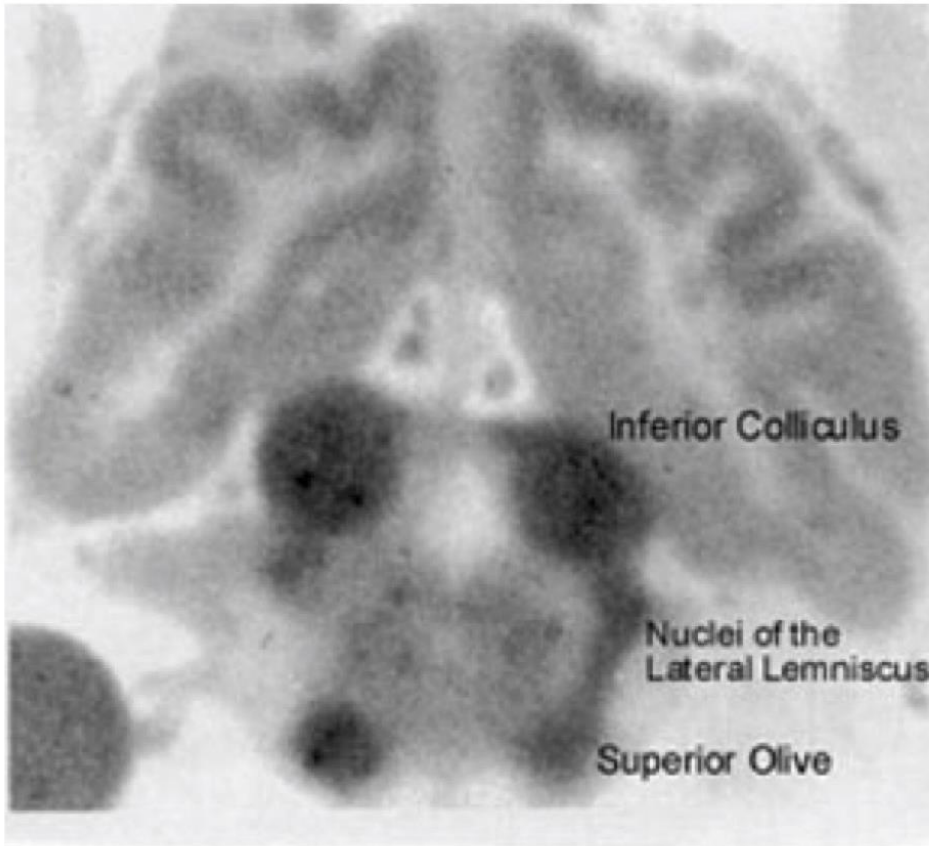


AUDITORY PATHWAY: Cochlear nerve, trapezoid body, **superior olive**, lateral lemniscus, **inferior colliculus**, brachium of the IC, medial geniculate, temporal lobe.

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

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

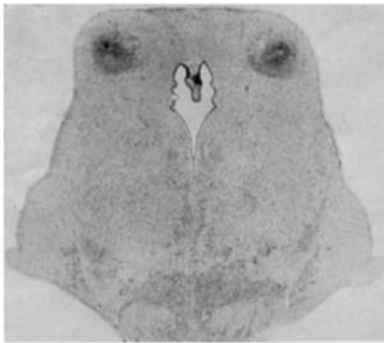
Blood Flow in the Brain



Distribution of a radioactive tracer 60 seconds after injection into the bloodstream of a cat. Brainstem sites in the auditory pathway received more of the tracer than any other area of the brain.

From Kety SS. Regional neurochemistry and its application to brain function. Bull N Y Acad Med. 1962 Dec;38:799-812. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1804882/?tool=pubmed>

Inferior Colliculus Damage



LEFT: Monkey brain with damage of the inferior colliculi by asphyxia at birth.

From Myers RE. Am J Obstet Gynecol. Two patterns of perinatal brain damage and their conditions of occurrence. 1972 Jan 15;112(2):246-76.

RIGHT: Human brain with damage of the inferior colliculi after neonatal death (bottom picture).

From Leech RW, Alvord EC Jr. Anoxic-ischemic encephalopathy in the human neonatal period, the significance of brain stem involvement. Arch Neurol. 1977 Feb;34(2):109-13.

Loss of speech comprehension after injury to the inferior colliculi

- [1] Howe JR, Miller CA. Midbrain deafness following head injury. *Neurology*. 1975 Mar;25(3):286-9.
- [2] 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.
- [3] Nagao M et al. Haemorrhage in the inferior colliculus. *Neuroradiology*. 1992;34(4):347.
- [4] 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.
- [5] Hu CJ et al. Traumatic brainstem deafness with normal brainstem auditory evoked potentials. *Neurology* 1997;48:1448–1451.
- [6] Johkura K et al. [Defective auditory recognition after small hemorrhage in the inferior colliculi](#). *J Neurol Sci*. 1998 Nov 26;161(1):91-6.
- [7] 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.
- [8] Vitte E et al. Midbrain deafness with normal brainstem auditory evoked potentials. *Neurology* 2002;58:970–973. (two case reports)
- [9] Hoistad DL, Hain TC. Central hearing loss with a bilateral inferior colliculus lesion. *Audiol Neurootol* 2003 Mar-Apr; 8(2):111-223
- [10] Musiek FE et al.. Central deafness associated with a midbrain lesion. *J Am Acad Audiol* 2004 Feb;15(2):133-51.
- [11] Pan CL et al. [Auditory agnosia caused by a tectal germinoma](#). *Neurology*. 2004 Dec 28;63(12):2387-9.
- [12] 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.
- [13] 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.
- [14] 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.

John Mitchell

July 24, 2019

Samantha Crane should give a public apology for stating that the wandering behavior of autistic persons which gets many of them killed is something that other people problematize but is understandable from an autistic's point of view. I doubt Ms. Crane has ever engaged in wandering behaviors and she should apologize for this statement.

Jane Mccready

July 24, 2019

Would the committee please accept the premise that every autistic person is an individual, and that therefore no one autistic person can speak for any but their own autism - and certainly not for the whole spectrum. The drive to get "autistic voices" on panels has a clear bias towards those autists who are verbal, able to get themselves to the meeting, able to follow a meeting. Such folk speak only for their own autism and should be counterbalanced with parents who speak for their level 3 children. If big organisations like your own lead the way, maybe we can turn about the slanting of autism discourse and research toward a particular niche - leading to autism research which is really "half autism" Research: <https://www.disabilitycoop.com/2019/03/19/kids-severe-autism-overlooked/26209/>

Colby Blakesley

July 24, 2019

Our autistic child would need lots of one on one guidance and structure with activities. Even if there simple activities just something structured for his day so he's not bored and gets anxiety. To follow his sensory diet so he can balance his stimulation and regulate his body.