

TRANSCRIPT - May 6, 2004
Government Reform & Oversight Hearing
Subcommittee on Wellness & Human Rights
Transcribed from video tape presentation -- Not official Committee transcript
(Some medical terminology may not be spelled correctly)
All slide references in this transcript may be found on this disk in the
2004 Government Reform folder with the actual testimony of witnesses.

In attendance: Congressman Dan Burton, Congresswoman Diane Watson, and
Congressman Dave Weldon (also a medical doctor).

Witnesses: Rashid Buttar, DO, Paul Harch, MD, Ken Stoller, MD, and
Julie Gordon, MUM's founder.

Congressman Burton:

Let us start with Dr. Buttar since he was the first one we named here.

Dr. Buttar:

On behalf of the millions of people that appreciate what you have been doing and I just wanted to start off by saying that we all appreciate the battles that you fought on our behalf for years and years. You have a presentation in front of you; I believe a power point presentation. I would like to start off by first pointing out that the overwhelming evidence of Mercury and chronic disease has been reviewed and yet still it's is considered to be a controversy.

On the second slide you will see I did search under Tox – line under ATSDR division of CDC. We did a search under Mercury and a number of different chronic diseases. What is interesting is that, although in the medical literature there is very little evidence of Mercury associated with chronic diseases. The amount of references that I found with Mercury and cardio-vascular disease, as you can see from that slide amounts to 358 studies. Why is that important? I will explain that just in a second.

If you look at the slide number three. Mercury and cancer, there are over 643 references in the Didactic literature that explains the relationship between Mercury and cancer. When you go to the neuro degenerative area, Mercury in the brain, over 1,445 references regarding the relationship between Mercury and neuro degeneration and yet for some reason still it is considered to be a controversy.

There is no controversy as you know Mr. Congressman. Where do we get Mercury? We get Mercury from everywhere, combustion of fossil fuel, from amalgams, from the water we drink, of course we know about the aerosol issues, from vaccines, from the food we eat. So if it is considered to be so devastating and why is it considered so devastating? If you look at the statistics from the World Health Organization that was published in 1998, it stated that 80% of all causes of death which is not only disease processes but homicide, suicide,

accidents etc. 8 out all 10 causes of death are either cardio-vascular or cancer and Mercury is directly related to those two. When you take into consideration the neuro degenerative diseases, you are looking a 95% causes of all death could be attributed to by Mercury. So this is a very significant problem beyond autism and the rest of the spectrum that we are going to discuss today.

Now looking at where Mercury goes in the body, it goes essentially everywhere which you see on slide number 8, but what I am here to discuss with you today that you have asked me to come and discuss is how do we get the stuff out.

On slide number 10 you will see a patient, a 44 year old female and this is how we typically expect Mercury to show up. You will notice in the middle of the page at the bottom, the challenging agent here was DMPS, a chemical that is used selectively for Mercury and Arsenic. You will notice that this woman's Mercury level was 65micro grams per gram creatinin, normal is considered any thing less than three. As we treat this woman you see that each time we test her, her mercury comes down. It is down to 29 in slide number 11, down to 21 on slide number 12 and then on slide number 13 it jumps up to 41 but that is because we added a substance called Glutathione that potentiates the affect of the MPS and helps you pull out more. We see the continuation of the mercury levels dropping. It drops out at 21 again when we add the Glutathione DMPS.

The point of these slides are to show is when we measure mercury in these test, we are not just measuring the amount of mercury in the body because there is no way to accurately do that. The only way to accurately do that is by multiple site biopsy which of course is not conducive to life. The only method that we are using right now to determine mercury issues is by the amount of mercury that we are pulling out. So these tests only show us what is being pulled out not what is in the body. So we rely upon these types of test to determine if mercury is an issue or not. In the autistic population as well as in the Alzheimer's population, we have a phenomenon called an impaired detoxification pathway. Meaning they cannot get rid of the mercury so when we test them they do not show it. Even using our advanced techniques of using IV therapies to challenge the body.

If you look on slide number 16 we now have a case of a 34 years old woman with significant medical problems including hormonal disruptions, cardiac dysrhythmias, ataxia, she could not walk straight, she had a problem speaking, she had milk coming out of her breast, she was suicidal, she had seen 16 doctors for five years before she came to see me. I told her that this was mercury, she said that she had been checked for mercury, I told her that did not count and that we had to do an IV treatment and she said that she had had this done exactly the way I do it. I called her doctor and he was one of my students who had come to one my work shops and was following my protocol. We repeated this test and as you can see she had no mercury there. This is after two test 2.8 micro grams creatinin. No mercury was found.

We have tested her twice over a period of a year and a half and then she asked me the question that basically changed how I practice medicine and leads me to be in front of you today. She asked me if I was your sister how would treat me. I would like to think I treat all of my patients the way that I would treat my family members but I told her that if you were sister I would not rely

upon this test result I would start treating you. She asked me to start treating her and you will see on slide number 17, after 20 IV treatments her mercury level is now 9.4 it has increased exponentially. You will notice that her Arsenic level went from a mere 13 up to 260. This is exemplifying the point that we are here for today with Autism. These patients cannot eliminate mercury. On slide 18 you see continuation, the same patient, her mercury level is now 19 and yet she is getting better. So as the mercury level is actually increasing, what we are measuring is that she is actually getting better which means that this person was not able to rid of the mercury on her own.

In fact this person even with the appropriate treatments was not able to get rid of the mercury and this is what we see with Autism and I will explain that just shortly. You see the continuation of this on slide number 19. We have gone from 2.8 -9.4-19-27 micro grams per gram creatinin of mercury and this woman at this point was completely normal, she was symptom free.

If you go to slide number 22 we see what is actually going on here. Michael Godfrey who is going to be a co-author with me on the study that we are getting ready to publish essentially found that there is genetic predisposition. I believe that there is probably a number of them but the one that he found was apelealil and we confirmed this with our study but basically a genetic predisposition that allows for a person not to be able to detoxify the system as the vast majority of people.

The question that is asked all the time in similar hearings and lectures where people say why is it that one child has this problem and their twin does not have the problem, if it affects one child it should affect all the children. The point is that they are genetically predisposed, they are sensitive and there system cannot eliminate the toxicity that they have been exposed to.

On slide 24 there is a picture of my son who fortunately is here with me and he will be happy to answer all of your questions after we are done. At the age of fourteen months he lost his ability to speak and he his first word was Abu which is father in Arabic and had about another ten word vocabulary. By the fifteenth month he had lost his vocabulary after a week after his inoculations. I started his treatments at the age of three after we got a definitive diagnosis and looking at slide number 25, no mercury, slide number 26 no mercury, slide number 27 no mercury but Boyd Hailey who I am sure that you are familiar with, he had a very interesting study that came out where they compared normally developing children with children that autism and what they found were that the children that autism had no mercury in there hair where as children that were developing normally had very high levels of mercury. Why? Because these children can't get rid of mercury, that is the whole point.

The children that are autistic cannot get rid of it and you see that after 6 test on slide 29, you will see my son's mercury level. You saw 4 previous slides that showed no mercury and now you will see his mercury on slide 29 was 13 micro grams per gram creatinin, which is over 4 times the toxic level. Today you will see for yourself what he is capable of doing. He is far ahead of his peers, he is speaking in two different languages, he reads, he writes and he plays chess. There is nothing that this kid cannot do. We decided to see if this was something that was just isolated. We did a study on 31 patients; all were diagnosis of autism, autism like spectrum, developmental delay. They were all treated with the same format, transdermal DMPS conjugated with a number of different amino acids and it is delivered in a highly specialized micro encapsulated lycosomal phospholipid transdermal base. All 31 patients were tested at baseline with urine metal screens, hair

metal screens, blood metal screen as well as fecal metal screens and all children showed little or no mercury on initial testing.

You will see on slide 37 an example of a child that was tested and had nothing that showed up at base line but as treatments continued these children started dumping mercury and you will see in slide 39 a four hundred percent increase. I picked an average slide and right now we are doing the statistical analysis on this study. When I am talking about recovery, I am talking about full recovery in speech, cognition, ability to interact with others. I have 19 children documented on video that have full... I don't like to call it remission because they are not remisng from anything, we are really just cleaning up their system but they are normally schooled, you would not be able to tell.

We have another 30 some odd children that we have treated that are well on their way to getting better. The issue here is that, what is the difference between Alzheimer's and Autism, there is no difference except of when the exposure was made. For instance if you take Alzheimer's patient and have them fast forward into the future which was more than five years ago, today they would have Autism. If you took an autistic child and they were born seventy years ago they would Alzheimer's. The only difference is chronic insidious exposure versus acute load of mercury. what I am here and hopefully on behalf of the parent of the children that I am treating as well as a number of other physicians that have started using this treatment modality, is to show that the trans dermal DMPS is a method of removing mercury regardless of where it is coming from. We can get rid of it and then other treatments such as nutrition, hyperbaric become more efficacious in helping to regenerate the neurons that have been damaged from the mercury.

Congressman Burton:

It is very impressive Doctor. It is hard for a layman like myself, maybe Dr. Watson can do better to keep up with you when you are going through this. I think I got the gist of it but what we would like to do is start with you because I would like to submit all of this HHS and CDC and have them take a look it. Let them know that the Congress is watching it and want to send it over. But I would like to have it in addition to this maybe something written out so that not only I can I follow thoroughly but so that the people over there at HHS and the CDC will not be able to say they could not follow it.

Dr. Buttar:

We have given you a 12 page written narrative to go with this. I was also told that I had 5 minutes to give a two hour presentation.

Congressman Burton:

You did it pretty well. You did not get it in 5 minutes but you did pretty well. You move awful fast. If you could move your feet that fast you would be an Olympic runner. Very well done and we will use this and we will submit it to HHS along with your analysis.

Dr. Buttar:

Thank you very much.

Congressman Burton:

Dr. Harch can you turn your mike on sir.

Dr. Harch:

Chairman Burton and distinguished members of the committee, thank you for this wonderful opportunity to speak before you today. Before I started, I want to make an announcement. The International Hyperbaric Medical Association and the American Board of Clinical Metal Toxicology as well as Oklahoma University Health Science Center and School of Medicine is going to conduct the first evidence base medicine study on the only two effective therapies that have been identified for autism; hyperbaric oxygen therapy and chelation therapy.

We were going to have an internet base study that will allow doctors to enter patients with autism from all over the country and what we are proposing to do is do a sequence of chelation therapy, hyperbaric oxygen with testing before and after treatment. As doctor Bob Nash and I have pointed out, this is the only study that will address two of the major underlying problems with the majority of autism cases.

Number 1, the poisoning and stunning of neurons by mercury and secondly the rebuilding of a stunted brain with hyperbaric oxygen. I wanted to point out that the state of Wisconsin has recently announced a retraining program for autistic children. It is a three year program, \$30,000 per child per year and unfortunately at the end of three years we would have spent \$90,000 per child and the children would still be autistic with maybe some improvement in behavior. The problem is that the central flaw, you cannot retrain a stunted brain and a poisoned brain. What we are going to do for \$20,000 is be able to treat these children with this combination therapy and likely return a substantial number of them to near normal function and better lives.

How I got into this was that I made a discovery back in the late 80's and early 90's treating our divers in New Orleans with brain decompression illness and specifically what we found were divers who had failed standard Navy treatment in months to years later were disabled by neuro cognitive problems. I was able to bring back and subject to a lower pressure protocol of hyperbaric oxygen therapy and it improved them dramatically. We used functional brain imaging before and after hyperbaric treatment to identify that injured area of brain that could respond with a repetitive course of treatment and then document it with a repeat scan. We then extended that, patients with boxing injuries and other causes of traumatic brain injury, chronic stroke and cerebral palsy.

The first cerebral palsy case treated in North America were treated at our facility in 1992 and 1993. Toxic brain injury and then of course autism and in the course of fifteen years and approximately 400 patients now, we have had about 20 patients with autism spectrum disorders, persistent development delay and autism. What we found is three things, 1. there seem to be in a lot of these children, a low blood pressure, low oxygen, low blood flow, insult to the brain either in late pregnancy at the time of birth or shortly after birth. It was either unappreciated obscured or frankly covered up. Secondly, much of the brain injury that we saw was at the base of the brain involving the temporal lobes. Thirdly, these children could be improved with hyperbaric oxygen although we would not cure them. Over the course of these years we found the autistic

children responded much like the divers, the trauma patients and all the other fifty different neuro pathologies that we have treated.

What I am here to tell you is that we have a treatment for brain injury that is going to revolutionize the treatment of brain injury in the world. As I told chairman Regula last week in testimony before his committee it has now been shown with over forty years of research that a single high pressure hyperbaric oxygen treatment at the time of a low blood flow, low oxygen insult to the brain can nearly completely negate the effect of that insult. So had my autistic children been treated likely at the time of that injury they would not have been autistic today. In fact, this is suggested by a study that was done in 1963 and published in the world famous Lancet by Dr. Hutchinson in England, he took 65 babies born not breathing who failed resuscitation and when everything failed he put them in a hyperbaric chamber gave them a single hyperbaric treatment and at the end of the day 54% of them were discharged from the hospital quote "apparently well". We know now that this could treat the vast majority of injuries to human beings in the world.

Unfortunately, if you are a child the only way you can get this is you cant get it you have to be a high priced thorough bred race horse, new born fold that is affected by low oxygen and blood flow in Lexington Kentucky or Florida and then you will get in a hyperbaric chamber for your injury. We also have a treatment for chronic brain injury and we have shown that and amongst those are the autistic children. So in summary what I want to tell you is, we have a preventative treatment for autism and we have a treatment for autism. It's hyperbaric oxygen and combined with Chelation therapy such as Dr. Buttar's we believe that we can return the substantial majority of autistic children in the United States and the World to improve levels of near normal function and we are going to prove it the next three years with this evidence base study. Thank you very much.

Congressman Burton:

That is very good news as well and I presume we have detailed analysis and testimony that we can use and also submit to the health agencies.

Dr. Harch:

They have seen it.

Congressman Burton:

Well they will see it again. In fact the chairman that I presented this to at the Mind Institute in Sacramento a few years ago and they were not particularly interested. We are hoping they might be more receptive. Well we will send it to the powers that be over there with a personal letter. Hopefully from myself and Ms. Watson and we will try to make sure that they take a look at it and thank you. Dr. Stoller

Dr. Stoller:

Chairman Burton and distinguished members of the sub committee, thank you for this opportunity to speak with you today. Ignoring hyperbaric medicine has come at a great societal

cost. The past is the past. I am here with one of my patients, 10 year old Augustus Gugge, who began life as an eleven week premie with the most severe grade of intra ventricular bleed in her brain. She has a diagnosis of Cerebral Palsy but began her hyperbaric oxygen therapy last year. It is now 2004 and we can document either by SPECT scan or neuro cognitive evaluations. Concrete evidence of dramatic improvements in children with brain injuries can make if they can receive treatment with hyperbaric oxygen therapy. These neuro cognitive changes are in many cases quasi miraculous given the short time required to manifest these permanent improvements. Every published research study that has looked at the efficacy of using hyperbaric oxygen therapy to treat children with cerebral palsy has found significant levels of improvement.

The most recent study published in the United States was in the US Army Medical Journal in 2002. Brain injuries that are considered irreversible and incurable such as the case of fetal alcohol syndrome are now being treated in New Mexico, do respond to hyperbaric oxygen therapy. They respond immediately and can now be documented. Fetal alcohol syndrome for example is one of the leading causes of mental retardation in this country.

The government and Medicaid are the insurers of last resort for most of these children and the cost is astronomical. The CDC reports that the overall economic cost for just one child with cerebral palsy is \$40,000,000 over their life time. Yes the past is the past, now there is a therapy for brain injury replete with documentation that can return people to work, return them to school and give them a life worth living as well as drastically reducing government cost for these brain injuries, so can these children get treated with hyperbaric oxygen therapy after all Medicaid EPSDT statue says that any treatment that either corrects or ameliorates be a covered benefit of the state plan or not, shall not be denied a handicap child. However most states ignore this aspect of Medicaid law and force families to take legal avenues to seek reimbursement.

This week Augusta was denied for the third time by New Mexico Medicaid firm getting hyperbaric oxygen therapy despite both her pediatrician and neurologist requesting it for her. Medicaid law, the science of hyperbaric oxygen therapy and prudent economics are all present behind this therapy. It is time for it to be made known and available to all brain injured children, even if it requires congress to remind state Medicaid programs of their obligation in regard to brain injury and hyperbaric oxygen therapy. It is important to support evidence based medical programs such as the Oklahoma University study of autism and it is important to mandate that state Medicaid programs to literally obey the law. It is important to help bring hyperbaric oxygen therapy to save every ones "precious" health care dollar. There is a pernicious catch-22 at work. As most state Medicaid agencies have decided there reimbursement policies for hyperbaric oxygen therapy should be modeled after Medicare policy but the Medicare policy on hyperbaric oxygen therapy is formulated based on research and data collected on people age 65 and older. CMS will reject petitions made to it for new indication that are not relevant to this population and therefore hyperbaric oxygen therapy for brain injured children does not have any opportunity to be a covered indication no matter how much research is presented. That is simply the way the system operates at the moment.

How can a Medicaid HBOT policy for children truly provide services for children if its plan is based on a government model that is not designed for children? It makes no financial sense to use the Medicare model on which to base health care decisions for children, particularly brain injured children. Thank you very much.

Congressman Burton:

Thank you very much Dr. Stoller. I presume that we have a detailed statement.

Dr. Stoller:

Yes. The graphs of Augusta's incredible and dramatic neuro cognitive changes are documented in the testimony as well as that fetal alcohol syndrome case I was talking about.

Congressman Burton:

Very good. We just want to have as much information as possible so that we can submit it the rights way. MOM's, how did you come up with that.

Ms. Gordon:

One of the children in our group, when we were discussing it, came up with it.

Congressman Burton:

So you came up with the word MOM and then you added the words to it. You did a good Job.

Ms. Gordon:

I want to thank you for allowing me to testify and represent the parents of this nation that have discovered what hyperbaric oxygen can do for their children who have autism and brain damage. When my daughter Jessica was born 30 years ago she suffered brain damage from a loss of blood. We were both hemorrhaging through the umbilical cord and she was born dead and resuscitated and we were both given ice cold blood. In those days babies like Jessica went to institutions, in fact federal law allowing them to even go to school would not be passed for two more years. So we had a lot of battles ahead of us. Today is another battle that I am fighting for children like Jessica and babies yet to be born so that they won't have to go through what our family went through and we continue to go through.

I had to give up my teaching career, I had a set of twins and then got divorced, the girls and I were forced to go out on SSI, welfare, food stamps and Medicare. It was very frustrating and degrading to have two college degrees and be forced to accept government help. Disabilities in the families are not only emotionally but financially devastating to our children, the whole family and the government. I realize now that all of this could have been prevented with a little over \$3 worth of oxygen. Loss of blood is one of the non approved conditions for treatment for hyperbaric oxygen therapy. I strongly believe now if Jessica had gotten the therapy immediately, she would have gone home a normal baby. Instead I was sent home with seizing, spastic, screaming infant with no referral for any therapy or any support.

Twenty five years ago, I started a support group in order to network with other parents who children also had disabilities. The group has since has changed the name to MOM National Parent to Parent Network because we have a lot of fathers involved and we wanted to include them and their name. We became international and we now have 19,300 members from 54 countries. In a

news letter from England read about Linda Scottson whose 14 year old son who was blind and deaf and in a wheel chair and she had treated him with hyperbaric oxygen therapy and he walking, talking and was so coordinated, he could ride a two wheel bike with no hands.

Well I was pretty skeptical but I called Linda and she told me that she had a hyperbaric chamber in her living room, she was treating other children and later on I found out that there were five hundred children in England getting treated that had brain injury and they were improving. The chambers that they were using were a hundred chambers that clinics that were set up to treat Multiple Sclerosis for free through a charitable trust and they would allow children with brain damage to get treated for a nominal fee. Once I shared this information in my news letter about hyperbarics, more and more parents started wanting information. Two of my members went with their eight and ten year old daughters to Florida and got only 14 treatments because that is all they could afford. Their daughters improved so much that when they came back, one of them raised money and has a chamber in her home and the other one, her husband used a propane tank and tried to make a chamber.

I knew then how desperate parents were and what impact finally having a hope for improvement in their child's brain damage would do. Once it was published in the news letter, it really started a parent world wide movement to get hyperbarics covered for children. stories poured in, one of our moms, Claudine Nadeau from Quebe, brought her twin sons to Canada and when she came back to them, Dr. Marois who was their pediatric physiatrist was so impressed with their improvements that they both approached the McGill University and got a study where 25 children only received only 20 treatments but they all improved.

At that time a group of parents in Quebec formed and they demanded and put pressure on the government to do another study. I am just trying to point out that the information is out there and the parents are demanding this and there is no way to stop us. We will go to England and Canada. What is frightening is that some of the parents are talking about going to the bottom of swimming pools with scuba gear and treating with a hundred percent oxygen. We have a lot of parents whose children have autism and the children have totally turned around.

My own daughter who was functioning at a five year old level, she was twenty five when I got her treatments. I had a friend a friend call me and she said "Julie what did you do to Jessica.", I asked her what did she mean and she said "Last year when I went to her program I asked her a question three times and she finally pointed to yes. This year I went she drove up to me in her power chair and asked me how my dog was."

The stories are pouring in like Kevin Fickle who was 18 months old, it was shortly after a vaccine that he got meningitis, went into a coma, five strokes to the brain, all his organs shut down and Dr. Hernandez luckily knew about hyperbarics but could not put him in the chamber until a sore developed so that he could justify treating a wound. Kevin today is now normal; all he has now is a slight speech impediment that probably would have been prevented if he had gotten treatment right away.

Doctors have called me and admitted that they are sneaking the children in the chamber. One doctor told me that his 51 year old friend had a viral encephalopathy, he was brain dead and all

the test showed that he should be removed from life support and he tried hyperbarics and he said that he walked out of the hospital on his own accord. He was not well and I asked "Why are you not screaming this from the roof tops" and he said "I would lose my job." So this is what medicine has come to. The doctors know that it works but they are not allowed to talk about it or use it.

We have a child that we brought today and I think she is wanting to be heard from. Shannon called me and Gracie was on life support and they again wanted to unplug Gracie and she called me crying saying that she can't let her baby die. I told her about hyperbarics and she took her by ambulance to Florida. This little girl was blind, in a coma, all the other children, this is a rare mitochondrial Cytochrome C Reductase. The doctor said that there are only five in the world and they all died by two and you should let her go.

Her mitochondrial disease has gone. There are forty mitochondrial diseases. My point is we do not know what it will work for but this little girl is the oldest living child with this conditions and she keeps getting better with all the treatments. I just want to say one final thing that I think after the testimonial you heard today, if you have a loved that incurs brain damage, you will be looking for the closest chamber too. Thank you.

Congressman Burton:

Thank you Ms Gordon and I really appreciate what MOM's are doing and the information that you have given us. Dr. Weldon who is with us has to leave. He is a physician and he is very interested in the mercury aspects of autism and all these other things. He can be a big help to us in communicating with our health agencies. So Dr. Weldon, do you have questions or comments.

Dr. Weldon:

Yes I do Mr. Chairman and thank you for inviting me. It is great to be back. I miss the committee but I must admit that you worked me pretty hard when I was on the committee and I certainly thank the ranking member as well for giving me the opportunity to be here. Ms. Gordon the case that you just presented of that little girl, were you saying that all previous cases of that Mitochondrial disease was that they were dead by two has that case been written and published in the medical literature.

Shannon Talks: (Cannot be heard but was talking about her daughter Gracie's condition.)

Dr. Weldon:

Can you state your name for the record.

Congressman Burton:

If you have any documentation on that we won't ask you to be sworn because we have witnesses. Could you get that to us relatively soon. If you could then we could incorporate that into the other information that we will be sending over to HHS and we will be asking them questions so that they will respond to us.

Dr. Buttar, I am pronouncing your name correctly?

Dr. Buttar: Yes you are.

Dr. Weldon:

You used DMPS as your chelating agent.

Dr. Buttar:

Yes I have been using DMPS for eight years intravenously and about two years in transdermal form.

Dr. Weldon:

You have to forgive me. I got called up when you were beginning your testimony. I thought I saw one of your slides talking about administering an oral a chelating agent as well. Is that correct.

Dr. Buttar:

DMPS was developed in Russia and has actually been used in Europe for 50 years and its primary method of application is oral dosing. The problems are that it is 50-55% absorbed through the gastro intestinal mucosa. The second problem is in the children that we treated with the DMPS orally within 5-7 days they started having abdominal cramping and pain. Thirdly the patient population as most of the patient population that I deal with have already altered gut function, they have basically chronic GI distress, GI disbiosis and many other types of digestive types and absorption problems. So these children were not getting better with the oral version and that is when we went to the transdermal. We had actually used the transdermal previously in adults but found that is was not as efficacious as the IV because IV's are done every other week and the trans dermal was not yielding as much mercury as the IV version.

Dr. Weldon:

Tell me about your transdermal application. How do you do that? What is the technology involved there. Is it a commercially available product?

Dr. Buttar:

No sir. DMPS is not approved in the United States. Its sister product which is DMSA which is made by the same manufacturer out of Germany is approved but happens to be neuro toxin. DMPS it has been approved for bulk compounding pharmacy usage but that was only for three years and now strangely enough since 2001 we can't find any information from the FDA. FDA right now is pushing for compounding pharmacy.

Dr. Weldon:

The question I really had is do you just apply it to the skin and put an adhesive bandage on it?

Dr. Buttar:

No actually, I should have brought some with me and my son would have demonstrated how to use it but its drops. DMPS is highly oxygen reactive so it has to be stabilized and once it is stabilize we conjugate it with certain amino acids including Glutathione and then it is a lotion essentially and its dosage is 1.5mg/kg, its drops 1mg/drop and a child could take it themselves. It is dosed every other day because it is very effective at pulling out mercury and arsenic but it is not selective, it will pull out essential minerals.

Dr. Weldon:

You used the term transdermal though. Are you applying it to the skin.

Dr. Buttar: That is correct.

Dr. Weldon:

So the children just rub it on their skin.

Dr. Buttar:

That is correct. To the volar aspect, to the fore arm, to the platisimus area any where that has high vascular supply.

Dr Weldon:

And then it just in bathing the mercury is with drawn? Do they absorb it into their body and it comes out in their urine.

Dr. Buttar:

What our studies showed was that it actually increased in hair yield, fecal as well as urine. The body primarily the body excretes urine through the billiary system but we have seen it being excreted through the renal system as well as the hair.

Dr. Harch, are you on the faculty of the University of Oklahoma. Did I hear you say that?

Dr. Harch:

No, I am at LSU in New Orleans, I am on the faculty there. I am working with the Oklahoma school of medicine.

Dr. Weldon:

Have you published any of the studies that support the claims that you have made in your testimony today.

Dr. Harch:

Some. It has mainly been in book chapters, there have been some isolated articles as well and we have an animal now that we are doing the final preparations for a manuscript.

Dr. Weldon:

A lot of the resistance on the part of insurers and third party payers is the failure to develop an adequate knowledge published in the peer reviewed literature supporting the claims and assertions regarding the applications of hyperbaric oxygen therapy and is your professional association moving to develop the documentation necessary to obtain wider acceptance within the medical profession of hyperbaric oxygen therapy. People have come to my office and shown me these case reports that are very dramatic and it would seem to me that you should be able to publish some of this information.

Dr. Harch:

The answer is yes, we are trying to disseminate that information and the other answer is that despising of the amount of this information is available and previously published and I will just give you an example, in 1992 journal and neuro surgery of Rockswold, 168 patients randomized prospective control trial of hyperbaric oxygen in acute severe traumatic brain injury highly significant reduction in mortality 60% reduction in mortality in the hyperbaric oxygen group. There have been other studies now showing a similar type of effect. This is an irrefutable study. The problem was even though it is the same outcome used by the certifying bodies for reimbursement of hyperbaric oxygen, they did not have patients greater number in the hyperbaric group in the high outcome group. The fact that is lost on them is that saved 60% of these people. If we compare this to the American Heart Association in cardiac arrest for instance, they have such dismal outcomes and they are just looking any degree of survival.

There is actually a follow up study just published two years ago journal of Neuro Surgery same group Rockswold, they went back and did the same severe traumatic brain injury group equivalent and did an elegant metabolic studies and what they showed was that single hyperbaric treatment could re couple brain blood flow and metabolism in injured brain. It has never been demonstrated in the history in science. It is out there and unfortunately it has not been appreciated or picked up. It is a political issue partly in medicine and I can discuss it with you.

Congressman Burton:

Before you leave here, I would like to know briefly why you say it is a political issue.

Dr. Harch:

Well basically I am going to be real blunt about this, there has been a group of doctors who have controlled the supply of information on hyperbaric oxygen therapy through the medical society and there has been an intense hatred by one of them an ex-president for the man who originally developed some of this information, Dr. Neubauer and with this institutionalization and the destruction of his reputation, the science of what he says has been thrown out and for years everything that has been associated with it. That in a nut shell is why this has been stunted in its

application and dissemination. It's at a medical society level and a personal doctor issue and I can verify that.

Dr. Weldon

I was just going to add for the record that one of partners where I practiced medicine was certified in hyperbarics and sometimes he would take the weekend of so would pick up his cases and so I had to learn a little bit about it and I have seen some significant outcomes from its application. Chairman I have to go thank you for indulging me and I also that the ranking member.

Congressman Burton:

We will be drafting some letters with questions to the HHS and we would like to have you as a signatory on the letters to try to find out their reasoning.

Dr. Weldon:

I would be very happy to support you in that.

Congressman Watson:

Mr. Chairman, I just want to comment before you leave doctor. I would hope that we would send a very strong letter to be able to locate the research and the findings and publicize it because it goes beyond a political problem; it goes to depriving those who could benefit from this discovery. My experience with hyperbaric chambers was down in Micronesia when we had people diving too deep and drownings and so on. This is the first that I heard that I heard that brain injuries and I guess it makes sense getting oxygen to the brain, maybe heart problems and so on could be affected by the hyperbaric chambers and so I just wanted to say that before you left so you will join with us so that we many have some very strong support on releasing the research.

Dr. Weldon: Thank you.

Dr. Harch:

Congressman Watson can I respond? The other actual issue for Dr. Weldon is that there has been a failure by the medical community in hyperbaric medicine to adequately explain what is going on with hyperbaric oxygen and what is happening in chronic wounding is that the intermittent exposure to oxygen is causing growth of new tissue. You cannot have that unless you go through the DNA of the cell to then begin to transcribe new proteins, growth factors etc. In the last six years, elegant molecular biochemical experiments have been done showing that hyperbaric oxygen signals the DNA to begin the transcription of sequences that code for growth hormone, growth receptors and so on and that is the secret behind what has happened by Shannon Kenitz's daughter Gracie. In a mitochondrial disorder thought to be DNA linked, hyperbaric oxygen is signally and affecting the DNA and affecting a permanent change in this child. That is the underlying basis of hyperbaric.

Dr. Buttar:

Dr. Weldon before you leave is it alright for this 5 year old who at the age of three who was not speaking at all to address the chairman and the respective members of congress that are here.

Congressman Burton:

Only if he does not challenge me to chess match.

Abi:

Mr. Burton and Ms Watson and Dr. Weldon thank you for helping my dad getting all the people better and the children better.

Congressman Burton:

Just don't let that kid run against me.

Ms. Watson:

I just want to say that this is kind of like a miracle that we are hearing and thank you so much Dr. Buttar for bringing him and Abi thank you so much for speaking to us and you did that very well.

Abi: Thanks.

Congressman Watson:

I just want to say that the politics of medicine is as rigorous as the politics that we are into. We are going through the same thing in another area of medicine with dentistry with fillings and mercury. We have the American Dental Association against us and we had California Association as well and also did legislation over 14 years ago now just to inform parents of the risk and the benefits and we do not have piece out that I would consider practical, informative and truthful and that is because it is cheaper to amalgams in. In terms of hyperbaric chambers and hyperbaric medication, what would be the cost of a struggling family and I heard \$30, 000 for a specific case but can the ordinary, average family afford this treatment.

Dr. Harch:

Well you might want to ask the families that. They go through considerable sacrifice to get this because the often times have travel at distances because the hospital based physicians where these chambers are located have been threatened by the medical society for treating something that is only partially supported by science.

Congressman Burton:

The cost is that the AMA you're talking about.

Dr. Harch:

No it is not, it is the Undersea and Hyperbaric Medical Society and so what has happened is the cost of this has now been shifted to out patient free standing centers where if in a doctor attended facility you are able to access this you will be pay \$150-\$200 dollars per treatment. At centers that are run by parents, other individuals and groups that have gotten together \$100 per treatment even. People have even used portable chambers they are now putting in there home and delivering the treatment very cheaply. The actual cost of the treatment is not substantial compare to the hospital billing for this. The hospitals are charging combining doctor and hospital fee up to \$1400 per hour, it prohibitive and a disgrace and it's unnecessary.

Congresswoman Watson:

Is this to try to force you not to use this procedure?

Dr. Harch:

No. It is to maximize reimbursement. It is gouging.

Dr. Buttar:

Congresswoman if I may address this also. It is also the similar reason that chelation therapy intravenously is considered to be a part of alternative medicine if you will. Yet every emergency room in every city in our country, the only method that is approved by the FDA for removing acute lead is EDTA infusion. They charge \$980 for an infusion but if you add a couple of minerals to it and some vitamins to it and do it at a doctors out patient office all of a sudden it is called chelation therapy although it is just \$150. It is the same treatment, less constituents within the treatment and it is called a different treatment and it is not reimbursable. It is a money issue just as Dr. Harch said.

Congresswoman Watson:

I am trying to understand. I heard somewhere along the way that it took just one treatment, was that just for an infant.

Dr. Harch:

No, it's for adults; I said that I have treated approximately 400 patients. Over half of them are adults. A part of the problem is also that this is an off FDA label use of hyperbaric oxygen at least for a number of the neurological applications and that is one of the other reasons that it has been difficult to get in the hospitals.

Congresswoman Watson:

Where are these chambers located? Are they located through out the country and it is a regional approach that is taken with hospitals then using one site.

Dr. Harch:

No, they are spread through out the country. There are approximately 600 facilities that are hospital based and due to recent changes in Medicare reimbursement one was the approval of treatment of diabetic foot wounds which we had a very large part in getting approved and the second a doubling of the hospital based reimbursement for this, hyperbaric facilities are now being put in hospitals all around the country. Additionally hyperbaric chambers are being put in free standing facilities and to my knowledge now there maybe a 130 of those. So there are over 700 of those. The numbers that are increasing are substantial. One for profit company that I know of and they are probably I am going to say 8 or 10 large ones is putting in a new facility in a hospital approximately every 2-3 weeks. So we are see a substantial increase in installation of chambers which will translate into increased usage but not necessarily for these more devastating neurological problems.

Congresswoman Watson:

I am not clear on the coverage. Would Medicaid cover?

Dr. Harch:

That is a big fight right now. Medicaid has two tracks, one is medical necessity and one is to ameliorate or correct problems with disabled children and it is under that that hyperbaric oxygen therapy likely will be reimbursable and unfortunately it is in the courts right now.

Congresswoman Watson:

Is medical necessity coverable?

Dr. Harch:

Tricky. It is on this other list of FDA indications many of which do not have anywhere near the science that there is behind the treatment of CP with hyperbaric oxygen but again I am going to go to politics. It was approved by a group of doctors, some who had a very personal interest because that was there subject and in fact it got approved. Once approved it was adopted by the FDA and adopted somewhat by Medicare, third part insurers and Medicaid. So what has happened is the Medicaid reimbursement for these things are not necessarily tied to science and one of the indications that we have the greatest science for we do not have reimbursement for.

Congresswoman Watson:

I am hoping that this committee can be instrumental in gathering the scientific evidence, the empirical evidence and making it public through HHS or through one of our agencies. I think that it is an absolute necessity that we do that and I think it might require Mr. Chair some additional legislation to be sure that this treatment is recognized and covered under one of our programs. I don't know exactly, we would have to research where it should be. To see the results that I see in this room convinces me that we have a void there and we have let a lot of children and adults just languish out there when they could be affected very positively and their health could improve.

Dr Harch:

Thank you. We were praying that you would get into this.

Congressman Burton:

Well your prayers have been answered. Do we have anybody in here that is from the FDA or HHS. I did not think so. What we will do is .. we need as much documentation and we need it as much as possible layman's language so that we can understand it and we can also put it in the kind of question format that they will understand and that they will know that we know so that they have to respond. If I send a bunch of hyperbole over there that they know that Congressman Burton is not a doctor and Dr. Watson is not a medical doctor they might be able to give us the shuffle off the buffalo but if it is in layman's language and we asked questions that are readily understood then they would have respond. I know that Dr. Weldon who does have the knowledge to be of great assistance and Dr. Watson and I will be very happy to pursue this but we need the facts, the documentation so that we can write an intelligent letter that they will have to respond to.

Regarding legislation Dr. Watson, we will see what we can do legislatively to put some heat on our health agencies as well but we need to have all the knowledge we can from. Ms. Gordon I am sorry that you and your daughter had such tough time. I appreciate you doctors and all the hard work your doing and thank you to all the people in the audience who came. I have met some of you before. This fight regarding autism is one that has been going on a long time. We have been able to get mercury out of all the children vaccines. It is still in adult vaccines but you know Congresswoman Watson, Dr. Weldon and myself, we will be around here for a while and we will just keep pushing until we get the whole enchilada.

Thank you very much. We stand adjourned.