



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

December [REDACTED] 2007

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

This letter is in response to your Freedom of Information Act (FOIA) request of [REDACTED] 2007.

Enclosed are documents you requested.

We are withholding predecisional internal communications. Release of this type of predecisional internal material would interfere with the agency's deliberative process. This decision is based upon the Freedom of Information Act at 5 U.S.C. 552(b)(5) and the Department's implementing regulation at 45 CFR 5.66(a).

Under authority of the Freedom of Information Act at 5 U.S.C. 552(b)(6) and the Department's implementing regulation at 45 CFR 5.67, names and other information, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, were deleted from these documents.

You have the right to appeal this decision to deny you full access to agency records. Send your appeal, within 30 days from the date you receive this letter, to the Deputy Assistant Secretary for Public Affairs (Media), U.S. Department of Health and Human Services, Room 17A-46, 5600 Fishers Lane, Rockville, Maryland 20857. Please mark both your appeal letter and envelope "FOIA Appeal."

The fee is waived in this instance because it falls below our billing threshold.

Sincerely yours,

Nelda Robinson
for Lynn Armstrong
CDC/ATSDR FOIA Officer
Office of the Chief of Staff
(404) 639-7270
Fax: (404) 639-7395

Enclosures

[REDACTED]

Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)

From: Richard Grinker [rgrink@gwu.edu]
Sent: Tuesday, July 03, 2007 4:43 PM
To: Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)
Subject: Re: RE: Wall Street Journal Op-Ed

glad you liked it.

just read the proposed legislation from Carole Maloney (D-NY) asking congress to order a comparative study of vaccinated and unvaccinated populations.

(b)(6)

Yours,

Richard

p.s. Did I tell you that (b)(6) just started working at NIMH as the autism coordinator (Director's office) and exec. secretary of the IACC?

Roy Richard Grinker, Ph.D.
Professor of Anthropology
The George Washington University
Editor, Anthropological Quarterly
2110 G St., NW
Washington, D.C. 20052
USA
202-994-6984; 202-994-6097 (Fax)
rgrink@gwu.edu

----- Original Message -----

From: "Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)" <mxy1@CDC.GOV>
Date: Monday, July 2, 2007 3:43 pm
Subject: RE: Wall Street Journal Op-Ed
To: Richard Grinker <rgrink@gwu.edu>
Cc: "Rice, Catherine (CDC/CCHP/NCBDDD)" <cqr8@CDC.GOV>

> Richard,

> Thank you so much for sharing this with us.

(b)(5)

> (b)(5)

> Regards,
> Marshalyn

> -----Original Message-----

> From: Richard Grinker [
> Sent: Saturday, June 30, 2007 12:48 AM
> To: Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)
> Cc: Rice, Catherine (CDC/CCHP/NCBDDD)
> Subject: Re: Wall Street Journal Op-Ed

> Dear Marshalyn and Cathy,
> I thought you would be interested in this op-ed I published today
> in the Wall Street Journal.

> THE WALL STREET JOURNAL
> COMMENTARY
> Science on Trial

>
> Autism awareness has spread throughout the globe. Societies that never
> had a word for autism are inventing them, and autism societies are
> being founded on every continent. But while there is considerable
> agreement about how to define the signs and symptoms of autism, every
> society has their own ideas and beliefs about what causes it and how to treat it.

>
> Autism has been linked to witchcraft in Africa, to poor mothering in
> France and South Korea, to divine blessings among some communities in
> Israel and India, and to measles in the United Kingdom. In most
> places, there are competing, co-existing systems of thought about
> autism, and the United States is no exception.

>
> Over the last three weeks, I listened to testimony in the first of
> nine test cases in the U.S. Vaccine Court (Cedillo v. Health and Human
> Services) considering the question of whether a mercury-based vaccine
> preservative called thimerosal (which used to be in many vaccines), or
> the measles-mumps-rubella (MMR) vaccine, or both together caused
> autism in Michelle Cedillo, the plaintiffs' daughter.

>
> I heard some of the world's leading experts on autism, immunology and
> vaccines testify that there is no biological model to account for an
> autism-vaccine connection, no scientific evidence or credible studies
> linking the two. They argue, instead, that autism is largely genetic.

>
> And yet just last week, Robert F. Kennedy, Jr. wrote on the Huffington
> Post Web site that there are "hundreds of research studies" from
> dozens of countries providing "undeniable" proof that vaccines cause
> autism, and Rep. Dan Burton (R., Ind.) wrote a letter to the president
> of NBC claiming there was increasing evidence that thimerosal has
> contributed to an epidemic of autism. Scores of Web sites and autism
> advocacy groups are convinced of the connection, and the vast majority
> of scientists and physicians can't understand why. How is it possible
> that there could be two such contradictory explanatory models?

>
> The judges presiding over Vaccine Court are being asked to believe in
> an elaborate set of arguments. To find for the plaintiffs, they will
> have to decide that the preponderance of the evidence suggests it is
> more likely than not that there is a true increase in the incidence of
> autism linked to the increase in numbers of vaccines children receive;
> that thimerosal can compromise the immune system; that the immune
> system would therefore be vulnerable to the measles vaccine virus;
> that the vaccine virus can cause a persistent infection in the
> gastrointestinal system, and the infection can cause autism -- and
> that all of these things occurred in the case of Michelle Cedillo.

>
> The scientific testimony has been devastating to the plaintiffs
> because the recognized experts on autism, vaccines and immunology do
> not support even one of these premises, let alone a link between any
> of them. The only thing the government and the Cedillos agree on is
> that Michelle Cedillo has autism.

>
> Scientists hope that a decision against the plaintiffs will slow down
> the antivaccine movement, and parent groups hope that a decision for
> the plaintiffs will prove that the government's vaccine program has
> poisoned a generation of children. My own view, as a parent of a child
> with autism, and as someone involved with epidemiological research on
> autism, is that neither vaccines nor anything ever contained in
> vaccines is related to autism or the increase in the prevalence of autism.

>
> I base my opinion on scientific literature and no court decision is
> going to change it. Neither will a court decision change the minds of
> the antivaccine advocates. Two distinct communities have emerged, and
> though they both employ the language of science, their ideas are
> simply incommensurable. The two groups co-exist, like creationism and

> evolutionary biology, but they operate on such different premises that
> ~~a true dialogue is nearly impossible. The plaintiffs, for example, are~~
> so convinced that the root of autism is to be found in mercury that
> they did not even call a single autism expert to the stand in a trial
> about autism.
>
> Scientists are supported by an enormous network of publications and
> scientific agencies, but the antivaccine groups have their own
> support, mostly on the Internet. Spend just a few minutes browsing
> antivaccine chat groups and blogs and you will find widespread
> validation of the mercury-autism link, and a pronounced disdain for
> prestigious journals like Science, Nature and scientific peer review in general.
>
> We should not expect too much out of this trial, or the next eight.
> The scientific community and antivaccine parent groups will each
> continue to look for clues under their own lampposts, because that is
> where the light is. But we should pay careful attention to this
> conflict. The antivaccine movement may be evidence that public
> confidence in science is eroding, which means that public health is at
> risk too.
>
> Mr. Grinker, professor of anthropology and the human sciences at
> George Washington University and editor of the Anthropological
> Quarterly, is the author of "Unstrange Minds: Remapping the World of
> Autism" (Basic Books).
>

Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)

From: Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)
Sent: Thursday, June 07, 2007 6:30 PM
To: 'Richard Grinker'; Rice, Catherine (CDC/CCHP/NCBDDD)
Subject: RE: RE: RE: Good to meet you at IMFAR

Hi Richard,
You are right; there is not much. This is what I have:

Powell JE, Edwards A, Edwards M, Pandit BS, Sungum-Paliwal SR, Whitehouse W. Changes in the incidence of childhood autism and other autistic spectrum disorders in preschool children from two areas of the West Midlands, U.K., *Developmental Medicine and Child Neurology*. 2000; 42(9): 624-8.

Smeeth L, Cook C, Fombonne E, Heavey L, Rodrigues LC, Smith PG. MMR vaccination and pervasive developmental disorders: a case-control study. *Lancet*. 2004; 364(9438): 963-9.

Lauristen MB, Pedersen CB, Mortensen PB. The incidence and prevalence of pervasive developmental disorders: a Danish population-based study. *Psychol Med*. 2004;34(7):1339-1346.

Icasiano F, Hewson P, Machet P, Cooper C, Marshall A. Childhood autism spectrum disorder in the Barwon region. A community based study. *Journal of Pediatrics and Child Health*. 2004;40: 696-701.

Honda H, Shimizu Y, Imai M, Nitto Y. Cumulative incidence of childhood autism: a total population study of better accuracy and precision. *Dev Med Child Neuro*. 2005;47(1):10-18.

Williams K, Glasson EJ, Wray J et al., Incidence of autism spectrum disorders in children in two Australian states. *Med J Aust*. 2005;182(3):108-111.

Barbaresi WJ, Katusic SK, Colligan RC, Weaver Al, Jacobsen S J. The incidence of autism in Olmsted County, Minnesota, 1976-1997: results from a population-based study. *Archives of Pediatrics and Adolescent Medicine*. 2005; 159: 37-44.

Jick H, Beach KJ, Kaye JA. Incidence of autism over time. *Epidemiology*. 2006;17(1):120-121.

Best,
Marshalyn

-----Original Message-----
From: Richard Grinker [mailto:rgrink@gwu.edu]
Sent: Thursday, June 07, 2007 1:09 PM
To: Rice, Catherine (CDC/CCHP/NCBDDD)
Cc: Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)
Subject: Re: RE: RE: Good to meet you at IMFAR

Dear Marshallyn and Cathy,

I have a favor to ask. I am working on an incidence paper right now, and trying to make sure I have all the papers out there (there are not very many incidence studies). Do you have any citations other than these? If you do (or if you don't) I'd very grateful to hear back from you.

Honda H, Shimizu Y, Imai M, Nitto Y. Cumulative incidence of childhood autism: a total population study of better accuracy and precision. *Dev Med Child Neurol*. Jan

~~Powell JE, Edwards A, Edwards M, Pandit BS, Sungum-Paliwal SR, Whitehouse W. Changes in the incidence of childhood autism and other autistic spectrum disorders in preschool children from two areas of the West Midlands, UK. Dev Med Child Neurol. Sep 2000;42(9):624-628.~~

Davidovitch M, Holtzman G, Tirosh E. Autism in the Haifa area--an epidemiological perspective. Isr Med Assoc J. Mar 2001;3(3):188-189.

Lauritsen MB, Pedersen CB, Mortensen PB. The incidence and prevalence of pervasive developmental disorders: a Danish population-based study. Psychol Med. Oct 2004;34(7):1339-1346.

Icasiano F, Hewson P, Machet P, Cooper C, Marshall A. Childhood autism spectrum disorder in the Barwon region: a community based study. J Paediatr Child Health. Dec 2004;40(12):696-701.

Williams K, Glasson EJ, Wray J, et al. Incidence of autism spectrum disorders in children in two Australian states. Med J Aust. Feb 7 2005;182(3):108-111.

Barbarese WJ, Katusic SK, Colligan RC, Weaver AL, Jacobsen SJ. The incidence of autism in Olmsted County, Minnesota, 1976-1997: results from a population-based study. Arch Pediatr Adolesc Med. Jan 2005;159(1):37-44.

Jick H, Beach KJ, Kaye JA. Incidence of autism over time. Epidemiology. Jan 2006;17(1):120-121.

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----- Original Message -----

From: "Rice, Catherine (CDC/CCHP/NCBDDD)" <cqr8@CDC.GOV>
Date: Thursday, May 31, 2007 2:43 pm
Subject: RE: RE: Good to meet you at IMFAR
To: Richard Grinker <rgrink@gwu.edu>

> Have you gotten much of a strong reaction for not fully embracing the
> epidemic as a phenomenon of increased risk?

>
> Cathy

> -----Original Message-----

> From: Richard Grinker [
> Sent: Thursday, May 31, 2007 2:38 PM
> To: Rice, Catherine (CDC/CCHP/NCBDDD)
> Subject: Re: RE: Good to meet you at IMFAR

>
>
> Thank you! Just what I needed. I am also grateful your kind words
> about my book.
> It was a challenge writing something that could be appreciated by both
> experts and lay people.

> Richard

>
>
> Roy Richard Grinker, Ph.D.

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> The George Washington University
> Editor, Anthropological Quarterly
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> rgrink@gwu.edu

> ----- Original Message -----
> From: "Rice, Catherine (CDC/CCHP/NCBDDD)" <cqr8@CDC.GOV>
> Date: Thursday, May 31, 2007 2:29 pm
> Subject: RE: Good to meet you at IMFAR
> To: Richard Grinker <rgrink@gwu.edu>

> > Richard,
> >
> > It was nice to meet you as well.

(b) (5)

> > [(b) (5)

> > About the NCBDDD Center Director. It was Dr. Jose Cordero. He is
> > now
> > the head of the School of Public Health at the University of Puerto
> > Rico. Alison Johnson has been Acting Director since last summer.
> > She
> > will return to being Deputy Director at the end of July and our new
> > center Director will begin - Dr. Ed Trevathan. Dr. Trevathan is a
> > pediatric neurologist and is currently at the University of
> > Washington
> > in St. Louis. He has been the PI for the ADDM Network site in
> > Missouri.
> > I hope this helps!

> > Cathy
> >
> > Catherine E. Rice, Ph.D.
> > Developmental Disabilities Team
> > National Center on Birth Defects and Developmental Disabilities
> > Centers for Disease Control and Prevention 1600 Clifton Road
> > Mailstop
> > E-86 Atlanta, Georgia 30333
> > (404) 498-3860 Phone
> > (404) 498-3550 Fax
> > crice@cdc.gov
> > www.cdc.gov/ncbddd

> > -----Original Message-----
> > From: Richard Grinker [
> > Sent: Thursday, May 31, 2007 2:16 PM
> > To: Rice, Catherine (CDC/CCHP/NCBDDD)
> > Subject: Good to meet you at IMFAR

> > Dear Cathy,
> >
> > I'm glad we had the chance to meet, even briefly at IMFAR. Had a

> > question for you. I was browsing through the CDC website just trying
>
> ~~to figure out who's who, and I was wondering: who is the director of~~
>
> > NCBDDD? Looks like Alison Johnson, but she is listed as Acting
> > Director as of August 2006. Has a more permanent director been
> > appointed, or is it Johnson?

> >
> > Hope all is well with your work. I just got back from Korea
> where
> > our prevalence study continues to go well

(b)(6)

> >
> > Sincerely yours,

> > Richard

> >
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Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)

From: Roy Grinker [rgrink@gwu.edu]
Sent: Monday, March 05, 2007 10:01 PM
To: Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)
Subject: Re: RE: Teleconference for Records-based Autism Epi workgroup

Dear Marshalyn,

One other thing I forgot. Is there an agenda for the teleconference? Just wanted to get a better sense of the purpose of the conference, what outcome is expected from the call, etc.

7/3/2007

Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)

From: Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)
Sent: Saturday, January 20, 2007 9:27 PM
To: 'Roy Grinker'
Cc: Rice, Catherine (CDC/CCHP/NCBDDD)
Subject: RE: quick question

Hi Richard,

We at CDC are *very* interested in identifying adults with ASD. In fact, we had an RFA last year to do just that, but unfortunately we only received one application that was not fundable. We hope to be able to have another announcement in the future and get a better response, but that is dependent on funds. To our knowledge, there is no one doing an epidemiologic study to determine the prevalence of ASD in adults. A real need! But also will be challenging to do.

Good luck with the Monday radio show!

Marshalyn

From: Roy Grinker [mailto:rgrink@gwu.edu]
Sent: Saturday, January 20, 2007 2:07 PM
To: Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)
Subject: quick question

Hi there,

I am doing a radio show on Monday in which I expect to be asked about the difficulties of doing prevalence studies of adults with autism. I'm totally prepared for it, except for one thing. Is there anyone out there trying to do it?

Thanks for any info. you can provide:

Below, fyi: a draft of an op-ed I am submitting to the New Jersey Star-Ledger:

- > **Where are the Adults with Autism?**
- >
- > Roy Richard Grinker and Kristina Chew
- >
- >
- >
- > According to Meeting the Needs of Adults with Autism: A Blueprint for
- >
- > the Future, a white paper released by the New Jersey Center for
- > Outreach & Services for the Autism Community (COSAC) in October 2006,
- >
- > there has been a 186% increase in the number of persons with autism
- >
- > applying for services---from 2,108 in 1999 to 6,021 people in 2006---

7/3/2007

>
> from the New Jersey Division of Developmental Disabilities. Further,
>
> more than 80% of those who have applied for services are under 20
> years of age; one in 166 children in the United States today has an
>
> autism spectrum disorder. If there are, as COSAC notes, "thousands of
>
> adults with autism currently in need of services," there are "tens of
>
> thousands of infants, toddlers and children with autism now known to
>
> the system" who will become "tens of thousands" of adults with autism.

>
> On the surface, these figures suggest that there has been a
> recent increase in the incidence of autism among those under 20 years
>
> of age and that there is an epidemic of autism. Indeed, Congressman
>
> Dan Burton (R-Indiana) has repeatedly told the American people that
>
> "We have an absolute epidemic of autism."

>
> . When scientists respond that there has been no rise in autism, that
>
> we are merely diagnosing autism more, and counting it more
> accurately, believers in an autism epidemic – mostly parent
> advocates, philanthropists, and politicians like Rep. Burton – argue
>
> triumphantly that if there is no epidemic, then 1 of every 166 adults
>
> in the United States must, in fact, have autism. But as journalist
> David Kirby recently wrote, ""Where are the one in 166 autistic
> adults? We can't find them."

>
> So just where might those one in 166 adults with autism be?

>
> As surprising as it may seem, they are living and working among
>
> us.

>
> Some live at home with their aging parents or siblings. Some
> live in group homes, or in institutions. Some have jobs and live
> independently. Many have the diagnoses given to them when they were
>
> children, such as mental retardation, seizure disorder, or
> schizophrenia. Recently, one of us met a severely autistic 60 year
> old woman in eastern Tennessee, who we'll call Donna. Donna's
> internist diagnosed her with autism ten years ago, when she was 50.
>
> Her mother said that Donna's first label, in 1950, was "mentally

-
- > retarded with emotional block and obsessive compulsive traits.”
 - > Today, for the purposes of public assistance, she is classified as
 - > mentally retarded.
 - >
 - > There is no record anywhere to suggest that Donna is “autistic.”
 - >
 - > Now, imagine another, more mildly autistic adult, who has a job
 - >
 - > with minimal social demands (filing medical records, perhaps), has
 - > poor eye contact, and some anxiety. Perhaps he is even married. After
 - >
 - > all, as they get older, many people with autism, like the well-known
 - >
 - > writer, Temple Grandin, make significant advances. First, he may not
 - >
 - > seek treatment or even think he has problems. Second, even if he did,
 - >
 - > he may not go to a psychiatrist, but rather to an internist who could
 - >
 - > treat his anxiety. Third, even if he did go to a psychiatrist, it is
 - >
 - > not likely the psychiatrist would diagnose an adult with autism,
 - > especially if the psychiatrist had no clinical data on his early
 - > childhood (autism is still a developmental disorder diagnosed in
 - > childhood).
 - >
 - > So, unless such mildly autistic adults had been diagnosed as
 - > children, and unless there were good baseline data on these people as
 - >
 - > children, we would have a hard time going back in time and trying to
 - >
 - > predict whether they would have qualified for an autism diagnosis.
 - >
 - > Even in the old days when we had rates for autism of 5 in 10,000
 - > children, epidemiologists would have been hard pressed to find the
 - > corresponding adults, unless they knocked on people’s doors looking
 - >
 - > for autism. And even then, most of these people would not consider
 - > themselves to be “autistic.” Even if we could do a total population
 - >
 - > study that included adults, researchers do not yet have valid and
 - > reliable ways to screen and confirm a diagnoses of autism in adults.
 - >
 - > As an analogy, consider Fetal Alcohol Syndrome (FAS), which
 - > occurs in 1 in 500 children. Because FAS only became a diagnosis
 - > after the mid-1970s, there are virtually no adults with this
 - > diagnosis over the age of 30. To locate an adult with FAS you would
 - >
 - > have to have evidence of fetal alcohol exposure, plus childhood onset
 - >
 - > of the symptoms of FAS. Another example would be speech disorders,

>
> including lisps and stuttering, very common in the general
> population, easily countable among children, and virtually
> uncountable among adults, many of whom have found ways to adapt to
> their problems.

>
> Children with autism are much easier to count than adults,
> because they are in schools, but they were once invisible too.
> Indeed, Thomas Insel, the Director of the National Institutes of
> Mental Health, recently told Newsweek that during his psychiatric
> training in the 1970s he saw "not one child with autism." It's not
> because he wasn't looking. It's because they were misdiagnosed,
> institutionalized, and treated by neurologists (if at all). In the
> 1970s, psychiatrists seldom saw children and there were only a few
> hundred child psychiatrists in the entire country. By 1992, however,

>
> public schools had begun to use autism as a classification for
> children who received special services. Autism awareness soared.
> Today, there are better diagnostic tools, and therefore better
> records that scientists can use to estimate prevalence.

>
> The high rate of autism among America's children is not
> evidence of an epidemic. Rather it is evidence of how far we have
> come in understanding autism.

>
>
> Roy Richard Grinker is Professor of Anthropology and the Human
> Sciences at The George Washington University and the author of
> Unstrange Minds: Remapping the World of Autism, due out this month
> from Basic Books. Kristina Chew is Assistant Professor of Classics at
>
> Saint Peter's College and writes the weblogs Autism Vox and
> Autismland. Both are parents of children with autism.

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Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)

From: Roy Grinker [rgrink@gwu.edu]
Sent: Thursday, January 11, 2007 6:56 PM
To: Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)
Subject: Re: TIME Magazine story

TIME Magazine
Thursday, Jan. 11, 2007
What Autism Epidemic?
By Claudia Wallis

Epidemic is a powerful word. It generates bold headlines, congressional hearings, research dollars and dramatic, high-stakes hunts for culprits. It's a word that has lately been attached to autism. How else to account for the fact that a disorder that before 1990 was reported to affect just 4.7 out of every 10,000 American children now strikes 60 per 10,000, according to many estimates--the equivalent of 1 in 166 kids?

But what if there is no epidemic? What if the apparent explosion in autism numbers is simply the unforeseen result of shifting definitions, policy changes and increased awareness among parents, educators and doctors? That's what George Washington University anthropologist Roy Richard Grinker persuasively argues in a new book sure to generate controversy. In *Unstrange Minds: Remapping the World of Autism*, Grinker uses the lens of anthropology to show how shifting cultural conditions change the way medical scientists do their work and how we perceive mental health.

In addition to rising awareness of autism, Grinker points to these factors:

BROADER DEFINITIONS Each successive edition of the Diagnostic and Statistical Manual of Mental Disorders--the bible of mental health--has revised the criteria for identifying autism in ways that tend to include more people. Two conditions on the milder end of the autistic spectrum--Asperger's syndrome and the awkwardly named PDD-NOS (pervasive developmental disorder, not otherwise specified)--were added to the DSM in 1994 and 1987, respectively. Grinker and others say 50% to 75% of the increase in diagnoses is coming in these milder categories.

SCHOOL POLICY U.S. schools are required to report data on kids who receive special-education services, but autism wasn't added as a category until the 1991-92 school year. No wonder the numbers exploded--from 22,445 receiving services for autism in 1995 to 140,254 in 2004. Grinker points out that "traumatic brain injury" also became one of the 13 reportable categories in 1992, and it had a similar spike.

MORE HELP, LESS STIGMA As services have become more available for kids with autism, more parents are seeking a diagnosis they would have shunned 30 years ago, when psychiatrists still blamed autism on chilly "refrigerator" mothers. Doctors are also more willing to apply the diagnosis to help a patient. "I'll call a kid a zebra if it will get him the educational services I think he needs," National Institute of Mental Health psychiatrist Judith Rapoport told Grinker.

FINANCIAL INCENTIVES In some states, parents of children with autism can apply for Medicaid even if they are not near the poverty line. A diagnosis of mental retardation doesn't always offer this advantage.

RELABELING For all the reasons above, many kids previously given other diagnoses are now called autistic. University of Wisconsin researcher Paul Shattuck has found that the number of kids getting special-ed services for retardation and learning disabilities declined in 47 states between 1994 and 2003, just as those getting help for autism was rising. In 44 states, the drop exceeded the rise in autism.

As convincing as Grinker's analysis seems, arguments about the apparent epidemic will probably continue. It's simply impossible to accurately reconstruct the past incidence of the disorder, given how radically definitions have changed. Those who believe the increase is real often focus on the mysterious paucity of autistic adults. With their conspicuous symptoms like hand flapping and little or no language, "I think we would be recognizing

them in institutions," says Dr. Robert Hendren, executive director of the M.I.N.D. Institute at the University of California, Davis.

Grinker's answer is that autistic adults are out there but wearing other labels. "Where are all the adults with fetal alcohol syndrome?" he asks. No one over 40 has the condition, thought to affect up to 1 in 500 kids today, because it was not recognized until the mid-'70s. "But no one would say alcoholism among pregnant women just started," says Grinker.

Grinker, whose 15-year-old daughter is autistic, concedes that there's something reassuring about the idea of an epidemic: "Thinking about any disorder as an epidemic is easier than thinking about it in terms of multiple causes, shifting definitions and a scientific reality we are only just beginning to understand." Besides, if a disease suddenly spikes, it seems more plausible that the increase could be reversed--if only we could find the mysterious environmental trigger. With autism, though, that hopeful scenario seems just too simple.

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2 pages withheld

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Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)

From: Roy Grinker [rgrink@gwu.edu]
Sent: Thursday, November 30, 2006 2:44 PM
To: Yeargin-Allsopp, Marshalyn (CDC/CCHP/NCBDDD)
Subject: thanks for talking today

Thanks for taking time out of your schedule to phone me. I appreciate it.

All my info, below:

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