TESTIMONY OF ANNE EVANS, MA, CHLC, CCNS BEFORE THE MARYLAND SENATE EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE ON SB 103

My name is Anne Evans. I am a microbiologist and author of the triple award-winning book *Beating Autism*. In 1995, I gave birth to a baby girl. Today she is doing well only because we were able to have the benefit of nonconventional approaches to care.

In fall of 1999, at the age of 4, my daughter, Sarah, began displaying behaviors unlike those of her peers. Her preschool teacher sent me to the pediatrician to bring her behaviors to his attention. The pediatrician denied seeing a problem. He stated that she was too young to make a diagnosis, which denied me any opportunity for early intervention. Through the winter of 2000, Sarah's behaviors grew into symptoms. She was clearly declining.

By spring of 2000, Sarah was failing to keep food down. She was throwing up nearly everything she ate. We were approaching "failure to thrive." On the body mass index Sarah had gone from 90th percentile to 45th percentile. Again, I called the pediatrician. He was on vacation. I was connected with a nurse. I requested a referral to a nutritionist. I was mocked and she said, "We don't refer to nutritionists. The doctor will be back in two weeks. Would you like to make an appointment?" I responded no thank you and hung up. This type of conversation was typical when asking for assistance from a conventional medical office.

Once the pediatrician had returned, and my daughter's vomiting was under control through the help of books on nutrition, I continued seeking answers. The pediatrician referred me to a child psychologist in Arnold, Maryland. This psychologist had one 15-minute meeting with Sarah. He had one telephone conversation with her kindergarten teacher. Then he produced his diagnosis of Pervasive Developmental Disorder.

Because there were physical symptoms as well as behavioral symptoms, I returned to my pediatrician for additional help. He told me, "Stop looking. You are going to make yourself crazy. Besides, even if you do find something, there's no way to remove it. Also, you don't want to use experimental therapies because you don't want someone experimenting on your child, now do you?"

I left his office and engaged an integrative practitioner. My written testimony incudes s a red blood cell analysis from my daughter at age 5 showing that her mercury levels in micrograms per gram were nearly double the reference range for an adult toxic dose. Following a few treatments her mercury level dropped to .004 micrograms per gram, far below the acceptable reference range. Another test that conventional physicians neglect to consider is casein, which is a huge problem for spectrum kids as it to turns into morphine in the gut. At the time this sample was taken, my daughter had been dairy and

soy free for over one year, but those trained in nutritional medicine are aware that casein could still be bound up in the tissues, which can be treated.

Today my daughter is free of symptoms and no longer suffers from any spectrum disorder thanks to treatment possible because these causes were identified. My experience working to help families since is that it is very difficult for families to find trained physicians who are willing and able to explore these toxicities and food intolerances as sources of neurologic disorders because of the controversies that surround them. Because physicians should be able to work in the best interests of their patients, I ask that you vote for SB 103.

Please, I implore you as a patient and a parent, there is great need to be able to discuss integrative modalities in the medical doctor's office. Thank you for your time.



LAB#: 99841-0226 PATIENT: Sarah Evans SEX: Female AGE: 5 CLIENT#: 18915 DOCTOR: Bruce Rind, MD

11140 Rockville Pike Suite 550 Rockville, MD 20852

1	NUTRIENT ELEMENTS						
ELEMENTS	RESULT µg/g	REFERENCE RANGE	2.5 th	16 th	PERCENTILE 50 th	84 th	97.5 th
Calcium	20.0	8- 31.0			-		
Magnesium	52.0	36- 64.0				•	
Potassium	85.0	65- 95.0		- 1000	_	•	
Phosphorus	628	480- 745			_		
Copper	0.94	0.52- 0.89			-		
Zinc	9.8	8- 14.5			_		- 10
Iron	938	745- 1050			_		
Manganese	0.018	0.007- 0.03					
Chromium	0.033	0.012- 0.07					
Selenium	0.55	0.19- 0.38					
Boron	0.075	0.005- 0.11			_		
Vanadium	0.0009	.0001-0.002				_	
Molybdenum	0.0007	.0005-0.002		_			

POTENTIALLY TOXIC ELEMENTS						
TOXIC ELEMENTS	RESULT µg/g	REFERENCE RANGE	PERCENTILE 95 th 99 th			
Antimony	< 0.0002	< 0.005				
Arsenic	0.006	< 0.01				
Cadmium	< 0.0008	< 0.005				
Lead	0.025	< 0.09				

SPECIMEN DATA

Comments: re ults checked

Date Collected: 4/18/2001

Date Received: 4/20/2001 $\mu g/g = ppm$

0.019

Date Completed: 4/23/2001

Mercury

Methodology: ICP-MS

0.01

RED BLOOD CELL ELEMENTS



LAB#: 99980-0296 PATIENT: Sarah Evans SEX: Female AGE: 5 CLIENT#: 18915 DOCTOR: Bruce Rind, MD

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NUTRIENT ELEMENTS							
ELEMENTS	RESULT µg/g	REFERENCE RANGE	2.5 th	16 th	PERCENTILE 50 th	84 th	97.5 th
Calcium	20.0	8- 31.0					
Magnesium	51.0	36- 64.0					
Potassium	75.0	65- 95.0			_		
Phosphorus	613	480- 745					
Copper	0.78	0.52- 0.89					
Zinc	8.8	8- 14.5		_			
Iron	879	745- 1050			_		
Manganese	0.018	0.007- 0.03					
Chromium	0.037	0.012- 0.07			_		
Selenium	0.41	0.19- 0.38					
Boron	0.055	0.005- 0.11			•		
Vanadium	0.001	.0001-0.002					
Molybdenum	0.0011	.0005-0.002			-		

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POTENTIALLY TOXIC ELEMENTS							
TOXIC ELEMENTS	RESULT μg/g	REFERENCE RANGE	PERCENTILE 95 th 99 th				
Antimony	0.0002	< 0.005					
Arsenic	< 0.0006	< 0.01					
Cadmium	< 0.0008	< 0.005					
Lead	0.029	< 0.09					
Mercury	0.004	< 0.01					

SPECIMEN DATA

Comments: selenium checked

Date Collected: 8/31/2001

Date Received: 9/6/2001 Date Completed: 9/11/2001 Methodology: ICP-MS

 $\mu g/g = ppm$