

AUTISM IS TREATABLE!

Thank you for inviting me to participate in these important hearings on the crucial need for more effective treatments for autistic children.

I am Bernard Rimland, Ph.D. My Ph.D. is in experimental psychology and research design. My specialty is research methodology. I have been a full-time research scientist for over 50 years, 45 of those years having been devoted to a 7-day-a-week search for effective treatments for autistic children.

My autistic son Mark was born in 1956. At age 5 we were told that he was hopeless and untreatable and that we should institutionalize him. We did not. He was still in diapers at age 7 and did not ask or answer a question until age 8. Today, at age 47, he is an internationally-recognized artist who has been interviewed on national TV, including the CBS, CNN and PBS networks as well as a Japanese television network.

My 1964 book, *Infantile Autism*, destroyed the prevailing belief that autism was a psychological disorder, caused by bad mothering, which could be treated with psychotherapy for both mother and child. My book also demolished the myth that mainstream professionals could be counted upon to base their practices on objective, scientific evidence, rather than dogma. Even today dogmatic, rather than pragmatic, beliefs prevail. (See, for example, the FDA policy on the non-treatability of autism, which follows.)

Frustrated by the apathy and indifference of the status quo, I founded the Autism Society of America in 1965, and the Autism Research Institute in 1967, to help bring about needed change. I founded the Autism Research Institute for the explicit purpose of determining the cause of and identifying effective treatments for autism. I thank you for holding these hearings, which are 40 years overdue.

Today, for the first time in history, there are successfully treated autistic children — living, breathing, speaking autistic children — living among us and enjoying their lives. These mainstreamed children, who no longer carry the dread label “autistic,” owe their liberation from autism to treatment modalities which were, and still are, ridiculed, reviled and rejected by most of the recognized authorities in the educational and medical autism establishments. Nevertheless, the new treatment approaches are rapidly convincing many of the most skeptical critics.

Many of these recovered autistic children are the sons and daughters of physicians, conventionally trained M.D.s who looked at and wisely rejected the sparse and faulty options offered by conventional medicine. You can see and hear eight of these enlightened doctors tell their own stories on videotapes available from the Autism Research Institute: “Physicians who have successfully treated their own autistic children.” These videotapes were made at panel presentations at the 2001 and 2002 conferences of the Autism Society of America.

The research program of the Autism Research Institute devotes serious consideration to all forms of treatment for which there is significant evidence of benefit to autistic children, including both behavioral and biomedical approaches.

A major reason for my founding the Autism Society of America in 1965 was to advance the cause of early behavioral intervention, commonly known today as “ABA.” I was firmly convinced by my research that this form of treatment could bring about remarkable improvement in many autistic children, despite its rejection by most professionals who were considered authorities on autism. Today the mainstream community fully accepts the value of ABA, although it took well over 20 years for ABA to receive mainstream acceptance. Now that the behavioral approach is widely accepted and has reached the mainstream, we are devoting most of our efforts to advanced and effective biomedical treatments. We feel that drugs are not the answer—no child is autistic because of a deficiency of Ritalin or Risperdal. All drugs confer significant adverse side effects.

By 1995, the beginnings of what is now widely recognized as an epidemic of autism were clearly evident. Also clearly evident was the fact that a great many autistic children were showing remarkable improvement that could be attributed to treatments that did not involve the use of drugs—treatments that were commonly regarded as “alternative medicine.” (Much of alternative medicine is better described as “intelligent medicine.”) In January, 1995, together with two esteemed colleagues, pediatrician Sidney M. Baker, M.D., and chemist Jon Pangborn, Ph.D., whom I regard as the world’s most knowledgeable experts in the metabolism of autistic children, I convened the first Defeat Autism Now! Think-Tank, comprised of approximately 30 carefully-selected physicians and scientists on the cutting

edge of autism research. The title, Defeat Autism Now! (DAN!), was a response to the complacency and lack of urgency that were so evident at NIH, and at the medical schools, where research on the treatment of autism was virtually non-existent, except for experimental trials of various drugs designed for use on adults.

The Defeat Autism Now! movement has proven extremely successful. We have recently completed our 12th DAN! Conference in Portland Oregon, and the next DAN! Conference is scheduled for the Washington, DC area April 16-18, 2004. We also have held a series of mini-DAN! conferences for the training of physicians and other healthcare practitioners, and are developing a curriculum for teaching nurses how to implement the DAN! approaches to diagnosis and successful treatment of autism. (See www.AutismResearchInstitute.com or www.DefeatAutismNow.com.) There are at present several hundred DAN! physicians in the U.S. and some overseas. Most important, there are thousands of children, many, as noted above, the sons and daughters of DAN! physicians, who are no longer diagnosed as autistic and who have been mainstreamed in their school systems. The DAN! program is having excellent success!

Despite the obviously good results we are achieving, there are a great many obstacles to overcome. One major obstacle is the obstinate insistence by the Food and Drug Administration that there is no effective treatment for autism, and that it is quackery to claim otherwise. I would like to submit as part of my testimony the following letter written by myself and Jon Pangborn, Ph.D. (also the father of an adult autistic son) to Mark McClelland, M.D., Commissioner of the FDA. Note that the FDA claims on its website that autism is hopeless and untreatable, despite a great deal of scientifically-documented evidence to the contrary. In our letter of May 8, 2003 to Dr. McClelland, which has yet to receive a satisfactory reply, I cite some of the evidence which disproves the contentions of the FDA policy statement. For example, I cite, and placed into evidence, 22 published studies, based on research conducted by scientists in 6 countries, demonstrating that vitamin B6 (usually in combination with the mineral magnesium) brings about highly significant improvement in autistic children and adults. Eleven of these studies have been double-blind, placebo-controlled experiments, and many

have used objective physiological measures, such as improvement of various electrophysiological indices of brain function, and the reduction or removal of abnormal substances in the blood or urine of autistic children. (My son Mark has been taking 1,000 mg/day of vitamin B6 [along with 400 mg of magnesium] each day for 40 years. I doubt that there is a healthier person on this continent.)

Action is needed!

Let me close with a concrete proposal and a challenge:

I urge that the Federal Government undertake the evaluation of autistic children who have been treated by the doctors in our Defeat Autism Now! (DAN!) movement, as compared to children treated by physicians who adhere to the conventional, much less effective treatment modalities.

I propose that the NIH fund immediately, on a high-priority basis, a low-cost telephone or mail questionnaire survey of 1,000 parents of autistic children, divided into two groups:

Group A. Parents whose autistic children have been patients, for one year or longer, of 25 DAN! doctors selected by the Autism Research Institute. Twenty patients would be selected randomly from the pool of autistic patients treated by each of the 25 DAN! doctors.

Group B. Similar to Group A, except that the children would be from the practices of 25 pediatricians selected by NIH or the American Academy of Pediatrics.

The survey would ask for such information as:

1. The child's symptoms, pre- and post-treatment.
2. Any objective criteria of improvement (e.g., mainstreamed? IQ improvement? Speaking? Number of words/sentences? etc.).
3. The parents' rating of improvement (10-point scale).
4. Which treatments were provided?
5. Which treatment modalities have helped the child most?

The parent responses to questions 1, 2, and 3 would be analyzed by judges who are blind to whether the patients were in Group A or Group B. This would be an excellent launching pad for a long-neglected and long-needed federal program of research on effective autism treatments.

The hour is late — let's move ahead!

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